

SB945_Hettleman_FAV.pdf

Uploaded by: Shelly Hettleman

Position: FAV

SHELLY HETTMAN
Legislative District 11
Baltimore County

Chair, Rules Committee
Budget and Taxation Committee

Subcommittees
Capital Budget
Health and Human Services
Chair, Pensions



THE SENATE OF MARYLAND
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Senate Chair, Audit and Evaluation
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TESTIMONY OF SENATOR SHELLY HETTMAN
SB 945 COMMUNITY-BASED RESIDENTIAL FACILITIES - LICENSING ENTITIES -
PROVISION OF LICENSING CRITERIA AND SINGLE POINT OF CONTACT

A few years ago, one of my constituents wrote to me seeking our assistance to find out who they could contact to express concerns about their nextdoor neighbors. The residents left trash and debris in the yard, allowed snow to accumulate on the sidewalk, and repeatedly blocked my constituent's driveway with their cars. When my constituent could no longer reason with the staff, she sought the state's assistance.

However, she did not know which state organization could ensure that the facility operated responsibly. After countless phone calls and emails to various departments and agencies, she was no closer to having answers. My constituent felt that there was no accountability, and she and the other members of the community were frustrated with an inability to ascertain who was ultimately responsible for ensuring that the neighbors were responsible. "If you don't have a seat at the table, you're on the menu," she said in a recent phone call.

It doesn't have to be this way. Communities and group homes can—and *must*—co-exist. Community-based homes provide *vital* housing and care services to vulnerable Marylanders, including individuals with developmental disabilities, mental health conditions, substance use disorders, and elderly persons requiring assistance. Last year, I toured a residential facility in my district and was amazed at its integration into the neighborhood. But what happens when that is not the case?

The goal of Senate Bill 945 is to encourage communication and collaboration between group homes and the communities they operate in. To accomplish this goal, the bill stipulates that state agencies, when requested, release the criteria they relied on when granting or renewing a license to operate a community-based residential facility. Furthermore, the bill requires each agency that issues these licenses to establish a single point of contact for fielding complaints and concerns regarding the facilities.

These measures would empower community members with clearer information about facility licensing and standards, thereby streamlining the complaint process, reducing bureaucratic hurdles, and potentially improving overall quality of care through greater agency oversight. Indeed, if communities and residential facilities are to not only co-exist, but also *thrive*, we must create a more accessible and transparent regulatory system, where *everyone* has a seat at the table. Thank you for considering Senate Bill 945.

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SB 945 - MDH - FIN - LOSWA.pdf

Uploaded by: Meghan Lynch

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, Dr.PH, Acting Secretary

March 4, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill (SB) 945 – Community-Based Residential Facilities - Licensing Entities - Provision of Licensing Criteria and Single Point of Contact– Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 945 – Community-Based Residential Facilities - Licensing Entities - Provision of Licensing Criteria and Single Point of Contact.

Senate Bill 945 seeks to require licensing authorities to provide criteria, upon request, regarding how they determine whether to issue or renew licenses for community facilities to an interested party. Additionally, the legislation seeks to mandate that licensing authorities designate a single point of contact to handle complaints, concerns, or issues related to community-based residential facilities.

The Department remains committed to transparency but notes that the materials produced during the review of an application for licensure by the Department are protected under the Medical Review Committee privilege, as outlined in Health Occupations Code § 1-401(d)(1). Medical Review Committees consist of regulatory boards and agencies established by state or federal law to license, certify, or discipline any health care provider, as per Health Occupations Code § 1-401(b)(1), which also includes the licensing of community behavioral health providers regulated under COMAR 10.63 by the Department.

Additionally, revisions to COMAR 10.63 currently underway will further define the licensure requirements for community-based behavioral health providers. The revisions to COMAR 10.63.06 will clarify requirements of the license application process and the necessary documentation that must accompany license applications.

The Department's Office of Policy and Planning - Office of Licensing and Compliance serves as the primary point of contact for complaints, concerns, or issues regarding community-based behavioral health providers. In addition, the Department offers four options to report concerns to the Department including two digital forms, a public email address, and a direct phone number¹

¹ See "Contact" <https://health.maryland.gov/bha/Pages/COMAR-10-63-Programs-.aspx>

that constituents and consumers can use to report complaints² and critical incidents.³ The Department carefully tracks all of these methods of reporting, entering each inquiry into the Department's database to maintain an accurate record of the type of incident reported, action taken, and the resolution of each case. The Department has dedicated staff to review all complaints and critical incidents, and they route inquiries received to the appropriate investigative authority internally and externally to the Department.

