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Patrick Moran – President

**SB 412 –Maryland Department of Health – Community Forensic Aftercare Program
– Established
Finance Committee
Tuesday, February 17, 2026**

LETTER OF INFORMATION

AFSCME Maryland Council 3 represents 55,000 state, county and municipal employees, including the frontline employees who work in the Community Forensic Aftercare Program (CFAP) within the Maryland Department of Health. On behalf of our members, we would like to share the following information with the committee as you deliberate over this bill.

We appreciate that this legislation codifies the program in statute. CFAP monitors over 600 individuals on Conditional Release at any given time. CFAP's primary goal is maintaining the safety and wellness of the individuals we monitor and the community at large. Our members are a neutral party; however, we request that the committee consider that additional staffing is needed so that CFAP can continue to adequately and successfully perform their job to the best of their ability.

MANDATED 90-DAY MEETINGS

Additional staffing/monitors are needed. The requirement for CFAP to meet with the patient and treatment team every 90 days is unfeasible without additional monitors/staff. CFAP monitors 575+ patients. On average, 80 patients are discharged to the community/year. This creates an additional 300+ meetings per year for 9 monitors, in addition to all other meetings that are regularly held for interventions, and annual/final review meetings. This mandate would also require additional administrative staff to assist with managing calendars and scheduling with community providers.

RECORD PROVISION

Additional staffing is needed. The 24-hour and 4-day deadline to provide records to the patient's counsel is unfeasible, especially for urgent requests, and necessitates more administrative staff.

Community Monitoring Board (CMB)

Additional staffing required/counterproductive to clinical purpose. Requirements for an odd number of members and a guaranteed quorum cannot be met due to current staffing shortages and a lack of clinical capacity.

Allowing an authorized agent to attend the board meeting interferes with a time-sensitive process and promotes adversarial and impartial attitudes and diminishes the clinical utility of the boards purpose. Case conferences are often clinical and not always designed as evidentiary proceedings so including legal counsel or advocates may shift focus from rehabilitation to litigation.

Advocate Attendance in Community (Intervention) Meetings

Allowing a person's legal advocate to attend community meetings potentially creates an adversarial environment, increases administrative load, and risks undermining the therapeutic alliance between the patient and community providers which is so crucial to their rehabilitation. Community providers may also want legal representation which could further delay the scheduling of very time sensitive meetings.

We hope that this additional information is pertinent to the development of this bill. If you would like to discuss this further with our members on the frontlines, please do not hesitate to contact Denise Gilmore, Legislative and Political Director at dgilmore@afscmemd.org.

