



# Advocacy Guide 2011

*Education and Advocacy  
on Behalf of People  
with Mental Illnesses*



**MENTAL HEALTH  
ASSOCIATION  
OF MARYLAND**

[WWW.MHAMD.ORG](http://WWW.MHAMD.ORG)

# Table of Contents

---

## **Part I: Maryland State Government**

### **Overview:**

|                    |   |
|--------------------|---|
| Legislative Branch | 1 |
| Executive Branch   | 2 |
| Judicial Branch    | 5 |

### **General Assembly:**

|                            |    |
|----------------------------|----|
| Committee Structure        | 7  |
| Legislative Process        | 11 |
| Information on Bill Status | 14 |

|  |           |
|--|-----------|
| <b>Department of Health and Mental Hygiene</b> | <b>15</b> |
|--|-----------|

|  |           |
|--|-----------|
| <b>The Public Mental Health System</b> | <b>17</b> |
|--|-----------|

|                            |           |
|----------------------------|-----------|
| <b>The Budget Process:</b> | <b>18</b> |
|----------------------------|-----------|

|                                  |    |
|----------------------------------|----|
| Timetable for Budget Development | 20 |
|----------------------------------|----|

## **Part II: Lobbying Guide**

|  |           |
|--|-----------|
| <b>Basic Rules of Effective Lobbying</b> | <b>22</b> |
|--|-----------|

|                              |           |
|------------------------------|-----------|
| <b>Lobbying by Telephone</b> | <b>23</b> |
|------------------------------|-----------|

|                                    |           |
|------------------------------------|-----------|
| <b>Lobbying by Letter or Email</b> | <b>24</b> |
|------------------------------------|-----------|

|                                      |           |
|--------------------------------------|-----------|
| <b>Sample Letter to a Legislator</b> | <b>25</b> |
|--------------------------------------|-----------|

|                                   |           |
|-----------------------------------|-----------|
| <b>Lobbying by Personal Visit</b> | <b>26</b> |
|-----------------------------------|-----------|

|                              |           |
|------------------------------|-----------|
| <b>Lobbying by Testimony</b> | <b>27</b> |
|------------------------------|-----------|

|                              |           |
|------------------------------|-----------|
| <b>Lobbying the Governor</b> | <b>30</b> |
|------------------------------|-----------|

|                                   |           |
|-----------------------------------|-----------|
| <b>Lobbying through the Media</b> | <b>30</b> |
|-----------------------------------|-----------|

### **Appendixes:**

|   |           |
|---|-----------|
| <b>Appendix A: US Senate and House of Representatives</b> | <b>32</b> |
|---|-----------|

|                                      |           |
|--------------------------------------|-----------|
| <b>Appendix B: Glossary of Terms</b> | <b>33</b> |
|--------------------------------------|-----------|

|  |           |
|--|-----------|
| <b>Appendix C: Information on the Internet<br/>    about Maryland's Government</b> | <b>52</b> |
|--|-----------|

### **List of Charts:**

|                  |   |
|------------------|---|
| Executive Branch | 4 |
|------------------|---|

|                 |   |
|-----------------|---|
| Judicial Branch | 6 |
|-----------------|---|

|                    |   |
|--------------------|---|
| Legislative Branch | 8 |
|--------------------|---|

|                    |   |
|--------------------|---|
| House of Delegates | 9 |
|--------------------|---|

|        |    |
|--------|----|
| Senate | 10 |
|--------|----|

|                     |    |
|---------------------|----|
| Legislative Process | 13 |
|---------------------|----|

|   |    |
|---|----|
| Department of Health and Mental Hygiene | 16 |
|---|----|

|  |    |
|--|----|
| Map of State Government Buildings in Annapolis | 29 |
|--|----|

*Since 1915, the Mental Health Association of Maryland (MHAMD) has been a leader in progressive programs resulting in more effective treatment, improved outcomes for individuals, increased research and greater public understanding of the needs of children and adults living with mental illness.*

*We envision a just, humane and healthy society in which all people are accorded respect, dignity and the opportunity to achieve their full potential free from stigma and prejudice.*

This publication was prepared by:

The Mental Health Association of Maryland (MHAMD)  
711 West 40<sup>th</sup> Street  
Suite 460  
Baltimore, Maryland 21211

June 2011

Information contained herein was gathered from various sources, including the 2011 document “*Your Voice in Annapolis*,” produced by the Department of Legislative Services.

For additional copies or further information, contact MHAMD at 410-235-1178 or visit [www.mhamd.org](http://www.mhamd.org)

## **PART I**

### **MARYLAND STATE GOVERNMENT OVERVIEW**

The government of Maryland is based upon the State Constitution, first adopted in 1867.

#### **LEGISLATIVE BRANCH**

The legislative branch consists of the General Assembly (the legal name for the legislature) and its supporting agencies. The General Assembly consists of two houses. The lower house is known as the House of Delegates and the upper house as the Senate. Representatives to both houses are elected each gubernatorial election year to four-year terms. The House of Delegates consists of 141 members, while the Senate has 47 members. Both houses convene annually on the second Wednesday in January, for a 90-day session. Sessions may be extended by resolution of both houses, and the Governor may call special sessions.

The General Assembly is responsible for passing all laws, for determining how State funds are to be allocated and for adopting amendments to the State Constitution. Delegates or senators may introduce bills, which are ideas to create new laws or change existing laws. If a bill passes in one house it goes to the other for approval. When passed by both houses and signed by the Governor, bills become law. The new law may be different from the original bill because either house may make changes, known as amendments.

The General Assembly employs various committees—statutory, standing and joint to facilitate its work during and between sessions. The legislative branch also encompasses several State agencies. The Department of Legislative Services assists in the preparation of legislation and maintains information services essential for legislators and the public. Within that Department, the Office of Audits provides fiscal monitoring functions for the General Assembly and the Office of Information Services maintains the General Assembly's computer systems. The Office of Policy Analysis provides staff and information support for the legislative committees. Committees are created by the General Assembly to facilitate its work during and between sessions.

The General Assembly is responsible for adopting the annual State budget. The Maryland Constitution specifies that it is the responsibility of the Governor to present the annual budget to the General Assembly within five days of the beginning of each legislative session. The General Assembly, with certain limitations, has the power to reduce the Governor's budget proposals, but it cannot increase them. The budget must not exceed anticipated revenues.

Reflecting the principle of separation of powers within State government, the Governor must incorporate into the budget unchanged requests from the legislative and judicial departments and the estimated expenses required for operating public schools. Beyond these items and other obligations for certain State debts and the salaries of officials specified in the Constitution, the Governor has considerable discretion in determining what programs and agencies to fund in the budget. The budget process is a major policy shaping tool for the Governor.

## **EXECUTIVE BRANCH**

The executive branch of Maryland's government consists of various constitutional officers and agencies. It is responsible for statewide implementation and enforcement of Maryland's laws and for providing executive direction and centralized administrative services. The chief executive officer is the Governor, elected by the voters for a four-year term, each even-numbered year that is not a presidential election year.

Among the Governor's responsibilities are: ensuring Maryland's laws are effectively executed, making certain appointments as provided by the Constitution or by law, appointing judges to the State judiciary, and presenting a budget to the legislature annually. The Governor may sign or veto legislation passed by the legislature.

The Lieutenant Governor, who runs for election on a joint ballot with the candidate for Governor, assists the Governor. Duties of the Lieutenant Governor are limited to those assigned by the Governor.

Also elected for four year terms are the Comptroller and the Attorney General. The Comptroller is in charge of fiscal affairs of the State. The Attorney General serves as legal counsel to the Governor, the legislature, and all State departments, boards, and commissions. Non elected officials include: the Treasurer, who is elected by the General Assembly, and the Secretary of State, who is appointed by the Governor.

The executive branch includes 13 constitutional offices and agencies, 18 executive departments, and numerous independent agencies, intercounty agencies, interstate agencies, commissions, committees, task forces and advisory boards. Some of these agencies are permanent; others have been created for a specific purpose and are time-limited.

An important agency of the executive branch is the Board of Public Works, composed of the Governor, the Comptroller and the Treasurer. The Board is responsible for approving all sums expended through State loans, most capital improvements, and the sale, lease or transfer of all real property owned by the State.

Within the executive branch the 18 departments or agencies include: Aging; Agriculture; Budget and Management; Business and Economic Development; Disabilities; Environment; General Services; Health and Mental Hygiene; Housing and Community Development; Human Resources; Juvenile Services; Labor, Licensing and Regulation; Natural Resources; Planning; Public Safety and Correctional Services; Transportation; State Police; Higher Education; and Veterans Affairs.

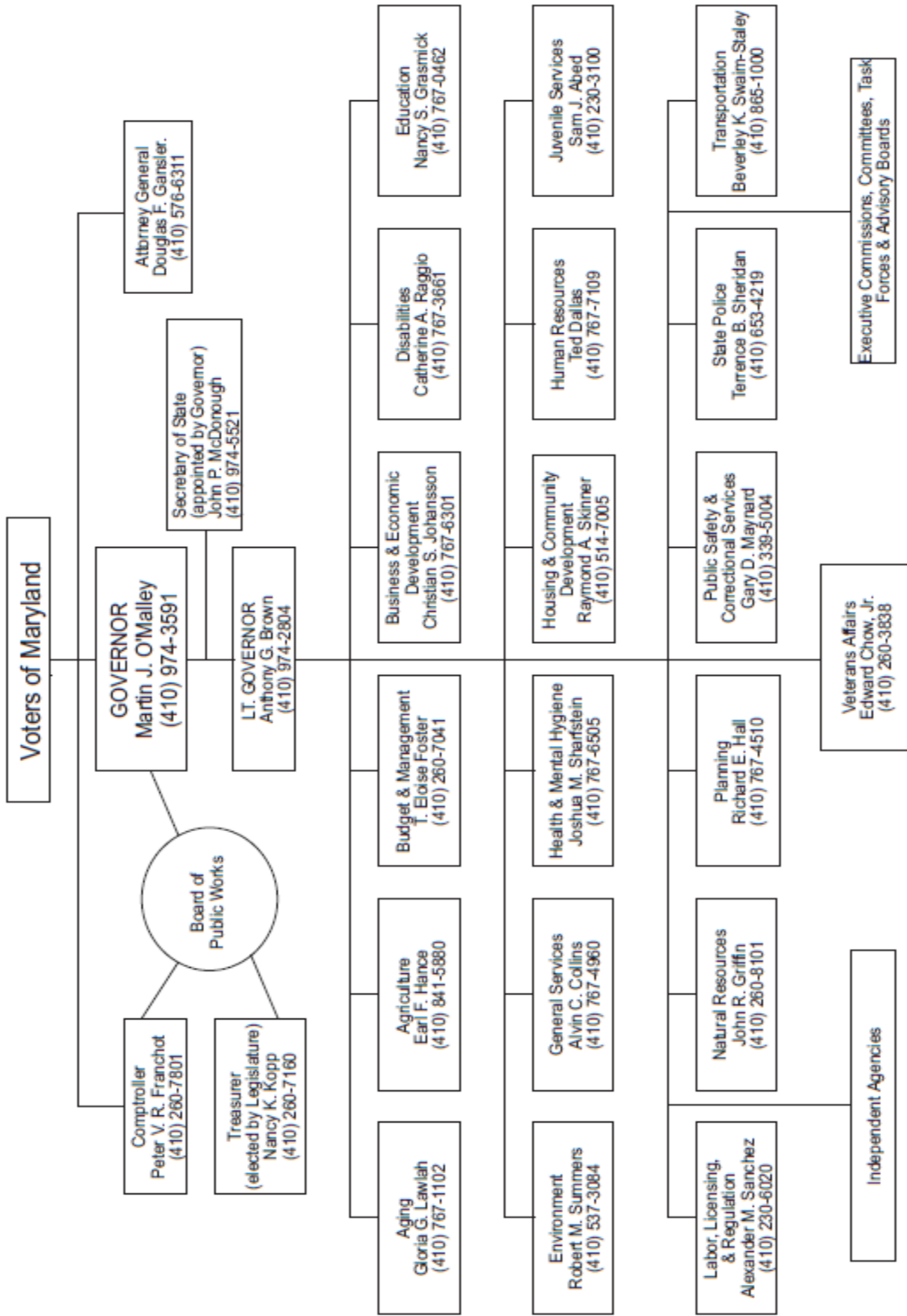
Most departments are headed by a Secretary, appointed by the Governor with the consent of the Senate. The Secretary serves at the pleasure of the Governor. Each Secretary carries out the Governor's policies regarding the particular department and is responsible for the department's operation. The one department not headed by a secretary is the Department of Education. The Department of Education is headed by the State Board of Education, which appoints the State Superintendent of Schools to direct the Department.

## EXECUTIVE OFFICIALS

|                    |                             |              |
|--------------------|-----------------------------|--------------|
| Martin O'Malley    | Governor                    | 410-974-3901 |
| Anthony Brown      | Lieutenant Governor         | 410-974-3901 |
| Peter Franchot     | Comptroller of the Treasury | 410-260-7300 |
| Douglas F. Gansler | Attorney General            | 410-576-6300 |
| Nancy K. Kopp      | Treasurer                   | 410-260-7533 |

**\*Callers from outside the Baltimore/Annapolis area code can use the State's toll-free number (1-800-811-8336) and be connected to any State agency.**