In addition to the Office of Policy & Planning, the Maryland Department of Health operates the Office of Constituent Services. This is a "one-stop shop" for constituents to call, request or receive information, issue complaints, and seek guidance. The Office of Constituent Services is a centralized service and any inquiries received are routed to the appropriate Department and / or Administration for review and follow up.

The Department is committed to working with the Committee to ensure that the licensure process remains transparent and efficient while safeguarding the integrity of sensitive information and maintaining a streamlined system for addressing public concerns. As part of these protections, we suggest two technical amendments to clarify that the Department can provide general, regulatory criteria but not the specific materials produced during the review of an application for a specific licensure applicant.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Ryan B. Moran". The signature is fluid and cursive, with a horizontal line drawn underneath the name.

Ryan B. Moran, DrPH, MHSA
Acting Secretary

Attachment:
Amendments

² <https://www.cognitoforms.com/MDH3/BHA1063ComplaintForm>

³ <https://www.cognitoforms.com/mdh3/bhacomar1063criticalincidentreportform>

In the Senate Finance Committee

AMENDMENTS TO SENATE BILL 945

(First Reading File Bill)

On page 2, beginning in line 16, strike “**TO AN INTERESTED PARTY**”

On page 2, in line 18, strike “**OF A**” and insert “**FOR**”

On age 2, in line 19, strike “**FACILITY**” and replace with “**FACILITIES.**”

SB 945 DRM Opposed.pdf

Uploaded by: Leslie Dickinson

Position: UNF

SB 945 – Community–Based Residential Facilities – Licensing Entities – Provision of Licensing Criteria and Single Point of Contact

Hearing before Senate Finance Committee, March 4, 2025

Position: OPPOSED (UNF)

Disability Rights Maryland (DRM) is the federally designated Protection and Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities. DRM works to increase opportunities for Marylanders with disabilities to be part of their communities and live in safe, affordable, and accessible housing, including community residential facilities, when needed.

SB 945 targets community residential facilities in which persons with disabilities reside while simultaneously undermining the expertise of agencies that are statutorily mandated to issue licenses pursuant to established criteria and regulations set forth in statute and regulation.

To illustrate, Md. Health-General Code Ann. § 7-102 established the Developmental Disabilities Administration (the “Department”) which administers and oversees services provided to Marylanders with developmental disabilities. Health-General, § 7-903 requires that a person shall be licensed by the Department before the person may provide services to an individual with a developmental disability or a recipient of individual support services and the Department shall adopt regulations providing for the services requiring licensure under paragraph (1) of this subsection. Licensing regulations are set forth in Title 10, Subtitle 22 of COMAR which provide specific standards for the granting or denial of a person requesting a license under Health-General or COMAR. *See* 10.22.02.01-1, *et seq.* COMAR 10.22.02.02 provides the minimum criteria for an applicant applying for an initial or renewal license.¹

Moreover, the statute itself mandates rules and regulations, investigations of applicants and inspections.² (*See* Health-Gen., §§ 7-901, *et seq.*). The Department must promptly investigate the applicant when an application for a license is filed. (*Id.*, § 7-906 -Investigations). As indicated, the Department conducts inspections at least once annually and at any other time it considers necessary. Therefore, if a family member or neighbor has concerns about a group home or other facility, they can report it to DDA and request an inspection.

Essentially, the accountability that SB 945 is seeking to establish already exists. It is incorporated into the statutory and regulatory frameworks. SB 945 is thus redundant and unnecessary in addition to likely being discriminatory.

¹ (*See* [Pages - 10.22.02.02.aspx](#)).

² (1) The Department shall inspect each site or office operated by a licensee at least once annually and at any other time that the Department considers necessary.

(2) The Department shall evaluate periodically the performance of surveyors who carry out inspections under this subsection to ensure the consistent and uniform interpretation and application of licensing requirements.

(c) The Department shall keep a report of each inspection.

The federal Fair Housing Act (FHA) as amended in 1988, prohibits housing discrimination on the basis of “handicap,” (or “disability”) which is defined as: “(1) a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) a record of having such an impairment; or (3) being regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance. *See* 42 U.S.C. § 3602(h).

