SB 412.pdf
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Position: FAV

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February 6, 2026

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

Support: Senate Bill 412: Maryland Department of Health - Community Forensic Aftercare Program - Established

Dear Chairwoman Beidle & Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS/WPS represent over 1200 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support Senate Bill 412: Maryland Department of Health - Community Forensic Aftercare Program - Established. The Community Forensic Aftercare Program (CFAP) is an invaluable part of our forensic psychiatric system in the State of Maryland. They serve an important role of monitoring patients who have been found Not Criminally Responsible (NCR) for crimes in the state but have been granted a conditional release by the court. Patients on conditional release are no longer committed to a state hospital but are released into community treatment programs. They are required to follow certain conditions for a term determined by the court to remain in the community. For example, conditional releases typically include the terms that the patient may not use illicit substances, may not obtain new criminal charges, and must attend their psychiatric appointments. When CFAP finds that a patient is not abiding by their conditional release, they bring this information to the court. The court then determines whether the patient must return to the state hospital for further treatment of their mental illness. The purpose of this system is two-fold: ensure treatment of symptoms of patients who are suffering from mental illnesses that may render them dangerous, and keep the community safe from individuals who are at risk of dangerous behaviors due to their mental illness.

SB412 codifies the CFAP into law and puts forth standard procedures of monitoring of those found NCR who are on conditional release. Those that have been found NCR are at future risk of dangerous behaviors due to their mental illness as demonstrated by their NCR adjudication. Passage of this bill could enable the CFAP to take a closer look at the quality of care given to our forensic patients in the community and intervene more quickly on patients who are decompensating. This is a much-needed safeguard for people in the community who become dangerous when psychiatrically decompensated.

SB412 would also establish standard monitoring of individuals who have been found Incompetent to Stand Trial (IST) and not dangerous by the court. These individuals are released into the community awaiting restoration of their competency and resolution of their legal issues. As it stands now, individuals who are IST and released into the community receive no competency restoration services. Passage of this bill would allow CFAP to gather information about what kind of services are needed to build an outpatient competency restoration program in Maryland.

Therefore, we ask for a favorable report on SB 412. If you have any questions regarding this testimony, please contact MPS lobbyist, Lisa Harris Jones at lisa.jones@mdlobbyist.com.

Respectfully Submitted,
The Maryland Psychiatric Society & Washington Psychiatric Society
Legislative Action Committee

The Maryland Psychiatric Society, Inc., A District Branch of the American Psychiatric Association
1211 Cathedral Street, Baltimore, Maryland 21201, 410 625-0232, Fax 410 547-0915
mps@mdpsych.org, www.mdpsych.org

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Uploaded by: Dan Martin
Position: FAV

1301 York Road, #505
Lutherville, MD 21093
phone 443.901.1550
fax 443.901.0038
www.mhamd.org

Senate Bill 412 Maryland Department of Health -
Community Forensic Aftercare Program – Established
Finance Committee
February 17, 2026
Position: FAVORABLE

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 412.

SB 412 requires the Maryland Department of Health (MDH) to establish a community forensic aftercare program (CFAP) to monitor individuals on conditional release and support those individuals in complying with the conditions of their release. CFAP is an existing program within MDH created by internal policy. SB 412 will clarify and standardize existing best practices related to the program.

The existing CFAP – which is charged with coordinating and monitoring an individual's compliance with the treatment plan and conditions outlined in the conditional release order – exists without enabling statutes or regulations. Support and oversight vary greatly across CFAP monitors. The program and the individuals subject to CFAP oversight would benefit from more consistency and transparency.

SB 412 will increase transparency and accountability in a state program charged with supporting the successful reentry for individuals on conditional release from psychiatric institutions. For these reasons, MHAMD supports this bill and urges a favorable report.