# EXECUTIVE BRANCH



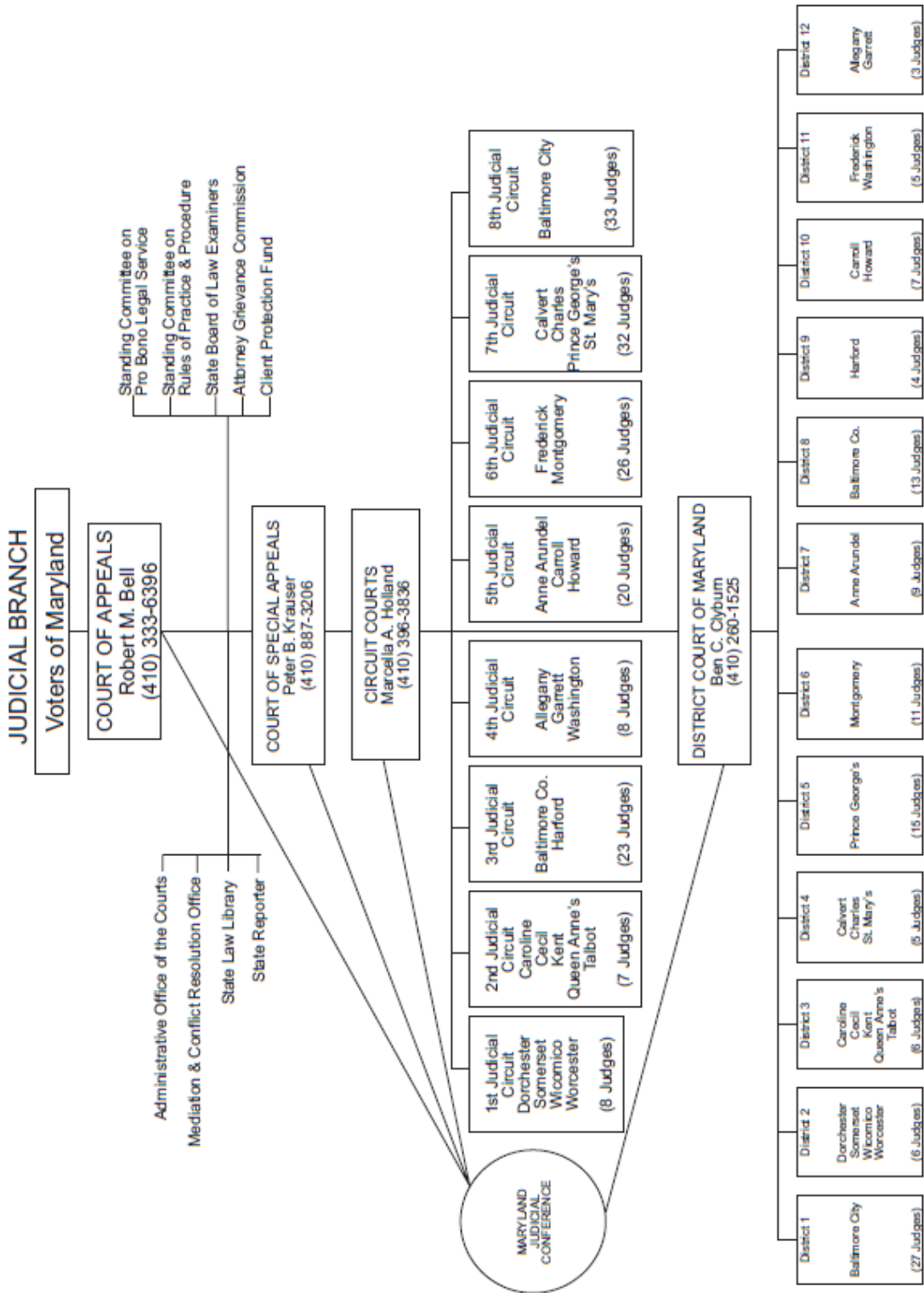
## **JUDICIAL BRANCH**

The judicial branch of State government consists of the District Courts and Circuit Courts, the Court of Special Appeals and the Court of Appeals

District Courts exist in every county and in Baltimore City. They have jurisdiction in minor civil and criminal matters and most State motor vehicle violations. District Courts also are involved in emergency petitions and civil commitment processes. Circuit Courts have jurisdiction over more serious criminal and civil cases and also hear appeals from decisions in the District Court. The Court of Special Appeals hears appeals from the Circuit Court, except in a few cases including death penalty cases. The Court of Appeals is the State's highest court, and the cases it reviews are limited to those of major importance, where the decisions made usually pertain to the proper constitutional interpretation of the law.

When promoting change is stymied in the executive and legislative branches of government, advocates can approach the judicial system for relief. In recent years, in the field of mental health litigation, a trend has emerged to settle lawsuits by utilizing "consent decrees." A consent decree is a binding agreement between parties to settle a lawsuit in a mutually satisfying way before the case actually goes to trial.

An example of this process is a class action lawsuit in which it was alleged that patients in Maryland State psychiatric facilities did not have access to the judicial system. The resulting Coe Consent Decree (which came out of the federal court system since it was a matter of United States constitutional law) established a statewide legal assistance program for psychiatric patients in State facilities.



## THE GENERAL ASSEMBLY

### COMMITTEE STRUCTURE

Standing committees conduct the detailed legislative work of the General Assembly. The Senate has six standing committees, and the House of Delegates seven. Some of these committees in turn delegate their work to subcommittees. Nineteen statutory joint committees assist in the coordination of the work of the two Houses. In addition, there are special committees created by the President of the Senate or Speaker of the House.

The standing committees are:

| SENATE COMMITTEES                           | HOUSE COMMITTEES                 |
|---|----------------------------------|
| Budget and Taxation                         | Appropriations                   |
| Education, Health and Environmental Affairs | Economic Matters                 |
| Executive Nominations                       | Environmental Matters            |
| Finance                                     | Health and Government Operations |
| Judicial Proceedings                        | Judiciary                        |
| Executive Nominations                       | Rules and Executive Nominations  |
| Rules                                       | Ways and Means                   |

The joint statutory committees that address bills of concern to the mental health community include:

| JOINT STATUTORY COMMITTEES                        |
|---|
| Access to Mental Health Services                  |
| Administrative, Executive, and Legislative Review |
| Children, Youth, and Families                     |
| Drug and Alcohol Abuse                            |
| Health Care Delivery and Financing                |
| Spending Affordability                            |
| Welfare Reform                                    |

**LEGISLATIVE BRANCH**

Voters of Maryland

GENERAL ASSEMBLY

House of Delegates

Senate

Michael E. Busch  
House Speaker  
(410) 841-3800, (301) 858-3800

Legislative Policy Committee  
(410) 841-5200, (301) 858-5200

Thomas V. Mike Miller, Jr.  
Senate President  
(410) 841-3700, (301) 858-3700

Adrienne A. Jones  
Speaker Pro Tem  
(410) 841-3391

Anthony J. O'Donnell  
Minority Leader  
(410) 841-3314

Management Subcommittee  
Special Joint Committees

Nancy Jacobs  
Minority Leader  
(410) 841-3158

Nathaniel J. McFadden  
President Pro Tem  
(410) 841-3165

Edward J. Kasemeyer  
Majority Leader  
(410) 841-3653

Desk Officers

**House Standing Committees**

- Appropriations
- Economic Matters
- Environmental Matters
- Health & Government Operations
- Judiciary
- Rules & Executive Nominations
- Ways & Means

**Joint Statutory Committees**

- Administrative, Executive & Legislative Review
- Audit
- Base Realignment & Closure
- Chesapeake & Atlantic Coastal Bays Critical Area
- Children, Youth, & Families
- Fair Practices & State Personnel Oversight
- Federal Relations
- Health Care Delivery & Financing
- Information Technology & Biotechnology
- Legislative Ethics
- Management of Public Funds
- Mental Health Services Access
- Spending Affordability
- Unemployment Insurance Oversight
- Welfare Reform
- Workers' Compensation Benefit & Insurance Oversight

Desk Officers

**Senate Standing Committees**

- Budget & Taxation
- Education, Health & Environmental Affairs
- Executive Nominations
- Finance
- Judicial Proceedings
- Rules

Legislative Services  
Karl S. Aro  
(410) 946-5200, (301) 970-5200

Legislative Audits  
Legislative Information Systems  
Policy Analysis

# HOUSE OF DELEGATES

Voters of Maryland

House of Delegates

**Michael E. Busch**  
Speaker  
(410) 841-3800, (301) 858-3800

Adrienne A. Jones  
Speaker Pro Tem  
(410) 841-3391

Kumar P. Barve  
Majority Leader  
(410) 841-3464

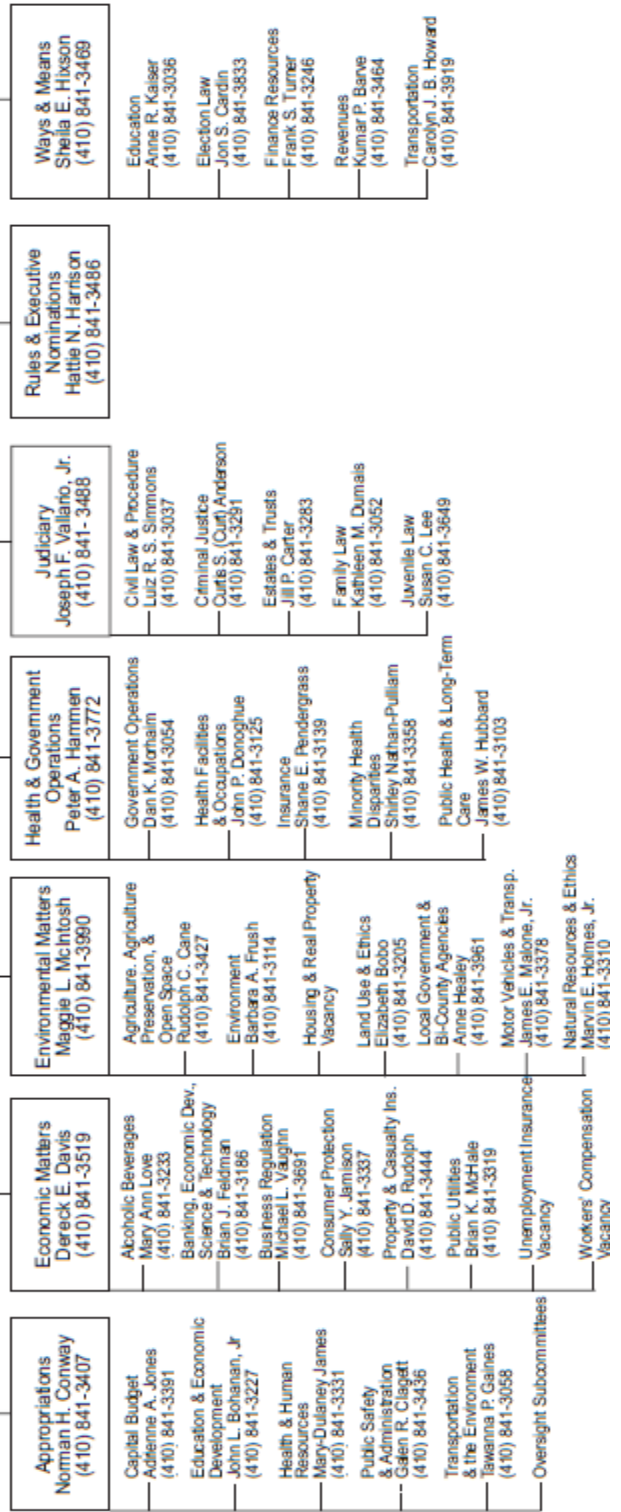
Taimadge Branch  
Majority Whip  
(410) 841-3398

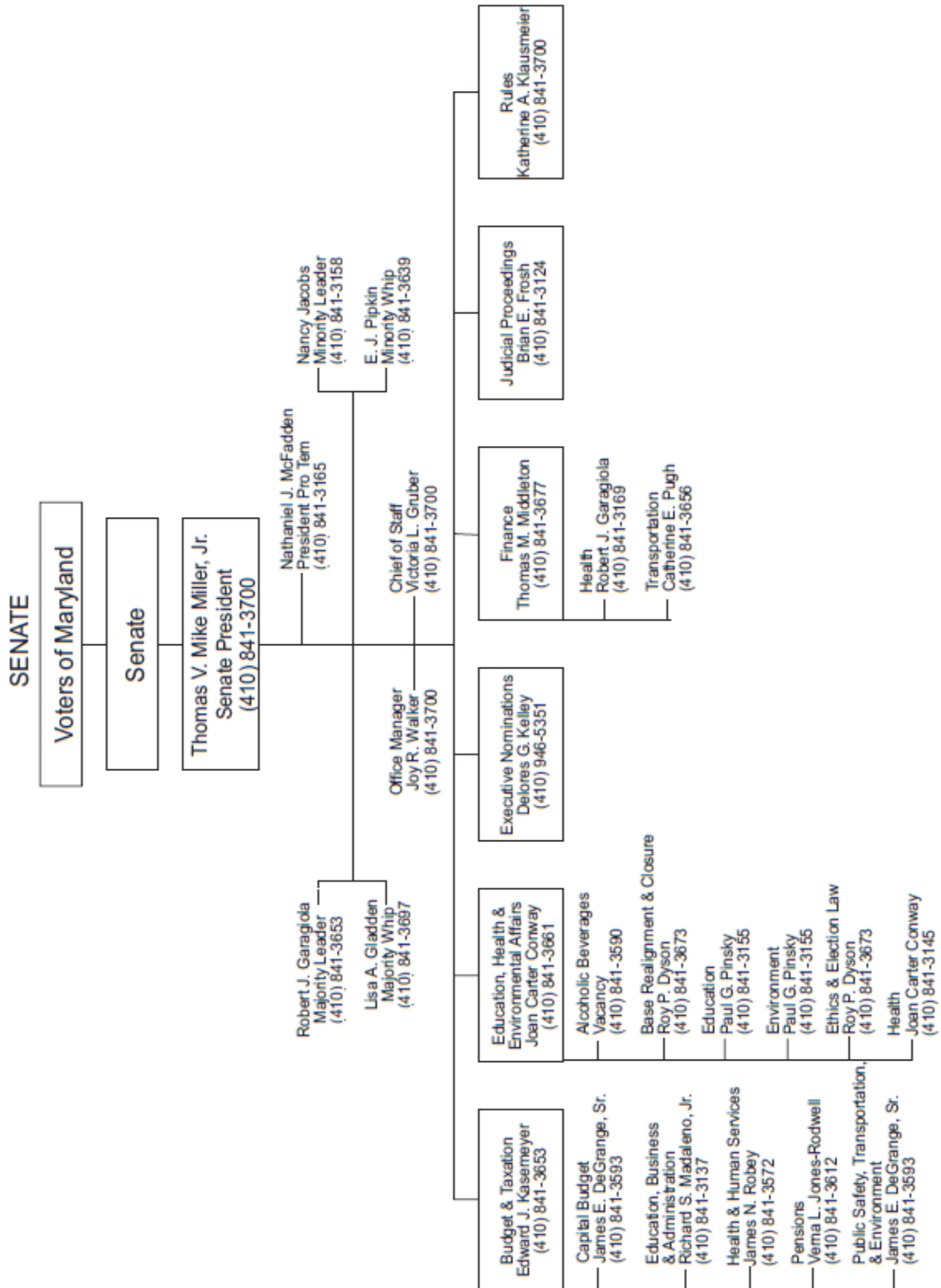
Anthony J. O'Donnell  
Minority Leader  
(410) 841-3314

Jeannie Haddaway-Riccio  
Minority Whip  
(410) 841-3429

**Chiefs of Staff:**  
John F. Favazza (410) 841-3916  
Kristin F. Jones (410) 841-3995

Nancy S. Earnest, Assistant to Speaker (410) 841-3800  
Barbara C. Oakes, House Administrator (410) 841-3392  
Susan A. Perix, Administrative Assistant (410) 841-3297  
Edith L. (Edie) Segree, Constituent Affairs Assistant (410) 841-3800





## **THE LEGISLATIVE PROCESS**

One of the primary duties of the Senate and House of Delegates is to pass laws necessary for the welfare of Maryland's citizens. This is done through the passage of legislative bills, which can amend existing laws or create new laws, to the extent permitted by the State Constitution.

### **From "Hopper" to Enactment**

The Department of Legislative Services drafts legislation. A bill or joint resolution may be introduced in advance of regular sessions; these are called "pre-filed bills." A bill is filed (or "dropped into the hopper") with the Secretary of the Senate or the Clerk of the House, given a number, and readied for its first reading on the floor. Bills may be introduced in either chamber until the last 35 days of the session. After that, bills may be introduced only with the consent of two-thirds of the membership.