By targeting group homes or residential facilities in which persons with development disabilities (Health-Gen., Title 8) or persons with mental health disabilities (Health-Gen., Title 7.5) may reside, SB 945 appears on its face to discriminate against people with disabilities yet serves no legitimate government interest, in violation of the Fair Housing Amendments Act. *See Potomac Group Home Corp. v. Montgomery County, Md.*, 823 F.Supp.1285, 1295 (D.Md.1993), *citing Horizon House, Developmental Services, Inc. v. Township of Upper Southampton*, 804 F.Supp. 683, 693 (E.D.Pa.1992). *See also, City of Edmonds v. Oxford House, Inc.*, 514 U.S. 725, 115 S. Ct. 1776 (1995), in which the Court held that a zoning code section that did not cap the number of people who may live in a dwelling (as long as they were related by “genetics, adoption, or marriage”) was not a maximum occupancy restriction exempt from the FHAA under 42 U.S.C. § 3607(b)(1).

Finally, SB 945 potentially creates an administration burden for the Developmental Disabilities and the Behavioral Health Administrations. There’s no proposed limit on requests for documents under SB 945, which could divert staff time and attention from their substantive job duties and increase costs for paper and other supplies.

In addition to the fact that the Health-General statute and COMAR Regs provide accountability – as previously noted, citizens have the right to request documents from any State agency through the Maryland Public Information Act, for which agencies have processes in place.

For the reasons set forth above, **Disability Rights Maryland urges an unfavorable report on SB 945.**

Please contact me with any questions regarding this testimony.

Leslie Dickinson
Managing Attorney/Housing
LeslieD@disabilityrightsmd.org

SB945_DDCoalition_DRM_Oppose.pdf

Uploaded by: Randi Ames

Position: UNF



MARYLAND DEVELOPMENTAL DISABILITIES COALITION

Dedicated to the rights and quality of life for people with developmental disabilities in Maryland

Senate Finance Committee

March 04, 2025

SB945: Community-Based Residential Facilities - Licensing Entities - Provision of Licensing Criteria and Single Point of Contact Position: Oppose

The Maryland Developmental Disabilities Coalition (DD Coalition) is comprised of five statewide organizations that are committed to improving the opportunities and outcomes for people with intellectual and developmental disabilities (IDD) and their families. As such, the DD Coalition opposes SB945.

WHAT does this legislation do?

Requires the Developmental Disabilities Administration (DDA) to:

- Provide any interested party the criteria for licensing or renewing a license of a DDA residential setting; and
- Assign a point of contact to respond to any complaints, concerns, or issues regarding a DDA residential setting.

WHY is this legislation concerning?

- **People with a need for supported housing in order to live in their communities, including those with intellectual and developmental disabilities, are being singled out.** The Federal Fair Housing Act of 1968 guarantees a person the right to equal access to housing opportunities and seeks to eliminate discrimination in housing, based on certain protected characteristics. The primary goal is to ensure that all individuals, regardless of their background, can live in a safe and affordable home **without facing unfair barriers or discriminatory practices**. "Interested Parties" who want to know more about their neighbor should first be encouraged to be neighborly, and resolve any neighbor-to-neighbor disputes in a civil and respectful manner as they would with any other neighbor not living in a licensed home. By creating a mechanism for interested parties to circumvent this natural activity, we run the risk of encouraging NIMBY-ism and discriminatory behavior toward individuals residing in one of the licensed settings named in this bill.
- **Complaint system already exists.** DDA has designated the Office of Health Care (OHCQ) to monitor and inspect its licensed providers, which includes investigating complaints. OHCQ already has a robust complaint system, that anyone may utilize.
- **Licensing criteria is already available to the public.** Any interested party can obtain the licensing and renewal criteria from DDA's "[Partnering with Providers](#)" webpage, which includes a link to the relevant state regulations. This information is also available through a Public Information Act request, where there is already a designated individual to process these requests for DDA as part of the [Maryland Department of Health](#).

For more information, contact: Randi Ames, Managing Attorney, Disability Rights Maryland, randia@disabilityrightsmd.org



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**Maryland Developmental
Disabilities Council**
CREATING CHANGE · IMPROVING LIVES

217 E Redwood Street
Suite 1300
Baltimore, MD 21202



7000 Tudsbury Road
Windsor Mill, MD 21244

Senate Finance Committee

March 04, 2025

SB945: Community-Based Residential Facilities - Licensing Entities - Provision of Licensing Criteria and Single Point of Contact

Position: Oppose

Thank you for the opportunity to testify on the proposed budget for line item M00M, Maryland Department of Health (MDH) Developmental Disabilities Administration (DDA). Disability Rights Maryland (DRM) is the state-designated Protection and Advocacy agency, authorized under federal law to protect and advocate for the rights of individuals with disabilities.