For more information, please contact Dan Martin at (410) 978-8865

SB412- Forensic Aftercare- FAV NAMI.pdf
Uploaded by: Morgan Mills
Position: FAV

NAMI National Alliance on Mental Illness | Maryland

February 17, 2026

Chair Beidle, Vice Chair Hayes, and distinguished members of the Finance Committee,

The National Alliance on Mental Illness (NAMI)-Maryland respectfully requests a favorable report on SB412.

NAMI Maryland and our 11 local affiliates across the state represent a network of more than 58,000 families, individuals, community-based organizations, and service providers. We are a 501(c)(3) non-profit dedicated to providing education, support, and advocacy for people living with mental illnesses, their families, and the wider community.

SB 412 establishes the Community Forensic Aftercare Program within the Maryland Department of Health. This program is designed to provide structured monitoring for "committed persons"—those found not criminally responsible—on conditional release, as well as individuals found incompetent to stand trial but not a danger to themselves or others. By creating a dedicated program to monitor compliance with court-ordered conditions, Maryland can better ensure the safety of both the individual and the community while promoting successful long-term outcomes.

A key strength of this bill is its emphasis on clinical expertise. The program will employ Program Monitors who are Licensed Certified Social Workers-Clinical (LCSW-C).
These monitors are tasked with:

- Collecting and reviewing information regarding compliance with conditional release.
- Making behavioral health recommendations to the individual's providers and the court.
- Holding mandatory meetings every 90 days with the committed person and their mental health team to ensure a cohesive approach to care.

Furthermore, the bill establishes a Community Monitoring Board composed of licensed health care providers. This board will make vital recommendations regarding the modification, extension, or early termination of conditional release, ensuring that these life-altering decisions are grounded in clinical judgment.

NAMI Maryland applauds the bill's provisions that protect the rights and dignity of committed persons. Individuals have the right to appoint an advocate to attend program meetings. For matters before the Community Monitoring Board, individuals can select an authorized agent to represent their interests and present arguments. The Monitoring Board must maintain written records of its findings and reasons for its decisions, which

Stephanie Slowly-Little
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Morgan Mills-DiEnno
Compass Government Relations
Mmills@compassadvocacy.com

are then included in the individual's medical record. And finally, to ensure fair legal representation, the bill mandates the timely disclosure of records to counsel, including a 24-hour turnaround for written requests from the Office of the Public Defender in certain circumstances.

SB 412 creates a more transparent, clinically-driven, and supportive framework for individuals transitioning from inpatient forensic settings back into the community. By balancing public safety with robust mental health support and legal protections, this bill will improve lives and strengthen our behavioral health system.

For these reasons, we urge a favorable report.

Stephanie Slowly-Little
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Morgan Mills-DiEnno
Compass Government Relations
Mmills@compassadvocacy.com

SB 412 Letter - Support.pdf
Uploaded by: Taylor Dickerson
Position: FAV

MARYLAND PSYCHOLOGICAL ASSOCIATION

9175 Guilford Road, Ste 300 #1112, Columbia, MD 21046 | 410-992-4258 | www.marylandpsychology.org

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February 16, 2026

Senator Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Finance Committee
Miller Senate Office Building, 3 East
Annapolis, Maryland 21401

RE: SB 412 Maryland Department of Health – Community Forensic After Care Program - Established

Position: SUPPORT

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee:

The Maryland Psychological Association (MPA), which represents over 1,000 doctoral-level psychologists throughout the state, asks the Finance Committee to report FAVORABLY on SB 412.

Conditional release procedures vary widely across states, from strict community monitoring to no oversight at all. In many cases, conditional release programs and community monitoring significantly reduces violent and general recidivism rates. Specifically, treatment continuity and adherence (e.g., medication stability) are significantly related to reducing recidivism rates for individuals with a mental illness and/or intellectual disability. Moreover, community monitoring programs provide regular dynamic monitoring, which helps identify risk factors, such as employment status and drug use, for points of intervention. In this way, these programs work to collaboratively direct individuals on conditional release to the appropriate resources to best support their care and recovery. Without these programs and the structured support they provide, individuals on conditional release, especially those with a mental illness and/or intellectual disability, are more likely to reoffend and, thus, start the cycle over again.