### **First Reading**

The Reading Clerk, when the session has convened, reads the title and the presiding officer assigns the bill to the appropriate committee, for example, "House Bill 25, assigned to the Budget & Tax Committee."

### **Reference to Committee**

The committees meet daily during the session to receive testimony and take action on bills assigned. Citizens are encouraged to present their views on bills by mail (U.S. mail and/or E-mail) or by personal appearance at legislative hearings. Lobbyists representing organized interest groups frequently speak at these hearings, either to oppose or support the proposed legislation. The Department of Legislative Services' Office of Policy Analysis prepares a fiscal analysis for each bill and these "fiscal notes" are considered during the committee deliberations.

Favorable committee action sends the bill to the floor for second reading and floor consideration. Unfavorable committee action, which may mean legislative defeat, frequently requires more committee discussion and time.

### **Second Reading and Floor Consideration**

The bill is reported to the floor by the committee (favorably, unfavorably, or without recommendation, and with or without committee amendment). If the bill is amended by the committee, a vote is taken on the amendment and, if passed, another vote is taken on the bill as amended. Committee action may also be reversed, but that is unusual. The bill is also open to amendment from the floor, and the ultimate form of the bill must be determined on second reading.

### **Third Reading**

The bill must be printed for third reading with all amendments written in the final version. No amendments may be presented on the third reading in the bill's chamber of origin, and the bill must be passed by a majority of the elected membership.

### **Second Chamber**

The procedure follows a pattern identical to that of the originating chamber, except amendments may be proposed during third readings as well as second reading. If not amended in the second chamber, final passage may occur without reprinting.

### **Consideration of Bills Originating in One Chamber and Amended in Second Chamber**

If amended in the Second Chamber, the bill is returned to the chamber of origin and a vote is taken on a motion to accept or reject the amendments. If agreed upon, the bill itself is voted on as amended and action is complete. The bill is reprinted, or enrolled, to include the added amendments before submission to the Governor.

If the amendments are rejected, two courses of action are possible: 1) the amending chamber may be requested to withdraw its amendments, or 2) upon refusal to withdraw amendments, either chamber may request a conference committee to resolve the differences between the two chambers.

### **Conference Committee**

Three members from each chamber are appointed to a conference committee by the president officers to reach a settlement. A report of a conference committee goes back to both chambers to be adopted or rejected without amendment. If the conference committee report is adopted, the bill is voted upon for final passage in each house. If either house rejects the conference committee report, the bill fails.

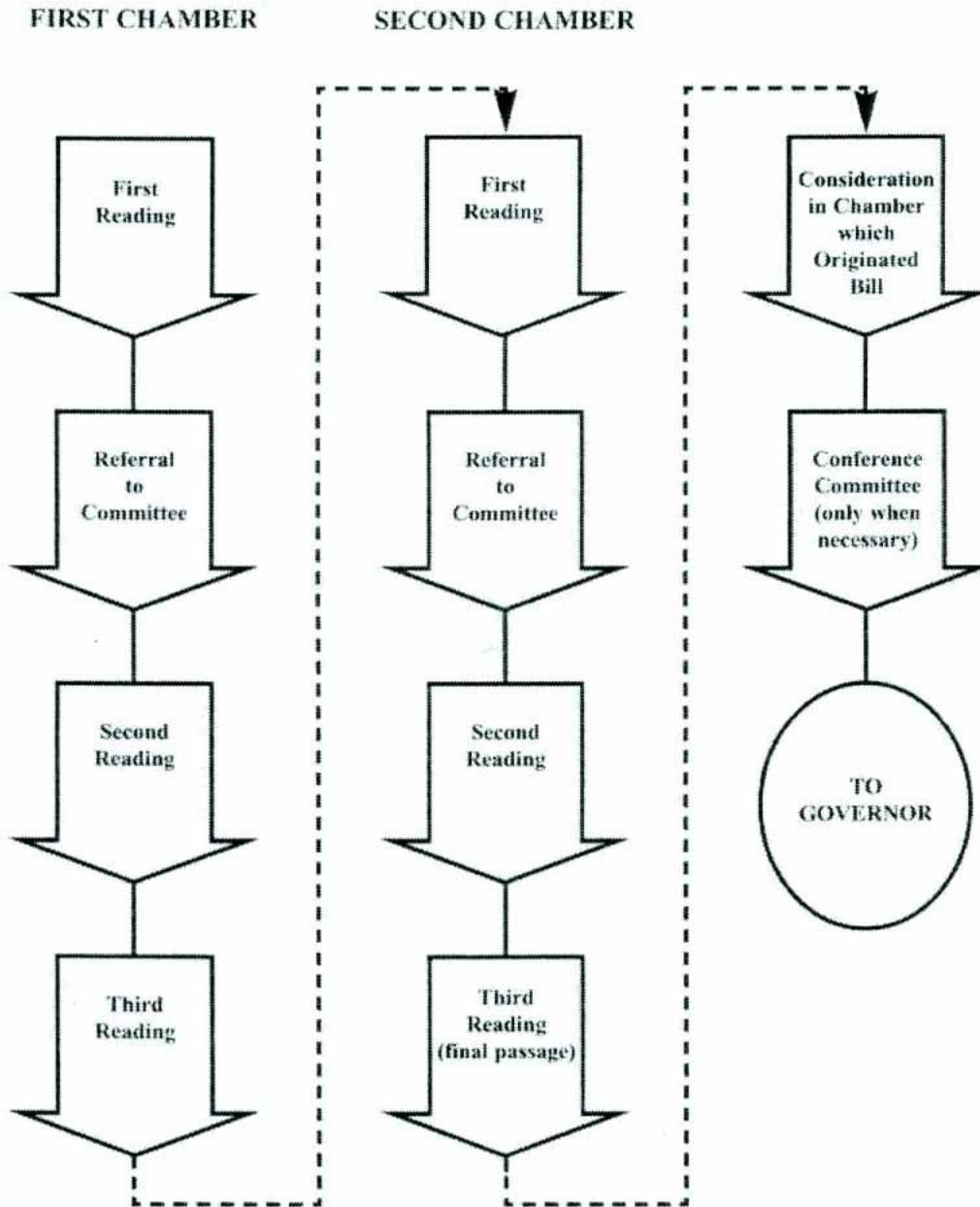
### **Presentation of Bills to the Governor**

All bills except the budget bill and constitutional amendments must be presented to the Governor. The budget bill becomes law upon its final passage and cannot be vetoed. Bills must be presented to the Governor within 20 days following adjournment of a session, and in the case of such bills, the Governor may veto within 30 days after presentation. If the Governor does not veto a bill it becomes a law. The Governor may not veto a constitutional amendment.

### **Legislative Power to Override Veto**

The power to override a veto rests with the legislature. If a bill is vetoed during a regular session, the veto message is considered immediately. If a bill presented after a special session is vetoed, the veto message must be considered immediately at the next regular session or special session of the legislature, except that the legislature may not override a veto during the first year of a new term. A three-fifths vote of the elected membership of both chambers is necessary to override a veto.

# The Legislative Process



## **INFORMATION ON BILL STATUS**

### **The Internet**

The Internet is a first stop for basic information (See Appendix C). The General Assembly's Department of Legislative Services maintains a comprehensive and very current legislative information system that includes lists of bills and resolutions under consideration, indexed by sponsor, subject, and statute affected. (<http://mlis.state.md.us>). Texts of bills and recently enacted statutes are available. A daily record of House and Senate proceedings is available during legislative session. Hearing schedules are also available online.

### **Department of Legislative Services' Reference Services**

The Department of Legislative Services will answer questions and send information regarding the status of bills and resolutions, the committees to which legislation has been referred, and many other details regarding actions of the General Assembly. Information desk staff will answer routine questions, and will refer more complex questions to the staff of the Department's Library. Call one of the following numbers:

|                                    |                              |
|------------------------------------|------------------------------|
| From the Baltimore/Annapolis area: | 410-946-5400                 |
| From the DC metro area:            | 301-970-5400                 |
| From elsewhere in Maryland:        | 1-800-492-7122               |
| TDD for the hearing impaired:      | 410-946-5401 or 301-970-5401 |

### **Up-to-the Minute Bill Information**

The Department of Legislative Services also offers a subscription service known as Up-to-the-Minute to persons or organizations with a broad continuing need for bill information. Maryland General Assembly's legislative information is updated each night during the 90-day session. Subscribers of this service can create their own bill profile to track specific legislation of interest. Subscriptions are offered at a cost of \$800 per calendar year. To become a subscriber contact:

|  |                |
|--|----------------|
| Maryland General Assembly<br>Office of Information Systems |                |
| Baltimore/Annapolis area:                                  | 410-946-5300   |
| Elsewhere in Maryland:                                     | 1-800-492-7122 |

### **Elected Officials**

Another source of information on the status of a bill is a constituent's State Senator or Delegate, who usually has information resources not available to the general public. If you do not have your representative's telephone number, you can contact him or her through the General Assembly switchboard:

|                                    |                |
|------------------------------------|----------------|
| From the Baltimore/Annapolis area: | 410-946-5000   |
| From the DC metro area:            | 301-970-5400   |
| From elsewhere in Maryland:        | 1-800-492-7122 |

### **Newspapers**

Newspapers often publish articles about bills introduced.

## **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

The **Department of Health and Mental Hygiene (DHMH)** is one of 18 departments in the executive branch of State government.

Its mission is “to protect and promote the health of the public by creating healthy people in healthy communities; to strengthen partnerships between State and local governments, the business community and all health care providers in Maryland; and to build a world class organization grounded in the principles of quality and learning, accountability, cultural sensitivity and efficiency.”

DHMH provides or purchases direct care services primarily through outpatient, rehabilitative and residential care for people with mental illnesses, developmental disabilities, chronic physical illnesses and substance abuse. It directly provides several community health services and also provides funding for comprehensive health care services for the indigent and medically indigent.

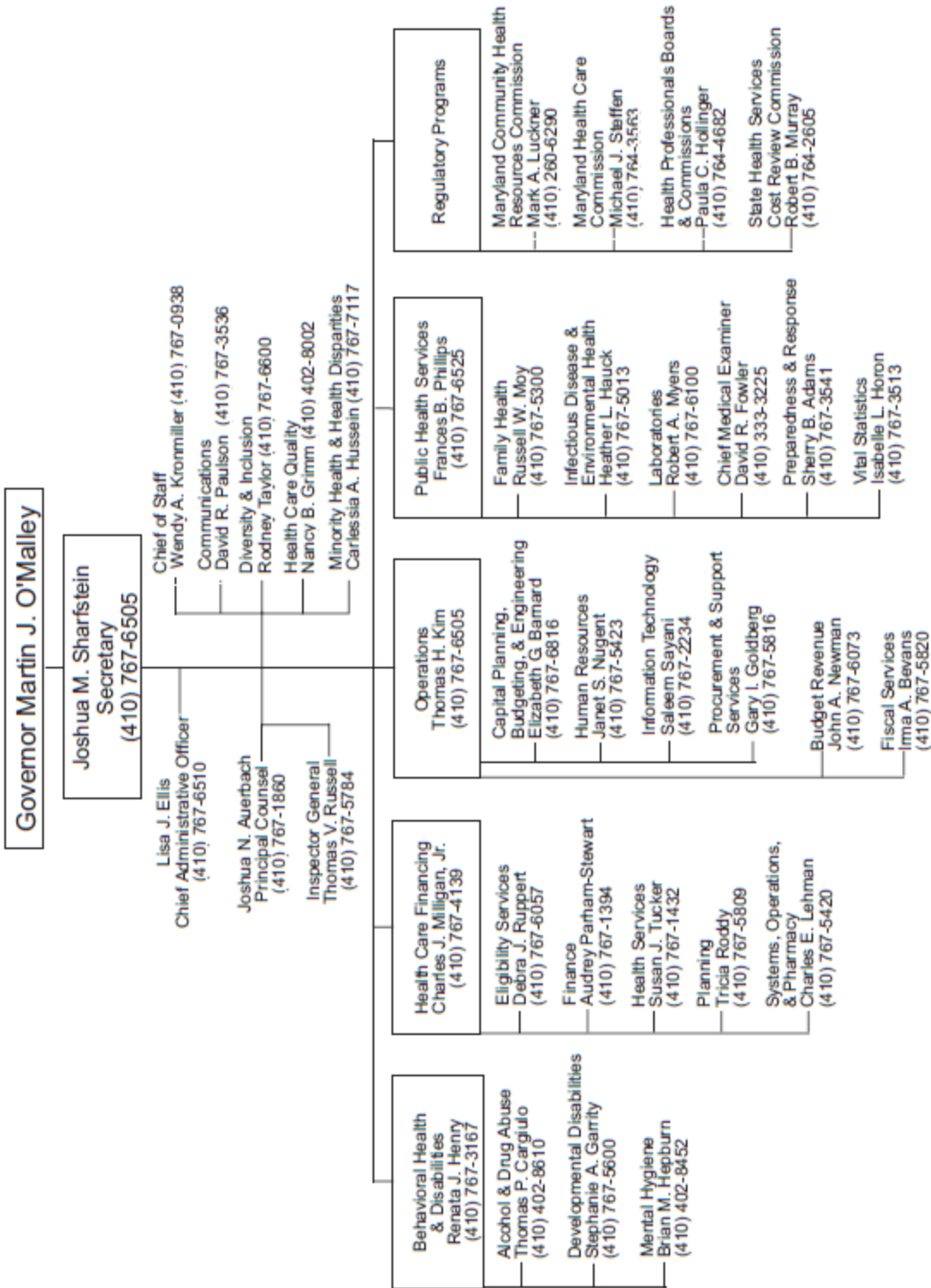
The Department is organized under four deputy secretaries who are responsible for distinct programmatic areas: Behavior Health & Disabilities, Operations, Health Care Financing, and Public Health Services. In addition, an Office of Executive Operations and Quality Management Programs provides oversight over the quality of services provided.

Twenty-four local health departments report to the Deputy Secretary for Public Health Services and have access to all departmental officials as well. Local health departments are the focal point for delivering public health services.

The Office of Public Relations provides information about Departmental activities to the press and the public. An Office of Governmental Affairs serves as legislative liaison between the Department, the Governor’s Office, and the Maryland General Assembly.

The Secretary of Health and Mental Hygiene is appointed by the Governor, subject to Senate confirmation. He or she also directs and coordinates numerous boards, commissions and various citizen advisory groups.

# DEPARTMENT OF HEALTH & MENTAL HYGIENE



## **The Public Mental Health System**

The Mental Hygiene Administration (MHA) is the agency within the Department of Health and Mental Hygiene (DHMH) responsible for overseeing the public mental health system (PMHS). MHA, along with the local Core Service Agencies (CSAs), plans, manages and monitors the PMHS. CSAs are agents of local government but report to the Secretary of the Department of Health and Mental Hygiene. They have the responsibility to plan and manage publicly funded mental health services at the local level. CSAs are responsible for identifying local service needs and developing plans to meet those needs.

MHA also operates five public State psychiatric hospitals, one forensic hospital, and two residential treatment centers (RTCs) for children and adolescents, known as Regional Institutes for Children and Adolescents (RICAs).

