



2026 SESSION
POSITION PAPER

BILL: SB 412 - Maryland Department of Health - Community Forensic Aftercare Program - Established

COMMITTEE: Senate Finance Committee

POSITION: Letter of Information

BILL ANALYSIS: SB 412 seeks to establish a Community Forensic Aftercare Program in the Maryland Department of Health (MDH) to monitor committed persons on conditional release and individuals with mental illness or intellectual disability who are required to be monitored under Title 3 of the Criminal Procedure Article. The bill would also require the Program to establish a community monitoring board composed of licensed health care providers to make recommendations and decisions related to the modification and duration of the conditional release and out-of-state travel requests.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) submits this letter of information for SB 412. This bill would establish a Community Forensic Aftercare Program (CFAP) within MDH, along with a community monitoring board made up of licensed health care providers. The Program would monitor committed persons on conditional release who have been found incompetent to stand trial, are not considered a danger to themselves or others, and who have been discharged from an MDH facility with the recommendation for monitoring. While this bill is specific to MDH and does not directly name local health departments (LHDs), MACHO respectfully submits this letter of information to provide the Committee with several contextual considerations.

There is an existing CFAP within MDH which consists of a team of Licensed Clinical Social Workers and Mental Health professionals. These staff work with treatment providers throughout the state who provide services to individuals on conditional release. SB 412 proposes creating a state-level program in statute. MACHO urges that CFAP remains a state-level, state-run program, as the proposed services exceed the capacity of LHDs to manage or staff if the program were to become mandatory for LHDs.

Considerations if the program were to be delegated locally to LHDs include:

- **Funding:** Given the current federal, state, and county budget situations currently impacting LHDs, LHDs would be unable to facilitate a local program without appropriate funding to support it. MACHO estimates that the resources would be significant to create brand new programs in nearly every LHD. The Allegany County Health Department has been monitoring a few patients and reporting to the MDH CFAP program for several decades, without a dedicated funding source for those services, a residual service carried over from when the program was established in 1982 by the state that was connected to the time before behavioral health services were privatized in MD.
- **Collaboration:** The Program would place sole responsibility on LHD mental health providers, as opposed to collaborative decision-making with public safety agencies.
- **Quality and safety:** Lack of local infrastructure might result in suboptimal monitoring and subsequent quality and safety concerns.
- **Legal liability:** LHDs would assume excessive legal liability when making the recommendations required under the bill.

For these reasons, MACHO respectfully submits this letter of information for SB 412. For more information, please contact Ruth Maiorana, MACHO Executive Director at рмаiorа1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*