We urge the Committee to issue a favorable report on SB 412. If we can be of any further assistance, please do not hesitate to contact MPA's Legislative Chair, Dr. Stephanie Olarte, Ph.D., at mpalegislativecommittee@gmail.com

Respectfully submitted,

Stephanie Wolf, JD, Ph.D.	*Stephanie Olarte, Ph.D.*
Stephanie Wolf, JD, Ph.D.	Stephanie Olarte, Ph.D.
President	Chair, MPA Legislative Committee

cc:

Barbara Brocato & Dan Shattuck, MPA Government Affairs

SB 412 Working Document 2 13 26.pdf
Uploaded by: Elias Khan
Position: FWA

1 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
2 That the Laws of Maryland read as follows:

~~3 **Article – Criminal Procedure**~~

~~10 3–101.~~

~~11 (a) In this title the following words have the meanings indicated.~~

~~12 (b) "Committed person" means a person committed to the Health Department as~~
~~13 not criminally responsible under the test for criminal responsibility.~~

~~14 (d) "Health Department" means the Maryland Department of Health.~~

~~15 3–121.~~

~~16 (b) (1) If a court receives a report that alleges that a committed person has~~
~~17 violated a condition of a conditional release, the court promptly shall:~~

~~18 (i) notify:~~

~~19 1. the Health Department;~~

~~20 2. counsel of record for the committed person; and~~

~~21 3. the State's Attorney; and~~

~~22 (ii) provide the State's Attorney with the name, address, and~~
~~23 telephone number of the person who reported the violation and a copy of the order for~~
~~24 conditional release.~~

~~1 (2) If the Health Department receives a report that alleges that a~~
~~2 committed person has violated conditional release, the Department shall:~~

~~3 (i) notify:~~

~~4 1. the court;~~

~~5 2. counsel of record for the committed person; and~~

~~6 3. the State's Attorney; and~~

7 (ii) provide the State's Attorney with the name, address, and
8 telephone number of the person who reported the violation and a copy of the order for
9 conditional release.

10 3–122.

11 (a) (1) An application to the court for a change in conditional release of a
12 committed person may be made by:

13 (i) the Health Department, **THE COMMUNITY FORENSIC**
14 **AFTERCARE PROGRAM,** or the State's Attorney at any time; or

15 (ii) the committed person not earlier than 6 months after the court
16 ordered the conditional release, unless the court for good cause permits an earlier
17 application.

18 (2) The applicant for a change in conditional release shall notify the court
19 and other parties, in writing, of the application and the reasons for the requested change.

20 (3) On request by any party, the court shall hold a hearing after an
21 application is made under this subsection to determine whether the applicant has satisfied
22 the requirements for release under § 3–114 of this title.

231 **Article – Health – General**

242 **SUBTITLE 59. COMMUNITY FORENSIC AFTERCARE PROGRAM.**

1 **13–5901.**

2 **(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS**
3 **INDICATED.**

4 **(B) "AUTHORIZED AGENT" MEANS AN INDIVIDUAL WHO IS NOT COUNSEL**
5 **FOR THE COMMITTED PERSON AND WHO IS SELECTED BY THE COMMITTED PERSON**
6 **TO REPRESENT THE INTERESTS OF THE COMMITTED PERSON IN ALL COMMUNITY**
7 **MONITORING BOARD MATTERS.**

8 **(C) "COMMITTED PERSON" HAS THE MEANING STATED IN § 3–101 OF THE**
9 **CRIMINAL PROCEDURE ARTICLE.**

10 **(D) "MENTAL HEALTH TEAM" MEANS THE COMMITTED PERSON'S**

11 INPATIENT BEHAVIORAL HEALTH PROVIDERS AND OUTPATIENT COMMUNITY
12 BEHAVIORAL HEALTH PROVIDERS.

13 (E) "PROGRAM" MEANS THE COMMUNITY FORENSIC AFTERCARE
14 PROGRAM.