The Administrative Services Organization (ASO), known as MAPS-MD is a private managed care organization, hired by the State, to manage the Public Mental Health System. MAPS-MD does not provide mental health services but is responsible for referrals and monitoring services, approval for services and paying claims. MAPS-MD is responsible for evaluating the system and for compiling data for the management information system (reporting of costs, types and services provided, etc.).

### **The Goals of the Maryland Public Mental Health System (PMHS) are to:**

- Provide a safety net for individuals unable to get needed mental health services elsewhere;
- Improve the health status of individuals, families and communities;
- Involve consumers, family members, providers and the community in planning for the mental health needs of all citizens;
- Promote access to community-based programs and integrate systems of care;
- Collect, manage and analyze mental health and health-related information to use in future decision making;
- Define and evaluate performance, outcome, effectiveness and costs of mental health-related services and systems;
- Ensure cost savings are treated as a return on a public investment;
- Promote safe communities; and
- Promote innovation and best practices in services and systems.

### **Who is served by the PMHS?**

The Public Mental Health System serves three main groups of people:

- (1) Medical Assistance recipients enrolled in Managed Care Organizations;
- (2) Medical Assistance recipients who are also eligible for Medicare or remain in the Medicaid fee-for-service system; and
- (3) Individuals for whom- because of their medical and financial need- the cost of mental health services is subsidized, in whole or in part, by State and local funds.

## **THE BUDGET PROCESS**

In Maryland, the Governor prepares a balanced and complete plan of proposed expenditures and estimated revenues (the Budget Bill), which is submitted to the General Assembly in January for the fiscal year that begins in July. The legislature cannot increase appropriations for any item relating to departments, but can eliminate or reduce items. It can, however, increase appropriations for specific items by enacting Supplemental Appropriations Bills, which make corrections to the original budget, include funding for items required by new legislation, or emergencies, or add items omitted from the original budget. Supplemental Appropriations Bills must be targeted to a single project and must contain some source of revenue (for example, a new tax or funds cut from the budget by the legislature and reallocated by the Governor for a new purpose). They are subject to veto by the Governor. The Governor also retains the right, with the approval of the Board of Public Works, to reduce any budget item by 25 percent after budget passage. This right is rarely exercised.

Because the budget process is continuous, beginning a year and a half before a given budget goes into effect, it is important for advocates to be involved at each critical step. One must also be aware that budget development is a dialogue between the Executive Branch and the legislature. The timetable at the end of this section chronicles this interactive process.

Since 1997, the executive departments have participated with the Governor's office in a formal financial accountability and outcome evaluation program, a strategic planning process tied to the annual budget submission. As part of their annual budget requests, State agencies are required to submit to the Department of Budget and Management (DBM) their overall agency mission, goals, objectives, and performance measures for every program. DBM considers the content of these submissions when making budget decisions, and also monitors results in key performance areas as the monies are spent. From January through May, the departments engage in intensive planning related to the following year's budget. It is critical for advocates to influence the departments at this stage through informal meetings, personal contact, sharing relevant data, etc. To be effective, they should make their arguments so that they can be incorporated into the financial accountability and outcome evaluation goals.

The most effective time to lobby the Governor and his/her aides is late spring or early summer, immediately after the departmental plans have been submitted to DBM. It is at this point that the Governor establishes budgetary priorities. DBM develops "Current Services Budget Targets" for each department – the level of expenditures that department needs to maintain its current programs plus any new programs that are envisioned, minus a percentage amount taken off for affordability. The Governor reviews each item submitted by the departments as well as the Department of Budget and Management's (DBM) recommendations, providing his/her own final figures for each item. The Governor is simultaneously meeting with cabinet members who are competing for big slices of the budgetary pie. Once this process is completed and the budget targets returned to the departments – in June or July – the statewide priorities have basically been established.

Each department spends the summer adjusting its plans to the budget targets. After the departments have presented their detailed budget requests to the Governor in September – a case can be made for additional over-the-target funds – the next several months are filled with meetings between DBM, the Governor, and the departments as budgets are reviewed and DBM presents its final recommendations to the Governor.

Final revenue estimates are made on which budget allowances are based. The Governor makes decisions on budget allowances and budgets are printed. There are three key documents of interest to mental health advocates: the budget itself; *The Governor's Budget Priorities* – essentially the layman's version of the budget – a detailed volume setting out each agency's budget, according to the themes established through the fiscal accountability and outcome evaluation process; and the budget bill, a legislative vehicle that lists the name of each program to be funded and the total dollar amount of funding for each.

Since the early 1970s Maryland's budget has also been subject to a legislative "Spending Affordability" process. A Spending Affordability Committee, a joint committee of the legislature, meets in the fall and establishes an overall "Spending Affordability Limit," a rate at which the total operating budget should be allowed to grow that year. The Committee's meetings are open to the public. The report of the Spending Affordability Committee is due to the legislature on December 15.

In December and early January the Department of Legislative Services' Office of Policy Analysis conducts a detailed analysis of the budget for the Legislature. In January the Governor formally presents the budget to the General Assembly. The budget is sent to the Senate Budget and Taxation Committee and the House Appropriations Committee, which sends it to the subcommittees with responsibility for particular budget areas. The subcommittees hold hearings in which both Departmental Secretaries and the public can testify. At this time it is extremely important for advocates to testify to ensure that items are not cut from the budget. A legislative analyst's report on the budget issues is made available on the day of the relevant hearing and can provide explanatory information for proposed cuts.

During legislative consideration, the Governor may submit supplemental budgets. Thus, advocates have another opportunity to have their programs funded. The legislature is required to enact the budget by the 83<sup>rd</sup> day of the legislative session. The budget becomes law upon passage by both houses of the legislature.

## TIMETABLE FOR BUDGET DEVELOPMENT

The fiscal year in Maryland is from July 1 through June 30. The budget process begins a year and a half before the effective date of a given budget.

|         |                    |  |
|---------|--------------------|--|
| Step 1  | January-March      | Departments develop and update long and short range plans, tied to the fiscal accountability and outcome evaluation goals.   |
| Step 2  | April-May          | DBM sends each department a tentative Current Services Budget Target.  |
| Step 3  | June-July          | DBM submits a proposed Current Services Budget to the Governor's office for review and recommendations; and to the legislature's Department of Legislative Services, Office of Policy Analysis.  |
| Step 4  | July-August        | Departments develop their budgets within their targets. (Note that the current fiscal year has just begun.)  |
| Step 5  | September 1        | The Secretary of each department presents a detailed budget request through DBM to the governor. They may make a case for over-target funds.   |
| Step 6  | September-November | DBM reviews departments' requests and makes recommendations to the Governor, who meets with DBM and departments to finalize the budget. The Division of Legislative Services' Office of Policy Analysis receives copies of cut sheets to begin analysis for the legislature. |
| Step 7  | Fall               | The Spending Affordability Committee meets to establish an overall legislative limit on budget growth.   |
| Step 8  | December           | The Governor's budget is completed and sent to the printer.  |
| Step 9  | December 15        | The report of the Spending Affordability Committee is published.   |
| Step 10 | January            | The Legislature convenes. The Governor presents the budget to the General Assembly on the third Wednesday of the Session. The State Constitution mandates this day.  |

|         |               |  |
|---------|---------------|--|
| Step 11 | January-April | <p>The budget is sent to the Senate Budget and Taxation Committee and the House Appropriations Committee. They divide into subcommittees that concentrate on certain areas of the budget.</p> <p>Hearings are held in which both the Secretaries and the public can testify. The committees then recommend whatever cuts they desire to the floor of each house. The budget bill must be passed within ten working days of the end of the Session. The General Assembly can cut the budget, but may not increase it unless a revenue source is provided to cover the increase. If funds are cut, they go back to the Governor, who redistributes funds among programs and returns a revised budget to the General Assembly. The General Assembly may not move money around in the budget. The budget is required to be balanced by constitutional amendment.</p> |
| Step 12 | June          | <p>The Division of Legislative Services finalizes the Joint Chairman's report. A Fiscal Digest is printed.</p>   |
| Step 13 | July 1        | <p>The new budget goes into effect for the ensuing year.</p>   |

**PART II**  
**LOBBYING GUIDE**

**BASIC RULES OF EFFECTIVE LOBBYING**

- Get to know your legislators well. Know their interests, districts, voting records, biases and personal schedules.
- Become acquainted with your legislators' aides, committee staff members and office staff members. These individuals are essential sources of information and may have substantial influence in the design, drafting and passage of legislation.
- Know your fellow lobbyists, particularly those in your interest area. Identify both your allies and the groups you tend to differ with. Rather than working against one another on particular pieces of legislation, it may work to your advantage to negotiate with them for changes, and approach your legislators as a united force.
- Look for friends everywhere. In politics, a friend is someone willing to work with you on an issue regardless of party affiliation or liberal or conservative viewpoint. The person may disagree with you on every other issue.
- Strengthen relationships with allies and lobby legislators who have room to be flexible and are keeping an open mind.
- Never allow a legislator to consider you a bitter enemy because you disagree on an issue. Today's opponent may be tomorrow's ally.
- Be courteous, remember names and thank those who help you.
- Do not grab credit. Nothing is impossible if it does not matter who gets the credit.
- Your word is your bond. Never promise anything you cannot deliver. Never lie or mislead a legislator about the relative importance of an issue, the opposition's position or strength, or other matters.
- Maintain integrity – do not gossip.
- Learn the legislative process and timetables well.

## LOBBYING BY TELEPHONE

Most legislators have offices in their home district where they can provide services and information for you. Call that office to find out the status of a bill as well as to convey your opinions. However, if the legislature is in session and action on a bill is impending, call your legislators at their Annapolis offices. Try using the following recommendations when you call your legislators:

- Identify yourself by name, address and hometown within the legislative district.
- Identify the bill by name and number.
- Briefly state your position and how you would like your legislator to vote.
- Ask for your legislator's view on the bill or issue.
- Show appreciation for his/her service on past votes.
- If your legislator requires further information, supply it as quickly as possible. The legislative cycle moves extremely fast during the session.
- If you speak with an aide but would like to discuss the bill more fully with your legislator, ask that your message and phone number be relayed to your legislator and that your call be returned. Even if you are not able to speak directly with your legislator, the message will be relayed and can only add to the overall impact of your lobbying effort.
- Share your results. If you receive information on a legislator's position, relay that information to your organization.
- If you do not have your legislator's Annapolis phone number, call the General Assembly switchboard and ask to be connected with your legislator's office.

|                                |                |
|--------------------------------|----------------|
| From Baltimore/Annapolis area: | 410-946-5000   |
| From Washington area:          | 301-970-5000   |
| From elsewhere in Maryland:    | 1-800-492-7122 |

## **LOBBYING BY LETTER OR E-MAIL**

One way to communicate your views or those of your organization to a legislator is by letter or E-mail. You may write to any legislator in the State, but you have more influence in your own legislative district where you vote. Remember that a State legislator may receive hundreds of letters and e-mails each week. The following are recommendations for writing effective written communications to legislators.

- Write legibly or preferably type.
- Write on your own personal stationery or business letterhead. If you are writing as a representative of a group, write on the organization's stationery. Do not send a postcard. Include your full name and address so that your legislator can respond. Include a phone number so the legislator can contact you if he/she should wish to discuss the issue with you.
- Do not begin on a self-righteous note of "As a citizen and a taxpayer..." Your legislator assumes you are not an alien and knows we all pay taxes.
- Limit your letter to one bill or issue. Refer to it by name and number.
- Make clear what your position is and what you want your legislator to do.
- Use your own words. Do not use stereotyped phrases and sentences from form letters. They will be recognized as "pressure mail" and will be less effective.
- Your own personal experience is the best supporting evidence. Tell your legislator how the issue affects you, your family, clients, organization, profession, or your community.
- If you are working with others on the issue, or if you are otherwise active in the community, say so. Do not say you belong to a specific political or lobbying organization, since this may detract from the apparent spontaneity of your letter.
- Be reasonable. Do not seek impossible things or threaten. Do not say "I will never vote for you if you do not do this."
- After you have told your legislator where you stand, ask your legislator to state his/her position in reply.
- If your legislator pleases you with a vote on an issue, write and tell him/her so. Be appreciative of any positive votes in the past. Much of the mail received by delegates and senators is from displeased constituents; a letter complimenting your legislator will be remembered favorably the next time you write.
- Timing is important. If your letter arrives too early, it will be forgotten. If your legislator is a member of the committee to which the bill has been referred, write when the committee begins hearings. If your legislator is not a member of the committee handling the bill, write him/her just before the bill is to come to the floor for debate and vote. Do not write to the members of the House while a bill is being considered in the Senate and vice versa. The bill may be quite changed by the time it leaves the other chamber. Write the Governor promptly after the bill is passed by both houses if you want to influence his/her decision whether or not to sign it into law.

- Write to each legislator individually. Do not send photocopies of a letter to other legislators.
- Address your legislator properly:

|                 |  |                      |
|-----------------|--|----------------------|
| State Delegate: | The Honorable Peter Blank<br>Lowe House Office Building<br>Annapolis, Maryland 21401 | Dear Delegate Blank: |
|-----------------|--|----------------------|

|                |   |                     |
|----------------|---|---------------------|
| State Senator: | The Honorable Jane Smith<br>James Senate Office Building<br>or Miller Senate Office Building<br>Annapolis, Maryland 21401 | Dear Senator Smith: |
|----------------|---|---------------------|

- Share your results. Mail a copy of your letter and the legislator's written response to your organization.

### **SAMPLE LETTER TO A LEGISLATOR**

Your Name  
Your Address  
City, State, Zip Code  
Phone Number

Today's Date

The Honorable Jane Smith  
James Senate Office Building  
Annapolis, Maryland 21401-1991

Dear Senator Smith:

I am writing to you in (support of/opposition to) SB 100 -- then list the title and describe the bill.

The second paragraph should indicate **your** reasons for supporting or opposing this piece of legislation. Be specific, brief and factual. If you have some personal experience that has relevance to your position, **briefly** summarize it.

The third paragraph should ask your legislator to support or oppose SB 100. Ask the legislator to state his/her position in reply and thank him/her for consideration of your request.

Sincerely,

Your Name

## **LOBBYING BY PERSONAL VISIT**

One of the most effective ways to lobby legislators is through face-to-face visits with them. Most legislators have offices within their districts and have regular office hours during which they are available to their constituents. In addition, legislators have offices in Annapolis. When the General Assembly is in session it is more difficult to predict a legislator's availability. Nevertheless, if legislators know that you have traveled to Annapolis, they may come off the floor of the legislature, leave a committee hearing or find some other way to meet with you. Remember, there are three delegates and one senator in each legislative district. To maximize your efforts, make sure you contact all four of them. The following are recommendations for visiting with legislators.

