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HB1136

House Health and Government Relations Committee

March 5, 2025

**POSITION: LETTER OF INFORMATION**

My name is Nicole Graner, and I am the Director of Government Affairs and Public Policy 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.**<sup>1</sup> 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.<sup>2</sup> 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 HB1136 represents a step backwards from Maryland’s commitment to community-based housing.

Requiring 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. Singling out behavioral health facilities to be treated differently from any other disability-based housing or healthcare housing raises significant fair housing concerns. In this respect, HB1136 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 believe HB1136 is not necessary and could pose unintentional and unnecessary challenges for individuals living with mental health and substance use disorders. Thank you.

*For more information contact Shannon Hall at [shannon@mdcbh.org](mailto:shannon@mdcbh.org).*

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

<sup>2</sup> 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.