SB945 would require Maryland's Developmental Disability Administration (DDA) and the Behavioral Health Administration (BHA) to: 1. Provide any interested party the criteria for licensing or renewing a license of a DDA or BHA residential settings, including substance disorder settings licensed by BHA; and 2. Assign a point of contact to respond to any complaints, concerns, or issues regarding a DDA residential setting.

People with a need for supported housing to live in their communities, including those with intellectual and developmental disabilities, mental health conditions, and substance abuse disorders are being singled out. The Federal Fair Housing Act of 1968 guarantees a person the right to equal access to housing opportunities and seeks to eliminate discrimination in housing, based on certain protected characteristics. The primary goal is to ensure that all individuals, regardless of their background, can live in a safe and affordable home without facing unfair barriers or discriminatory practices. Additionally, these community settings residents must have their privacy respected, and not be

at risk of their status as a person with a disability receiving services be readily accessible to any “interested party.”

“Interested parties” who want to know more about their neighbor should first be encouraged to be neighborly, and resolve any neighbor-to-neighbor disputes in a civil and respectful manner as they would with any other neighbor not living in a licensed home. By creating a mechanism for interested parties to circumvent this natural activity, we run the risk of encouraging NIMBY-ism and discriminatory behavior toward individuals residing in one of the licensed settings named in this bill.

Complaint system already exists. DDA has designated the Office of Health Care (OHCQ) to monitor and inspect its licensed providers, which includes investigating complaints. OHCQ already has a robust complaint system, that anyone may utilize. Similarly, BHA has a robust, accessible complaint system.

Finally, the licensing criteria is already available to the public. Any interested party can obtain the licensing and renewal criteria from MDH’s relevant provider webpages, which include links to the relevant state regulations. This information is also available through a Public Information Act request, where there is already a designated individual to process these requests for DDA as part of the Maryland Department of Health.

For these reasons, DRM strongly opposes Senate Bill 945.

Respectfully,

Randi A. Ames, Esq.
Managing Attorney
Disability Rights Maryland
1500 Union Ave., Suite 2000
Baltimore, MD 21211

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SB 945 Testimony.pdf

Uploaded by: Shannon Hall

Position: UNF



COMMUNITY BEHAVIORAL
HEALTH ASSOCIATION
OF MARYLAND

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Victoria Morgan
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Development Group*

Laura Mueller
WIN Family Health

Scott Rose
Sheppard Pratt

Katie Rouse
On Our Own of Maryland

Alyssa Sanders
EveryMind

Russ Weber
Key Point Health Services

Testimony on SB 945
Senate Finance Committee
March 4, 2025

POSITION: OPPOSE

My name is Shannon Hall, and I am the Executive Director of the Community Behavioral Health Association of Maryland (CBH). CBH is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 97 members serve the majority of individuals who access care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

One in four U.S. adults are unwilling to have someone with a mental illness as a neighbor.¹ Members of the public who object to living near individuals with mental illness may attempt to prevent the development of psychiatric housing and services because of “not in my backyard” (NIMBY) attitudes, contributing to service delays and shortages.² For decades, CBH members have encountered local opposition to their efforts to develop integrated, community-based housing for people with behavioral health needs. Litigation and support from Maryland’s state legislators have helped build a stronger system for integrated housing across the state.

We are concerned that SB 945 represents a step backwards from Maryland’s commitment to community-based housing.

Requiring behavioral health licensing authorities to make available licensing standards – which are already publicly available – and offer a single point of contact for complaints is not required of any other community health facility. To single out behavioral health facilities to be treated differently from any other health care housing raises concerns. In this respect, SB 0529 may violate the Americans with Disabilities Act, 42 U.S.C. § 12131 *et seq.* (“ADA”), and its implementing regulations, which require the County to administer all of its programs and activities—including its legislative, executive, zoning and code enforcement functions—in a manner that does not discriminate on the basis of disability.” 28 C.F.R. § 35.130(d).

For these reasons, we respectfully urge the Committee to oppose SB945.

For more information contact Shannon Hall, Executive Director, at shannon@mdcbh.org.

¹ Smith TW, Davern M, Freese J, et al: *General Social Surveys, 1972–2018*. Chicago, NORC at the University of Chicago, 2019.

² Cowan S: Public arguments for and against the establishment of community mental health facilities: implications for mental health practice. *J Ment Health* 2002; 11:5–15.