- To meet with your legislator in the district, call his/her Annapolis office and request a meeting when he/she will be in the district.
- To meet with your legislator in Annapolis during the session, call the legislator's Annapolis office in advance to arrange an appointment. If an appointment cannot be scheduled, ask when the legislator is normally in the office and be there at that time.
- It is usually best to visit your legislator in small groups. Two to four people are optimum, representing different organizations if possible. You should convey the impression that these people are representatives of many more. If each represents a different organization, their potential voting power will maximize your lobbying impact. Make sure the legislator knows who he/she will meet before the visit.
- Begin on a positive note. Thank your legislator for a vote on another issue if possible. If you are a constituent and voted for him/her, mention that. If you have any family, social, business or political ties to your legislator, they may serve as identification when your point of view is considered.
- Always be courteous when dealing with your legislator. Be firm in discussing the issue, but do not become argumentative or try to force your legislator into changing his/her position or committing to a position if he/she clearly does not want to do so. Remember, it is important not to alienate your legislator; you may need his/her support on other issues.
- Be a good listener. Let your legislator ask questions as you go along, and answer them with facts and understanding. You do not have to agree with his/her views, but you should show that you are willing to hear them.
- Be clear about your position and what you would like your legislator to do. Identify the bill under discussion by name and number whenever possible.
- A short written statement of your position can be presented to your legislator to explain what the bill does and why he/she should support your viewpoint. If amendments are being offered, bring a mock-up of what the bill would look like with the amendments included.
- Never give inaccurate information. It is far better to tell a legislator, "I do not know but will find out and get back to you." Your credibility (and the legislator's if he/she uses the misinformation) is at stake. Be sure to follow up with the complete set of facts.
- Be careful not to let the meeting stray. While you certainly let him/her make comments, do not let your legislator avoid the issue. Tactfully bring the conversation back on track.

- Ask your legislator how he/she plans to vote. Once you have presented your case, try to get a commitment. If he/she is uncertain, ask if more information would be helpful and be sure to follow through.
- Try not to take notes during the meeting. Make them immediately afterward while the flow of conversation is still fresh in your mind.
- Thank your legislator for his/her time, both at the meeting and in writing. Regardless of his/her position, courtesy is important. A thank you letter also gives you another chance to make your pitch.
- If you cannot meet with your legislator, meet with an aide. Legislative staffers are important sources of information and may have substantial influence in the design, drafting and passage of legislation.
- Share your information. Send a report of your meeting to your organization.

### **LOBBYING BY TESTIMONY**

All bills in the Maryland General Assembly are first referred to a committee. When a bill that affects you or your organization is heard in committee, it is particularly important that your interests be represented in the form of committee testimony. The following are recommendations for presenting testimony.

**General Pointers.** Keep the following pointers in mind as you prepare your testimony:

- Be brief. Legislators hear much boring and repetitious testimony. Do not repeat testimony already given. Strive to make your points in five minutes or less, unless you are the lead witness on a bill and the legislative sponsor has asked you to explain the bill in detail. Even then, shoot for ten minutes.
- Do not read your testimony. You may take notes or bullet points to the table with you, but you will be more effective if you speak in your own words.
- Do not use jargon. Remember that you are in a legislative forum; some people in a committee hearing may not understand the human services jargon of your agency/organization.

**Advance Preparation.** Learn the lay of the land ahead of time:

- Contact the committee office to find out when the bill is scheduled for a hearing, when you must sign up to testify, how many copies of written testimony are needed and when/where testimony should be submitted. Committee rules vary. Some committees will not allow oral testimony if you have not registered in advance as either a proponent (for) or an opponent (against); others will ask at the end of a hearing whether anyone else would like to testify. Most committees require copies of written testimony prior to a hearing; others will ask that you circulate your testimony when you come to speak.

**Hearing Room Protocol.** On the day of the hearing, you must:

- Sign the witness register as either a proponent (for the bill) or opponent (against the bill) before the hearing begins. Proponents are heard first.

- Submit copies of written testimony to the committee clerk before the hearing. Written testimony is not required but it is important to provide if possible, so that your testimony will be entered in the legislative record of the hearing and available to legislators to refer to. Supportive documents may be attached as appendices.

**Order of testimony.** Your testimony should proceed as follows:

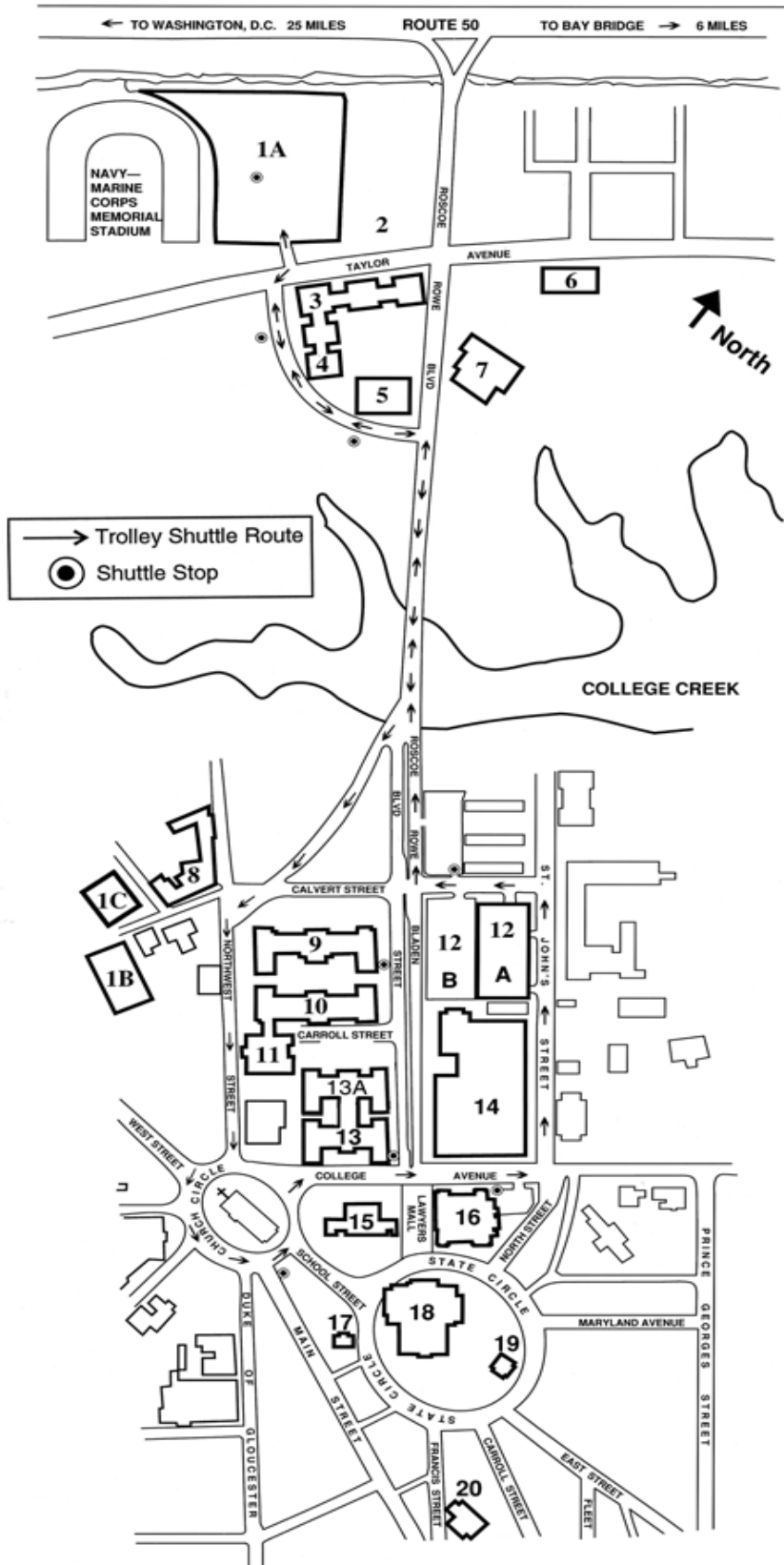
- Begin by identifying yourself and giving a short description of whom you represent, what your organization does, what it stands for and how many members it has.
- Next, if at all possible, praise the general intent of the bill, whether or not you agree with the specific methods written into it.
- Give a clear and concise statement of your position.
- State the reasons for your position, describing the likely political, fiscal, moral or social consequences of the bill. Do not make arguments you are not prepared to defend or prove. Anticipate opposition arguments by challenging your opponent's statistics, facts or motives. However you may feel about the opposing side, speak of them with respect. Whenever possible, offer concrete examples, actual case histories or supporting data.
- Raise questions that the proposed legislation leaves unanswered.
- Mention others who support your position.
- Close by thanking the committee and offering to answer any questions legislators might have.

**Question and Answer Session.** You are very likely to face questions from the legislators in attendance. The following rules apply:

- Answer questions as honestly as you can. If you do not know the answer, say so. If necessary, defer to another witness who is more knowledgeable on the subject matter or offer to supply the information at a later date.
- If you know there are likely to be technical questions beyond your expertise, consider bringing along a companion who has this expertise. If you decide to do so, introduce this individual at the outset of your testimony, as follows: "With me is Dr. So-and-so, an expert in such-and-such, who will be available to answer technical questions."
- If you are asked an irrelevant or rhetorical question, use the opportunity to restate your position.
- If you do not know the name of the questioner, simply address him/her as Delegate or Senator.
- Do not publicly commit yourself to a position if there is a chance you will later need to withdraw your support. If asked whether you would support a bill in a changed form, respond that you or your organization will need to reconsider the amended proposal.

**Written Testimony for the Record:** If you cannot be present at a hearing, written testimony may be sent to the committee before or after the hearing. Be sure to include the bill name, number, and hearing date.

## Map of Government Buildings in Annapolis



- **1. Public Parking**
- **1A. Navy-Marine Corps Memorial Stadium.**  
*Trolley Shuttle Bus.* Free. runs from Stadium Parking Lot to downtown Annapolis Monday-Friday, 6:30 a.m.-8:00 p.m., every 10 minutes (more frequently at rushhour), & Saturday & Sunday, 10:00 a.m.-6:00 p.m. No service on State holidays.  
Public parking also available off Calvert St.:
- **1B. Gott's Court Garage**
- **1C. Whitmore Garage**
- **2. Sweeney District Court Building**
- **3. Tawes State Office Building**  
Dept. of Natural Resources
- **4. Maryland Judicial Center**  
Administrative Office of the Courts  
District Court of Maryland headquarters
- **5. Murphy Courts of Appeal Building**  
Court of Appeals  
Court of Special Appeals  
State Law Library
- **6. State Police Barracks**
- **7. State Archives (new Hall of Records)**
- **8. Dept. of Budget & Management**
- **9. Goldstein Treasury Building**  
Board of Public Works  
Comptroller of the Treasury  
State Treasurer
- **10. State Income Tax Building**
- **11. Data Processing Building**
- **12. Central Services Building**  
Annapolis Public Buildings & Grounds  
(parking at Lots A & B by permit only)
- **13. James Senate Office Building**  
Senators' offices
- **13A. Miller Senate Office Building**  
Committee offices & hearing rooms
- **14. House of Delegates Office Building**  
Delegates' offices  
Committee offices & hearing rooms
- **15. Government House**
- **16. Legislative Services Building**  
Dept. of Legislative Services  
Joint committee hearing room  
Cafeteria
- **17. Shaw House**
- **18. State House**  
Senate  
House of Delegates  
Governor's Office  
Information Desk (ground floor)  
Visitors Center (State House tours)  
Snack bar
- **19. Old Treasury Building**
- **20. Jeffery Building**  
Secretary of State

## **LOBBYING THE GOVERNOR**

The Governor and his/her lobbyist play key roles in the legislative process because the legislative programs they introduce carry a great deal of weight. Therefore, you can sometimes achieve success by convincing the Governor, through his/her staff, to support your position on an issue and even introduce your bill as "Administration" legislation. In any case, it is important to cultivate relationships with contacts on the Governor's staff, particularly the Governor's "Legislative Office" and the various coordinating offices that promote interagency collaboration (e.g, the Governor's Office for Children and the Department of Disabilities). You should supply them with information throughout the year on key issues of concern and request help with needed changes.

If your bill will have any substantial impact on the executive branch of government, you should generally contact the agency (e.g., Department of Human Resources, Department of Health and Mental Hygiene) that will be affected. They will be quick to point out any difficulties that changes in the law might impose on them. Nevertheless, it is important to work with the agency and get as much information as possible relating to your bill. If you obtain the agency's support or, at least, its ambivalence, you and your sponsors will have won a major battle.

Sometimes legislative support of your bill may require negotiation and compromise with a State agency over provisions in dispute. If a bill's advocates and the affected State agency can settle areas of disagreement before the committee hearing or the committee's final vote, chances of passage are greater. This may involve agreeing on amendments to a bill. In recent years, such disputes have often centered around a bill's "fiscal note", i.e., how much a bill will cost the State to implement. In tight budget years, the executive branch may resist any legislation that requires funds not already budgeted, no matter how worthy. The legislature may be equally resistant unless a ready revenue source is found.

## **LOBBYING THROUGH THE MEDIA**

Writing a letter to the editor is an excellent method of indirectly lobbying your legislator. Not only do letters to the editor inform a newspaper of its readers' views, but they also educate other readers -- including legislators. Most legislative staff clip letters in district newspapers as a barometer of voters' sentiments. If enough letters to the editor are printed on a subject, an editorial may be generated as a result. Your own letter to your local paper can bring an issue to the attention of three important audiences: the general public, your newspaper's editorial board and your legislators. The following are recommendations for writing an effective letter to the editor.

- Observe the paper's space constraints. Some newspapers require letters be limited to a certain number of words. If your paper has no such restriction, limit yourself to the length of the average letter published. Most editors prefer letters no longer than 250 words (shorter than one page, double spaced).
- Limit your letter to one topic.
- State your position succinctly. Clear, concise, well-reasoned and informative letters are most likely to be published.
- Be timely. Ideally the letter should touch on a subject that is currently a news item. Citing one of the paper's recent articles or commenting on your legislator's position is usually a good introduction. Editors look for news value and well-written opinions.

- Make the first sentence short and compelling.
- Do not be afraid of affirming your position is based on a moral conviction. Appeal to your reader's sense of fairness and justice.
- Sign your name, address and phone number. Some papers will not print a letter unless they can contact the author. Most papers will not print anonymous letters but will withhold the writer's name and address under certain circumstances.
- Consider submitting a joint letter signed by many individuals or organizations.
- Do not be discouraged if your first letter is not printed. Keep trying! Recruit others. More letters will encourage the paper to put the issue in print.
- Remember to write thank you notes to an editor who has been helpful. Follow up a favorable editorial with a letter to the editor supporting the paper's position.

**APPENDIX A**

**U.S. SENATE AND HOUSE OF REPRESENTATIVES:  
THE MARYLAND CONGRESSIONAL DELEGATION**

Maryland is represented on the federal level by two members of the U.S. Senate and eight members of the U.S. House of Representatives, who serve six and two year terms, respectively.

**United States Senate**

Senator Barbara A. Mikulski (Democrat)  
Senator Benjamin L. Cardin (Democrat)

Address: U.S. Senate  
Hart Senate Office Building  
Washington, D.C. 20510-2003

**United States House of Representatives**

|                                       |                           |
|---------------------------------------|---------------------------|
| Representative Andy Harris            | Republican - 1st District |
| Representative Dutch Ruppersberger    | Democrat - 2nd District   |
| Representative John P. Sarbanes       | Democrat - 3rd District   |
| Representative Donna F. Edwards       | Democrat - 4th District   |
| Representative Steny H. Hoyer         | Democrat - 5th District   |
| Representative Roscoe G. Bartlett     | Republican - 6th District |
| Representative Elijah E. Cummings     | Democrat - 7th District   |
| Representative Christopher Van Hollen | Democrat- 8th District    |

Address: U.S. House of Representatives  
Longworth House Office Building  
Washington, D.C. 20515

To reach your Senator or Representative by phone, call the Capitol Switchboard at (202) 224-3121 and ask for his/her office.

## GLOSSARY OF TERMS AND ABBREVIATIONS

This glossary is designed to help you understand the "players," the services available, and some of the terms used in the mental health system in Maryland.

### A

**ACLU** – American Civil Liberties Union

**ACT** – Assertive Community Treatment is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness. Among the services ACT teams provide are: case management, initial and ongoing assessments; psychiatric services; employment and housing assistance; family support and education; substance abuse services; and other services and supports critical to an individual's ability to live successfully in the community. ACT services are available 24 hours per day, 365 days per year.

**ACY** – Advocates for Children and Youth. A Maryland non-profit advocacy organization.

**ADA** – American with Disabilities Act (PL 101-336). The ADA provides the means by which Americans with disabilities can overcome barriers. It is intended to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities, as well as a clear, strong, consistent, and enforceable set of standards addressing discrimination against individuals with disabilities.

**ADAA** – State of Maryland Alcohol and Drug Abuse Administration - State agency charged with services related to alcohol and drug abuse. ADAA is located within the Department of Health and Mental Hygiene.

**Advance Directive** – Generally a written statement by a consumer, 18 years or over, which describes how the consumer wants medical decisions to be made should the individuals become unable to make informed decisions. Through this, a consumer can choose a person to act on his or her behalf, express how he or she wants to be treated under certain circumstances, who he or she wants to administer the treatment, what actions should or should not be taken, and when he or she wants to go for treatment when seriously ill and unable to make treatment decisions.

**AERS** – Adult Evaluation and Review Services – Provides comprehensive evaluations for older adults to prevent unnecessary and/or inappropriate hospitalization. AERS also provides comprehensive evaluations for adults for all ages to prevent unnecessary and/or inappropriate nursing home placements. A multi-disciplinary team assesses the individual's needs and identifies those services that would help the individual to remain in the community or in the least restrictive environment. AERS may provide assistance with obtaining the identified services or refer to other providers. The Office of Health Services (OHS) within the Department of Health and Mental Hygiene (DHMH) administers the AERS program.

**Aftercare Plan** – A written plan for the consumer for when the individual is discharged from an inpatient facility. The plan is developed by the inpatient facility with input from the consumer, community programs and government agencies that will be providing services to the consumer in the community. The Aftercare Plan must include information about all diagnoses, treatments, prescribed medication, where to obtain medication in the community, the date the consumer was released from the inpatient facility, the location of the community placement, the plan for continuing treatment, and a list of referrals for social services, legal aid, educational services, vocational services and medical treatment.

**AL** – Assisted Living

**ALJ** – Administrative Law Judge

**ALOS** - Average length of stay

**ALU** – Alternative Living Unit: A one-to-three person supervised home, usually approved by the Developmental Disabilities Administration or Mental Hygiene Administration.

**APA** – American Psychiatric Association

**APP** – House Appropriations Committee

**Appeal** – Any action a Medical Assistance eligible individual files with the office of Administrative Hearings (OAH) contesting a denial of services decision made by the CSA or any action a provider files with OAH contesting a denial of a claim.

**APS** – Adult Protective Services. Services provided by the Department of Social Services to ensure adults are not abused, neglected or abandoned.

**ARC** – Association for Retarded Citizens, called The Arc.

**ASO** – Administrative Service Organization (ASO) - An organization that is under contract with the Mental Hygiene Administration to provide administrative services, including reviewing the utilization of public mental health care, giving authorization for mental health care, processing payment to the mental health care providers, and conducting quality assurance audits and surveys. MAPS-MD is the ASO in Maryland.

## **B**

**B&T** – Senate Budget and Taxation Committee

**Beneficiary** – An individual who is entitled to have some or all of his/her bills for mental health care paid for by Medicaid, Medicare or a private insurance plan.

**Benefits** – Medicaid, Medicare and private insurance provide benefits to people in the form of payment for some or all medical services, medical related services, rehabilitative services, and/or prescription drugs.

## **C**

**C&A Services** – Child and Adolescent Services. A division of the Mental Hygiene Administration that develops policy and monitors mental health services for individuals younger than 18 years of age.

**CAB/CAC** – Citizens Advisory Board, also known as CAC (Citizens Advisory Committee). A Citizens' board that ensures that community concerns and needs are expressed to appropriate county and State officials.

**Care Manager** – A mental health professional responsible for reviewing, coordinating and approving the mental health treatment of individuals served by the Maryland Public Mental Health System. The Care Manager must approve inpatient hospital, residential treatment, partial hospitalization and intensive/traditional outpatient services in advance or at the time of admission.

**Case Management** – The process by which mental health services and related support services for each consumer are coordinated and monitored.

**CARF** – The former Commission on Accreditation of Rehabilitation Facilities, now known as the Rehabilitation Accreditation Commission.

**Carve-In** – A model of delivering and financing health care services in which mental health and/or substance abuse services are provided under the same delivery system as physical healthcare; the integration of behavioral healthcare and physical healthcare.

**Carve-Out** – The practice of having a specific benefit, such as mental health, operated as a distinct program, separate from the general health program.

**Case Rate** – A provider may determine in advance what mental health services will likely be needed by the consumer, during a set period of time. Based upon that determination, the provider may charge a case rate for those mental health services. If it turns out that more or less mental health care had to be provided to the consumer, the case rate remains the same.

**CBH** – Community Behavioral Health Association of Maryland. A professional and advocacy group composed of many of Maryland psychiatric rehabilitation program and outpatient mental health clinic providers. CBH is the result of the merger of the Maryland Association of Psychiatric Support Services and the Maryland Council of Community Mental Health Centers.

**CHC** – Community Health Charities, a federation of health agencies

**CHIP** – Child Health Insurance Program. CHIP provides health care insurance to uninsured children. CHIP is a block grant to States and, therefore, the funds may be depleted, without providing insurance to all uninsured children. Children who are eligible for Medicaid are not eligible for CHIP.

**CINA** – Child in Need of Assistance. This term refers to a child who requires court intervention because: (1) the child has been abused, has been neglected, has a developmental disability, or has a mental disorder; and (2) the child's parents, guardian, or custodian are unable or unwilling to give proper care and attention to the child and the child's needs.

**CINS** – Child in Need of Supervision. The State of Maryland Department of Juvenile Justice applies this term to children and adolescents who exhibit acting-out and pre-delinquent behavior.

**CM** – Mental Health Case Management (COMAR 10.09.45) (Code of Maryland Regulations). "Targeted case management" services are targeted to individuals inadequately receiving mental health services. A Case Manager works with the individual to identify goals for the individual service plan, provides linkage to services, monitors service provision, and advocates on behalf of the individual.

**CMHC** – Community Mental Health Center

**CMHS** – Center for Mental Health Services. A federal agency that provides leadership to (1) ensure the application of scientifically established findings and practice-based knowledge in the prevention and treatment of mental disorders; (2) improve access, reduce barriers, and promote high quality effective programs and services for people with, or at risk for these disorders, as well as for their families and communities; and (3) promote the rehabilitation of people with mental disorders. A source for federal block grants.

**CMS** – Center for Medicare and Medicaid Services, the federal agency responsible for administering Medicare and Medicaid, among other duties. CMS was formerly named the Health Care Financing Administration (HCFA).

**COB** – Coordination of Benefits

**CPS** – Child Protective Services, a unit of each local Department of Social Services (DSS) which is responsible for investigating allegations of child neglect, abuse and abandonment and is responsible for taking children into emergency shelter care, as needed.

**CMI** – Chronically Mentally Ill, a term sometimes used to describe adults with serious and persistent mental illnesses. Currently, the term SMI (seriously mentally ill) is preferred when referring to the population. The term, "individuals with psychiatric disabilities" is also used frequently.

**Coe Consent Decree** – A class action lawsuit to provide Rights’ Advisors and legal representation for patients in State psychiatric facilities.

**COMAR** – Code of Maryland Regulations. COMAR is the regulations that implement Maryland law.

**Community Behavioral Health Association of Maryland:** A professional association of community behavioral health providers. These providers perform services for people who are entitled to public mental health services and to people who pay (directly or by private insurance) to receive mental health care.

**Community Mental Health Program -** Community Mental Health Programs include: Outpatient Mental Health Clinics, Therapeutic Nursery Programs, Mobile Treatment Services, Psychiatric Rehabilitation Programs and Residential Rehabilitation Programs.

**Complaint** – Any oral or written action a consumer in the population group or a provider files with the Public Mental Health System’s (PMHS) administrative service organization (ASO).

**CON** – Certificate of Need. Approval required by Maryland Health Resources Planning Commission for inpatient services for individuals of all ages. Required of a hospital before they are allowed to expand their facilities.

**CONS** – Certificate of Need for Services. Documentation indicating need for inpatient treatment generated by an independent team prior to a child or adolescent's admission to a hospital or residential treatment center. Maryland Health Partners (MHP) serves as the independent team for all Medicaid funded admissions to a residential treatment center (RTC).

**Concurrent Review** – Review of health care services performed simultaneously and on an ongoing basis. Maryland Health Partners (MHP) follows the treatment as it is occurring and makes medical necessity determinations about the provisions of care while the care is being provided.

**Co-payment** – A co-payment is that portion of a bill for health care that the consumer must pay.

**Co-Occurring Conditions** – Refers to an individual who, in addition to a mental health diagnosis, is also diagnosed as having a substance abuse problem, has developmental disabilities, has cognitive impairments, or has a serious medical condition (HIV positive, tuberculosis).

**Consumer** – A consumer is an individual who receives or received mental health services.

**Consumer Quality Team (CQT)** – Teams of consumers and family members that make unannounced visits to public mental health programs for children and adults. The CQT provides a mechanism for the immediate resolution of consumer problems, immediate feedback to providers and systemic feedback on how the mental health system is meeting the consumer needs.

**CPS** – Child Protective Services. Services provided by the State of Maryland Department of Human Resources, through the local Department of Social Services, in response to child abuse and neglect complaints received from the community.

**CRP** – Community Rehabilitation Program (formerly called a psychosocial program)

**CSA** – Core Service Agency. Local management entity for public mental health services within a jurisdiction. Responsibilities include planning, providing for service provision according to locally determined needs, and monitoring service delivery and evaluating service outcomes. CSAs are agents of county or city government and may be county departments, quasi-governmental bodies or private non-profit corporations.

**Cultural Competence** – A desire to understand and accept the beliefs, values and traditions of a consumer and to use this knowledge to help the consumer to reach his/her human potential.

## **D**

**DBM** – State of Maryland Department of Budget and Management. An executive department of the State government responsible for fiscal planning and the preparation of the State budget.

**DDA** – State of Maryland Developmental Disabilities Administration. An agency in the State government charged with providing services to individuals with developmental disabilities in Maryland. DDA is located within the Department of Health and Mental Hygiene.

**DHCD** – State of Maryland Department of Housing and Community Development. Maryland agency charged with administering federal and State programs for housing and community development.

**DHMH** – State of Maryland Department of Health and Mental Hygiene. Executive department of State government responsible for health related issues. Also known as the "State Health Department."

**DHR** – State of Maryland Department of Human Resources. A department of the State government charged with serving families and individuals who, due to financial hardship, disability, age, chronic disease, or any other cause, need help in obtaining basic necessities of food and shelter. Responsible for welfare programs.

**DJS** – State of Maryland Department of Juvenile Services. A department of the State government charged with providing juvenile justice services to children with suspected involvement in delinquent and/or status offenses.

**DOC** – Division of Corrections

**DOD** – Maryland Department of Disabilities

**DOJ** – Department of Justice

**DORS** – State of Maryland Division of Rehabilitation Services - A division of the Maryland State Department of Education that focuses on the vocational and rehabilitation needs of persons with disabilities. Formerly the Division of Vocational Rehabilitation or DVR.

**DPSCS** – Division of Public Safety and Correctional Services

**DRG** – Diagnostic Related Group

**DSM-IV** – Diagnostic and Statistical Manual of Mental Disorders, 4th edition, revised. Manual of standard definitions of clinical diagnostic terms. Produced by the American Psychiatric Association.

**DSS** – Department of Social Services. Local county agencies which provide a large range of services including: public assistance payments, medical assistance, protective services to children and adults, and services to families with children. These local agencies are under the State Department of Human Resources.

**Drug Formulary** – A medication list created by a health plan of prescription drugs that are pre-approved by the health plan.

**Dual Eligible** – A person is dual eligible if the person is eligible for Medicare and for complete or partial Medicaid coverage.

## **E**

**Eastern Shore Hospital Center** – A State psychiatric hospital located in Dorchester County.

**EBP** – Evidence Based Practice

**ECM** – House Economic Matters Committee

**ED** – Emotionally Disturbed. Generally, this term refers to children and adolescents with serious mental illness.

**EHEA** – Senate Education, Health and Environmental Affairs Committee

**Eligible Uninsured (formerly known as “Gray Zone”)** – A term used to describe consumers who are uninsured or under-insured and who meet financial eligibility requirements to receive public mental health system care.

**Enhanced Support Services** – Enhanced Support Services are short-term services provided in the consumer’s home. Enhanced Support Services provide supervision and assistance to an individual experiencing an increase or instability of psychiatric symptoms. Enhanced Support Services are provided in addition to other mental health services. This service is only provided by a provider of psychiatric rehabilitation services (PRP), residential rehabilitation services (RRP) or mobile treatment services.

**ENV** – House Environmental Matters Committee

**Evidenced Based Practice (EBP)** – Proven scientific research that has demonstrated successful and effective mental health interventions.

**Emergency Medical Treatment and Labor Act (EMTALA)** – A federal statute that requires hospitals to provide emergency treatment to all persons, including persons who do not have insurance and are unable to pay.

**EPSDT** – Early and Periodic Screening Diagnosis and Treatment. Federal law requires states to provide EPSDT services to all Medicaid-eligible recipients under age 22 in order to identify physical and mental problems through periodic examinations (called “screens”).

**ERISA** – Employee Retirement Income Security Act. Supersedes state regulations for employee health insurance programs where the company has self-insured.

**ESY** – Extended School Year. Provided for special education needs.

**EVS** – Eligibility Verification System. The mechanism used to determine if a Medicaid recipient has already selected a managed care organization.

## **F**

**FFCMH** – Federation of Families for Children's Mental Health.

**FFP** – Federal Financial Participation. Reimbursement by the federal government to a state for its share of Medicaid expenditures.

**FFS** – Fee-for-Service. A payment reimbursement system that pays providers for each unit of service delivered as identified by a claim or payment.

**Fee-for-Service** – A payment system where payments are made for each specific mental health service at a present amount.

**FICC** – Federal Interagency Coordinating Council

**Finan Hospital Center** – A State psychiatric facility (Thomas B. Finan Center) located in Allegany County.

**Forensic Services** – Mental health services given to consumers as a result of a court order.

**FY-Fiscal Year** – The fiscal year for the State of Maryland runs from July 1 to June 30.

## **G**

**GAF** – Global Assessment of Functioning (GAF) Scale, DSM IV. The reporting of overall function on Axis V is performed using the Global Assessment of Functioning (GAF) Scale. The GAF scale may be particularly useful in tracking the clinical progress of individuals in global terms, using a single measure. The GAF scale is to be rated with respect only to psychological and occupational functioning.

**GOC** – Governor’s Office for Children

**GAO** – General Accounting Office

**Grievance** – Any oral or written action a consumer or a provider files due to disagreement with a decision made or care rendered. In the event that MAPS-MD denies a request for mental health services, in whole or in part, the consumer may file three levels of grievances and an appeal to have the matter reviewed by a MAPS-MD psychiatrist, a MAPS-MD Medical Director, the Core Service Agency, and a Hearing Examiner at the Office of Administrative Hearings.

**Group Home** – A private residence where consumers who have been or are in treatment for mental illnesses may be provided care in a homelike environment.

## **H**

**HB** – House Bill, Legislation by the Maryland House of Delegates (e.g., HB 38).

**HD** – Health Department. Local governing authority that oversees the health and often the mental health agencies within its specific jurisdiction.

**HEAU** – Health Education and Advocacy Unit (in the Attorney General’s office)

**HHS** – U.S. Department of Health and Human Services, the federal health agency.

**Health Choice** – Maryland’s Medical Assistance program

**HGO** – House Health and Government Relations Committee

**HIPPA** – Health Insurance Portability and Accountability Act

**HMO** – Health Maintenance Organization. A healthcare organization that offers an organized system for providing healthcare to an enrolled group of people.

**Home and Community Based Waiver** – The federal government provides a waiver to States to allow Medicaid payment for specific services in the consumer’s home or community, instead of requiring that the services be provided in an institution.

**Home Health Psychiatric Services** – A licensed home health agency that provides intensive psychiatric services in the consumer’s home.

**HRD** – Human Resource Development. General term used in reference to staffing issues, including staffing patterns, training, hiring and retention of staff.

**HSCRC** – Health Services Cost Review Commission. Oversees the system of regulating reimbursement for hospital-based services in Maryland.

**HUD** – U.S. Housing and Urban Development. A federal agency responsible for housing programs; in particular, Section 8, a program of housing vouchers for the disabled.

## **I**

**IAC** – Interagency Committee on Aging Services. Established by the Maryland General Assembly in 1983 to ensure coordination of services to elderly Marylanders. It includes the Department of Health and Mental Hygiene, Human Resources, Housing and Community Development, Economic and Employment Development, Transportation, the State Office on Aging, local area Agencies on Aging, and a representative of the general public.

**ICC** – Interagency Coordinating Council (required by Part H, PL 99-457)

**IDEA** – Individuals with Disabilities Education Act (PL 101-496). Amended the Education for all Handicapped Act (PL 94-142). IDEA guarantees a free appropriate public education for children with disabilities.

**IEP** – Individualized Education Plan for the special education needs of a particular child.

**IFSP** – Individual Family Services Plan

**I&R** – Information and Referral

**IMD** – Institute for Mental Disease as defined by 42 CFR (Code of Federal Regulations) § 435.1009. IMDs include State psychiatric hospitals (in-patient care).

**IOP** – Intensive Outpatient treatment may only be provided and reimbursed by approved Outpatient Mental health Services programs or Psychiatric Day Treatment programs. IOP is a program of intensive treatment, involving multiple treatment services, on multiple days which are provided by a multidisciplinary team. This is considered a short-term, intensive intervention.

**IRWE** – Impaired-Related Work Expenses. When an individual works while receiving Social Security Disability or SSI benefits, certain impairment-related work expenses can be deducted from what is counted as earnings by Social Security.

**IRB** – Institutional Review Board. A committee that approves and monitors research projects, with respect to regulations protecting human research subjects.

**IRP** – Individual Rehabilitation Plan

## **J**

**JOBS** – Job Opportunities & Basic Skills Program

**JCAHO** – Joint Commission on Accreditation of Healthcare Organizations. An organization that surveys, evaluates, and accredits hospitals and other health care facilities and programs.

**JPR** – Senate Judicial Proceedings Committee

**JUD** – House Judiciary Committee

## **K**

## **L**

**LAP** – Legal Assistance Program. A State supported legal program, established by the Coe Consent Decree, to provide lawyers to patients in State psychiatric facilities to assist with domestic, housing and financial problems and rights issues.

**LCC** – Local Coordinating Council (for children's services). An interagency committee of major agencies dealing with children and adolescents in a county. An LCC includes representatives of the local Department of Juvenile Justice, the school system, the Department of Social Services, and the Mental Hygiene Administration. The committee finds appropriate placements for disabled children and adolescents with complex needs.

**LCPC** – Licensed Certified Professional Counselor. A person who is licensed and legally authorized by the State to practice as a professional counselor.

**LCSW-C** – Licensed Certified Social Worker Clinical

**LEA** – Local Education Agency. This normally identifies a local board of education as it relates to funding and service provisions for students within that county. The acronym LEA has recently been changed to LSS—“Local School System.”

**LHD** – Local Health Department

**Lisa L.** – A successful Maryland class action lawsuit (1987) on behalf of children and adolescents, which requires the timely discharge from hospital to community placement.

**LMB** – Local Management Board (Formerly known as Local Planning Entity LPE). Coordinating board for local jurisdictions, to ensure the implementation of the interagency service delivery system for children, youth and families.

**LMHAC** – Local Mental Health Advisory Committee.

**LSS** – Local School System. This identifies a local board of education as it relates to funding and service provision for students within that county. Replaces the Local Education Agency.

## **M**

**MA** – Medical Assistance. Medicaid, the federal-state program that pays medical costs for very low-income people. Recipients of need-based cash benefit programs such as SSI, AFDC, and PAA are automatically covered by Medicaid in Maryland.

**MACSA** – Maryland Association of Core Service Agencies. The organization that represents the CSA directors. See CSA.

**Managed Care** – A process used by insurers to reduce healthcare services deemed to be unnecessary.

**Managed Care Organization (MCO)** – An organization that has a contract with the State Medicaid agency to provide health services to consumers for a monthly capitation rate for each consumer.

**MAPS-MD** – An administrative service organization that is under contract with the Mental Hygiene Administration to provide administrative duties. MAPS-MD has many duties, including reviewing the utilization of public mental health care, giving authorization for public mental health care, processing payments to the mental health care providers and conducting quality assurance audits and surveys.

**MARFY** – Maryland Association of Resources for Families and Youth. A professional advocacy group comprised of providers of residential and related services for children and youth.

**MASBHC** – Maryland Assembly on School Based Health Care

**MCCJTP** – Maryland Community Criminal Justice Treatment Program. A MHA initiated program that provides services in all detention centers and case management to transition inmates with mental illness back to the community.

**MCHP** – Maryland Children’s Health Program. This program is administered by DHMH to make available health care to children and adolescents, under the age of 19, and pregnant women of any age whose family income is up to 200% of the federal poverty level.

**Maryland Coalition of Families for Children’s Mental Health** – Is a grassroots coalition of family and advocacy organizations dedicated to improving services for children with mental health needs and their families.

**MDoA** – State of Maryland Department of Aging. An independent State agency. MDoA is charged with serving the needs of Marylanders age 60 or older who meet financial eligibility. Along with local Agencies on Aging, MDoA oversees various programs statewide.

**MDLC** – The Maryland Disability Law Center. A private, non-profit organization providing free legal services to individuals with disabilities who have legal problems such as abuse and neglect, discrimination in employment and other areas, special education, and public benefit entitlements.

**MDOD** – Maryland Department of Disabilities, oversees the restructuring and reorganization of government delivery of services and programs for people with disabilities in Maryland, through collaboration with all state agencies.

**Med Chi** - Medical and Chirurgical Faculty. A professional organization for Maryland physicians.

**Medicare** – A nationwide federally administered program that covers the costs of hospitalization, medical care and some related services for the elderly and other individuals with select disabilities.

**Medicare Part D** – Medicare’s prescription drug benefit. This program available to all people who receive Medicare will help pay for some or all of the drug costs for people who join this plan.

**Medical Assistance** – See MA

**Medical Necessity** – A determination that particular health care services are necessary for an individual. Medical necessity criteria help Care Managers determine the most appropriate level of care and intensity of services an individual requires.

**MFP** – Money Follows the Person

**MH** – Mental Health

**MHA** – Maryland Hospital Association. Statewide organization representing hospitals in Maryland.

**MHA** – Mental Hygiene Administration. State agency responsible for funding and overseeing all State-supported mental health services. MHA is located in the Department of Health and Mental Hygiene.

**MHAC** – Mental Health Advisory Committee. County-based citizens' committees established by State law that advises certain State and county officials on local mental health needs and issues. (Sometimes known as LMHAC-Local Mental Health Advisory Committee).

**MHCC** – Maryland Health Care Commission – State Agency which is a public commission appointed by the Governor by advise and consent of the Maryland Senate. Responsibilities include the development of a comprehensive, standard health benefit plan for the State, adoption of a State Health Plan, implementation of certificate of need (CON), the development of a payment system for health care practitioners, and development of quality and performance measures for HMOs, nursing homes, and ambulatory surgery centers in hospitals.

**MHRPC** – Maryland Health Resources Planning Commission. State agency charged with ongoing development of a State plan for health services. MHRPC determines need for various health services, limits and regulates the development of services according to needs.

**MIA** – Maryland Insurance Administration. An independent State agency that regulates the Maryland insurance industry and protects consumers by ensuring that insurance companies and health plans act in accordance with insurance laws. The Maryland Insurance Administration is also responsible for investigating and resolving consumer complaints and questions concerning insurance companies operating in Maryland.

**MIAW** – Mental Illness Awareness Week. First week in October. Mental Health Associations conduct activities to provide information to the public on mental illness during this week.

**MJCIA** – Maryland Joint Commission on Inter-professional Affairs. A cooperative effort of the Maryland Psychological Association, the National Association of Social Workers-MD chapter, the Maryland Nurses Association and the Maryland Psychiatric Society.

**MNA** – Maryland Nurses Association

**MOA** – Memorandum of Agreement

**MOU** – Memorandum of Understanding

**MPA** – Maryland Psychological Association

**MPAP** – Maryland Pharmacy Assistance Program. This program helps Maryland residents who are ineligible for Medicaid but have low-incomes; to pay for certain maintenance drugs used to treat long-term illnesses.

**MPRC** – Maryland Psychiatric Research Center. Performs research on schizophrenia in both inpatient and outpatient settings. Affiliated with the University of Maryland.

**MPS** – Maryland Psychiatric Society

**MSCSW** – Maryland Society for Clinical Social Work

**MSDE** – Maryland State Department of Education

**MTS** – Mobile Treatment Service. A unique combination of clinical and case management services for individuals whose needs have not been met by traditional services. The objective of MTS is to promote rehabilitation through the provision of care and services to select consumers with serious and persistent mental illnesses who are at greatest risk of relapse and hospitalization or who repeatedly utilize emergency services. A multi-disciplinary team provides this service.

**MVA** – Motor Vehicle Administration

## **N**

**NAMI** – National Alliance on Mental Illness. - A national advocacy organization for families and friends of people with psychiatric disabilities.

**NAMI-MD** – National Alliance on Mental Illness in Maryland. is an advocacy organization for family and friends of people in Maryland with serious mental illnesses.

**NAMHPAC** – The National Association of Mental Health Planning and Advisory Councils. This organization is dedicated to improving the functioning and impact of planning councils through technical assistance and training.

**Nancy Doe Consent Decree** – A class action lawsuit to provide psychiatric services to individuals living in Maryland who are hearing impaired and deaf. As a result of this lawsuit Springfield Hospital Center created a special unit to serve people with hearing impairments.

**NARSAD** – National Alliance for Research on Schizophrenia and Affective Disorders. The nation's largest private foundation dedicated to research on brain disorders.

**NAPCWA** – National Association for Public Child Welfare Administrators

**NASDSE** – National Association of State Directors of Special Education

**NASMHPD** – National Association of State Mental Health Program Directors. Coordinating advocacy group for State mental health program directors.

**NASW** – National Association of Social Workers

**NCSL** – National Conference of State Legislatures

**NIH** – National Institutes of Health. A federal agency located in Rockville, Maryland.

**NIMBY** – "Not In My Back Yard." Discriminatory attitudes that inhibit implementation of a community program for individuals with serious disabilities.

**NIMH** – National Institute for Mental Health. The federal institute that conducts and promotes research and public education regarding health issues. Part of the National Institutes of Health (NIH). NIMH is located in Rockville, Maryland.

**NMHA** – National Mental Health Association currently known as Mental Health America is national non-profit organization dedicated to helping all people live mentally healthier lives. The organization has over 320 affiliates nationwide.

## O

**OAG** – Office of the Attorney General

**OAH** – Office of Administrative Hearings. A State office established in 1990 that provides the opportunity for a citizen to appear before an Administrative Law Judge (ALJ) to obtain an unbiased and objective review of an action taken by a State agency with which the citizen disagrees.

**OCA** – Mental Hygiene Administration Office of Consumer Affairs. The office within MHA that promotes mental health consumers' involvement in policy development and facilitate the development of consumer operated programs and services.

**OHCQ** – Office of Health Care Quality. This agency was formerly known as Licensing and Certification Administration (LCA) an agency within DHMH that monitors the quality of care and services in Maryland's health care facilities and community residential programs.

**OJJDP** – U.S. Office of Juvenile Justice & Delinquency Prevention. A unit of the federal Department of Justice responsible for juvenile justice issues.

**OMB** – U.S. Office of Management and Budget

**OMHC** – Outpatient Mental Health Center. A clinic which provides outpatient mental health services. Also known as a CMHC or Community Mental Health Center.

**OOO of Maryland** – On Our Own of Maryland. A self-help and advocacy group of consumers. Statewide umbrella for On Our Own chapters in Maryland that provides support and fosters the development of On Our Own chapters and peer-run business and other activities throughout the State.

**OSEP** – Office of Special Education Programs.

**Outcome Measure** – A system of measuring the improvement of consumers' mental health and functioning, as a result of receiving mental health services.

**Outpatient Services** – Community mental health clinics, mobile treatment, psychiatric rehabilitation, office based practices, clinics, therapeutic nurseries, EPSDT, or other community services.

## P

**P&A** – Protection and Advocacy. The process of protecting mental health system consumers from abuse and neglect and assuring that their rights as citizens and recipients of care are fully respected. "P & A" can also refer to the "Protection and Advocacy for Mentally Ill Individuals Act of 1986," which provided federal funds for each State to establish programs designed to protect and advocate for the rights of people with a mental illness.

**PA** – Public Assistance

**Partial Hospitalization (PHP)** – Partial Hospitalization is outpatient short-term, intensive psychiatric treatment that may include medical and nursing supervision and interventions. PHP services must provide consumers with four hours of treatment per day. In order for individuals to utilize PHP services effectively, they must reside in a safe residence.

**PASARR** – Pre-Admission Screening and Annual Resident Review. The Omnibus Reconciliation Act of 1987 (OBRA '87) requires pre-admission screening and/or resident review of individuals with mental illness or developmental disabilities and related conditions, who are applicants to or residents of nursing facilities certified for Medicaid or Medicare funding.

**PASS** – Plan for Achieving Self Support. A PASS is a specific savings/spending plan to set aside income and resources for up to 48 months toward a Social Security Administration (SSA) approved occupational goal. A Plan for Achieving Self-Support can help an individual to establish or maintain SSI eligibility and can also increase the individual's SSI payment amount.

**PATH** – Projects for Assistance in Transition from Homelessness. A formula grant authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 to provide community-based services for people with serious mental illness who are homeless or at imminent risk of becoming homeless.

**PBIS** – Positive Behavior Interventions and Supports

**PBM** – Primary Care Physician

**PCP** – Primary Care Provider. The provider that serves as the initial interface between the consumer and healthcare system. The PCP is usually a physician, selected by the consumer upon enrollment in a MCO, who is trained in one of the primary care specialties and who coordinates the treatment of consumers under his/her care.

**PDL** – Preferred Drug List. Restrictions on the types of medications covered by insurance providers. Medications prescribed by a doctor that are not on the PDL may require prior authorization by the insurance provider before access to the medication is granted.

**Peer Support Groups** – A resource which allows individuals with the same or similar issues, concerns and/or problems to meet socialize and to communicate with each other on a one-to-one or group basis and to offer support to each member of the group.

**Perkins** – Clifton T. Perkins Center, the Maryland forensic hospital.

**Physician Advisor** – A board-certified practicing physician who performs Care Management services. The physician is board-certified in psychiatry.

**PMHS** – Public Mental Health System. The publicly supported mental health system of the State of Maryland, funded by State and federal Medicaid funds. The Mental Hygiene Administration has oversight authority and utilizes Core Service Agencies to plan and manage services on the local level and an ASO, Maryland Health Partners, to administer key functions of the system.

**PMHS Providers** – Network of individuals and institutions who are eligible to provide services to individuals served in the Maryland Public Mental Health System.

**PPO** – Preferred provider organization

**Pre-admission Authorization or Preauthorization** – Inpatient hospital care, residential treatment, partial hospitalization and intensive/traditional outpatient services are evaluated and authorized prior to or at the time the services are rendered. Because the services have not occurred, a Care Manager can review the plan for treatment before the services are provided and the cost is incurred. In emergency situations, preauthorization will be done at the time services are rendered. If care is not preauthorized, it may be subject to a possible denial of some services/days for lack of medical necessity.

**Pre-existing condition limits** – If you were sick or had a health problem before you purchased an individual health plan you may be denied benefits for this pre-existing illness for a limited period of time after you enroll. Individual health plans can look back 7 years to see if you had any pre-existing condition.

**Primary Adult Care program** – (PAC) provides health services to people with limited incomes aged 19 and over who are Maryland residents and meet income guidelines. PAC is a result of legislation enacted in 2003 requiring DHMH to provide health insurance for indigent adults. The program consolidates current health care services provided to adults and utilizes federal funding to expand primary and preventive care to adults lacking health care services.

**Project Home** – Housing and case management program of the Maryland Department of Human Resources.

**PRP** – Psychiatric Rehabilitation Program. A community based rehabilitation program for adults with serious mental illnesses and children with serious emotional disorders. The program provides training, socialization, and support. The purpose of PRPs is to reduce the symptoms of the individual's psychiatric disability while maximizing the person's ability to function successfully in the community.

**PRWORA** – Personal Responsibility & Work Opportunity Reconciliation Act -1996

**PTI** – Parent & Training Information Centers

## Q

**QA** - Quality Assurance

**QDWI** – Qualified Disabled and Working Individuals. These individuals lost their Medicare Part A due to their return to work, and are not otherwise entitled to Medicaid. People in this category, who meet low-income and low-assets requirements, are entitled to have Medicaid pay for their Medicare Part A premiums to purchase Medicare.

**QMB** – Qualified Medicare Beneficiary. A consumer who has Medicare, but is also eligible, due to low-income and low-assets, for minimal benefits under Medicaid, such as, Medicaid paying for the consumer's Medicaid premiums, deductibles and coinsurance.

**QMBs with Full Medicaid (QMB Plus)** – These people are entitled to Medicare Part A and are eligible for full Medicaid benefits. If the individual meets low-income and low assets requirements, Medicaid pays their Medicare Part A and Part B premiums, and perhaps pays for Medicare deductible and coinsurance, and provides full Medicaid benefits.

## R

**RCS** – Residential Crisis Services. Services provided on a short-term basis in a community-based residential setting to prevent inpatient admission. Care given in a residential crisis bed, a respite bed, a therapeutic group home, a group home, or residential rehabilitation program.

**Referred** – Referred is the term used for those individuals who go through the MHP Care Manager to be "referred" for treatment.

**Referring Source** – Consumer, mental health care provider, somatic MCOs, primary care physician, CSA, family, or agency or individual within community.

**Respite Services** – Respite Services provide individuals, adults who have a Serious and Persistent Mental Illness (SPMI) or a child/adolescent who has Serious Emotional Disturbance (SED), with a temporary alternative living situation or assist the individual’s home care giver by temporarily relieving the care giver from the responsibility of care and support. Services are designed to support an individual to remain in the individual’s home. (COMAR 10.21.27)

**RFA** – Request for Application – specifies the terms and conditions for submitting an application for providing a service.

**RFP** – Request for Proposal. Specifies the terms and conditions for a bidding process or a grant application.

**Resident Grievance System (RGS)** – A State supported system, established by the Coe Consent Decrees, to provide Rights’ Advisors in all State psychiatric facilities to assist patients to assure their rights are respected and protected.

**RICA** – Regional Institute for Children and Adolescents. A facility licensed and operated by the Mental Hygiene Administration that provides residential treatment for children and adolescents who are severely emotionally disturbed. RICAs are located in Baltimore City and Rockville (Montgomery County).

**RRP** – Residential Rehabilitation Program. A program that provides rehabilitation services in a structured home setting to individuals with serious mental illness.

**RTC** – Residential Treatment Center. A mental health facility that provide 24-hour treatment for children and adolescents with emotional, behavioral or mental disorders. Includes the RICAs.

## S

**SAMHSA** – U.S. Substance Abuse & Mental Health Services Administration, the federal agency that fosters the development of mental health services.

**SB** – Senate Bill. Legislation proposed by members of the Maryland Senate.

**SCC** – State Coordinating Council. An executive group composed of representatives from the Developmental Disabilities Administration, Mental Hygiene Administration, Department of Juvenile Services, Department of Education, and Department of Human Resources. The group is charged with approving funding for all out-of-state residential placements.

**Section 1115 Waiver** – The United States Department of Health and Human Services provides waivers from the general Medicaid regulations to allow states to provide managed care programs for all or some consumers.

**Self-Directed Care** – Gives greater control to the consumer over dollars spent to pursue their individual goals. The concept of self-direction is supported by five principles of self-determination: 1) the freedom to live a meaningful life in the community; 2) the authority over dollars needed for support; 3) support to organize resources in ways that are life enhancing and meaningful; 4) the responsibility for wise use of public dollars; 5) confirmation of important leadership that self advocates must hold in a newly designed system.

**Self Insured** – When an employer pays medical claims directly without buying coverage from an insurance company. Self-insured companies are exempt from state insurance regulations, and instead are governed by the federal ERISA laws.

**SEP** – Supported Employment Program. Support provided on an ongoing and long-term basis to assist individuals with psychiatric disabilities in choosing, funding and sustaining competitive employment. The environment is usually a competitive work-site with a majority of non-disabled individuals. PRPs, independent employment agencies, and other programs generally provide this service.

**SGHC** – Spring Grove Hospital Center. A State psychiatric hospital in Catonsville, Baltimore County.

**SH** – Supported Housing (See Supported Living)

**SHC** – Springfield Hospital Center. A State psychiatric hospital located in Sykesville, Carroll County.

**SL** – Supported Living. An initiative designed to increase housing options available to persons with serious mental illness. Through supported living programs, individuals with psychiatric disabilities may access an array of flexible services and supports to enable them to live in the housing of choice and to become participating members of the community.

**SLMB** – Specified Low-Income Medicare Beneficiaries. These individuals are entitled to Medicare Part A and are not otherwise eligible for Medicaid. If the individual meets low-income and low-assets requirements, Medicaid will pay for the individuals Medicare Part B premiums.

**SLMB with full Medicaid (SLMB Plus)** – These individuals are entitled to Medicare Part A and are eligible for full Medicaid benefits. If the individual meets low-income and low-assets requirements, Medicaid pays the individuals Medicare Part B premiums and provides full Medicaid benefits.

**SMH** – State mental hospital

**SMI** – Seriously mentally ill persons - Sometimes used to describe adults with serious and persistent mental illnesses. Another term often used is individuals with psychiatric disabilities.

**SOCI** – System of Care Initiative

**Sole Source Provider** – Government contract for services awarded without a competitive bidding process because there is judged to be no alternative provider.

**Special Populations** – Individuals who are deaf or hard of hearing, homeless, in jail, or court ordered to DHMH pursuant to HG Title 12.

**Springfield** – See SHC

**Spring Grove** – See SGHC

**SRT** – State Review Team

**SSA** – U.S. Social Security Administration

**SSBG** – Social Security Block Grant. Title XX of SSA

**SSDI** – Social Security Disability Insurance. A disability program of the Social Security Administration. A person must be considered medically disabled, and have worked and paid social security taxes (FICA) for a specific number of years to be eligible.

**SSI** – Supplemental Security Income. A disability program of the Social Security Administration. A person must be considered medically disabled, have little or no income or resources to be eligible.

**Supported Employment** – The public mental health system funds supported employment services. Supported employment provides on-going, support services to people who have Serious Mental illness and who have been unable to maintain full employment.

## **T**

**TANF** – Temporary Assistance for Needy Families. Monthly cash assistance program for families with low incomes, administered by DHR. Formerly known as Aid to Families with Dependent Children (AFDC)

**TAY** – Transition Age Youth. Individuals, aged 14-25, transitioning from child services to adulthood.

**TBI** – Traumatic Brain Injury. An insult to the brain not of a degenerative or congenital nature, caused by an external physical force that may produce a diminished or altered state of consciousness, which results in an impairment of cognitive abilities or physical functioning. It also can result in the disturbance of behavioral or emotional functioning.

**TCA** – Temporary Cash Assistance

**TCM** – Targeted Case Management. Medicaid reimbursed, time-limited, intensive services which are targeted to individuals inadequately receiving mental health services. Case management works with the individuals to identify goals for the individual service plan, provides linkage to services, monitors service provision, and advocates on behalf of the individual (COMAR 10.21.18)

**TDAP** – Temporary Disability Assistance Payments

**Ticket to Work and Work Incentives Improvement Act of 1999** – A voluntary program whereby disabled people can return to work and still keep a portion of their disability payments, while having assurance of continuing medical benefits for a period of time.

**TITLE** – Refers to a major section of the federal Social Security Act. The following titles authorize important programs that benefit individuals with mental health problems:

**TITLE IV** - Child Welfare Act

**TITLE IV-A** - Aid to Families with Dependent Children

**TITLE IV-B** - Child Welfare Services Program

**TITLE IV-D** - Child Support Enforcement Program

**TITLE IV-E** - Foster Care & Adoption Assistance Program

**TITLE V** - Maternal & Child Health

**TITLE XVIII** - Medicare

**TITLE XIX** - Medicaid

**TITLE XX** - Social Security Block Grant

**TITLE XXI** - Child Health Insurance Program

**TNP** – Therapeutic Nursery Program. Community-based clinic program providing a combination of developmental and mental health services to children, aged five or under, at risk for serious emotional or mental disorder, or adjustment problems.

**TQM** – Total Quality Management.

## U

**UM** – Utilization Management

**Underinsured** – A person who has public or private medical insurance that does not pay for all of the person's needed health care. As a result, the individual has medical bills that are more serious than the individual's ability to pay the bills.

**Uninsured** – Individuals who do not have public or private insurance.

**Upper Shore Hospital** – A State psychiatric facility located in Kent County.

**UR** – Utilization Review

**USDE** – U.S. Department of Education

**UW** – United Way

## V

**Vaughn G. vs. Amprey** – (Special Education Baltimore City) Consent decree requiring timely assessments and development and implementation of IEP.

## W

**W&M** – House Ways and Means Committee

**WIC** – Special Supplemental Food Program for Women, Infants & Children

**Waiver** – An agreement between the federal CMS and a State that permits the State to deviate from federal guidelines that dictate the administration of its Medicaid program. It is through a waiver, either an 1115 or a 1915-B waiver that states have traditionally obtained approval to implement mandatory managed care programs for their Medicaid populations.

**WIC** – Special Supplemental Food Program for Women Infants and Children

**Wraparound Services** – Wraparound services are provided to children and adolescents with serious emotional disturbances (SED). The services include an individualized plan for the minor and the family and community services.

## X, Y, Z

## APPENDIX C

### INFORMATION ON THE INTERNET ABOUT MARYLAND'S GOVERNMENT

The State of Maryland maintains comprehensive and detailed information on the Internet about the State and its people and about the government and its operations. The following websites are especially useful sources for public policy advocacy:

- Legislative Services (<http://mlis.state.md.us>). Maintained by the General Assembly's Division of Legislative Services, this site provides a series of searchable databases, including the Maryland Code, recently enacted statutes, proposed legislation, information about Senate and House proceedings, notices of upcoming hearings, a directory of legislators, and a mechanism for making e-mail contact with legislators. E-mail inquiries are received at [libr@mlis.state.md.us](mailto:libr@mlis.state.md.us). Legislative updates are available by subscription.
- Maryland.gov (<http://www.maryland.gov>). This site includes a broad spectrum of information about Maryland. It provides links to all branches of government and all executive agencies. It also contains links to reach federal officials.
- Maryland Manual On-Line (<http://www.msa.md.gov/msa/mdmanual/html/mmtoc.html>). This site contains a comprehensive description of Maryland's governmental structure. All three branches of government are included, with the names, addresses, telephone numbers, and e-mail addresses of key agency personnel. Also included are agency organizational charts and budgets.
- COMAR and Maryland Register (<http://www.dsd.state.md.us>). The Division of State Documents publishes the Code of Maryland Regulations (COMAR) and the Maryland Register, which provides official biweekly notices of agency actions. COMAR is "browse-able" by title and subtitle and searchable by word or phrase. It currently includes Governor's Executive Orders and texts of proposed and emergency regulations.
- Elected Officials (<http://mdelect.net/>). This site provides links to find your state and federal elected officials. Information provided shows current elected officials and current Congressional & Legislative election district.