15 (F) "PROGRAM MONITOR" MEANS A LICENSED ~~CERTIFIED~~ SOCIAL
16 WORKER ~~CLINICAL~~ EMPLOYED BY THE PROGRAM TO:

17 (1) COLLECT AND REVIEW INFORMATION PERTAINING TO A
18 COMMITTED PERSON'S COMPLIANCE WITH A CONDITIONAL RELEASE ORDER; AND

19 (2) MAKE BEHAVIORAL HEALTH RECOMMENDATIONS TO THE
20 COMMITTED PERSON'S BEHAVIORAL HEALTH PROVIDERS AND THE COURT.

21 **13–5902.**

22 (A) THERE IS A COMMUNITY FORENSIC AFTERCARE PROGRAM IN THE
23 DEPARTMENT.

24 (B) THE PURPOSE OF THE PROGRAM IS TO MONITOR:

25 (1) COMMITTED PERSONS ON CONDITIONAL RELEASE; AND
1
2 (2) INDIVIDUALS WITH MENTAL ILLNESS OR INTELLECTUAL
3 DISABILITY WHO ARE REQUIRED TO BE MONITORED UNDER TITLE 3 OF THE
4 CRIMINAL PROCEDURE ARTICLE.

5 (C) (1) THE PROGRAM SHALL:

6 (I) MONITOR COMMITTED PERSONS ON CONDITIONAL
7 RELEASE IN ACCORDANCE WITH THE ORDER OF THE COURT AND THE
8 RECOMMENDATIONS OF THE COMMITTED PERSON'S MENTAL HEALTH TEAM;

9 (II) MONITOR INDIVIDUALS WHO HAVE BEEN:

10 1. FOUND INCOMPETENT TO STAND TRIAL BUT NOT A
11 DANGER TO SELF OR THE PERSON OR PROPERTY OF OTHERS UNDER § 3–106 OF THE
12 CRIMINAL PROCEDURE ARTICLE; AND

13 2. DISCHARGED FROM A DEPARTMENT FACILITY WITH A
14 RECOMMENDATION FROM THE DEPARTMENT FOR COMMUNITY FORENSIC AFTERCARE MONITORING;

15 (III) MONITOR COMMITTED PERSONS ORDERED BY A COURT TO
16 BE CONDITIONALLY RELEASED UNDER § 3–114(C) OF THE CRIMINAL PROCEDURE
17 ARTICLE FOR COMPLIANCE WITH COURT ORDERED CONDITIONS OF RELEASE;

18 (IV) RECEIVE AND REPORT VIOLATIONS OF A CONDITION OF
19 CONDITIONAL RELEASE UNDER § 3–121 OF THE CRIMINAL LAW ARTICLE; AND

20 (V) REVIEWFILE APPLICATIONS FOR CHANGE IN CONDITIONAL
21 RELEASE ON BEHALF OF THE DEPARTMENT UNDER § 3–122 OF THE CRIMINAL
22 PROCEDURE ARTICLE.

23 (2) THE PROGRAM:

24 (I) IS NOT IN A TREATING CLINICAL RELATIONSHIP WITH THE COMMITTED PERSON.

2425 (II) SHALLMAY NOT MAKE CLINICAL DECISIONS REGARDING THE
2526 TREATMENT OF COMMITTED PERSONS; BUT

2627 (II) MAY MAKE RECOMMENDATIONS REGARDING THE
2728 TREATMENT OF THE COMMITTED PERSON.
1
2 (3) A HEALTH CARE PRACTITIONER–PATIENT RELATIONSHIP MAY
3 NOT BE DETERMINED TO EXIST BETWEEN A COMMITTED PERSON AND AN
4 INDIVIDUAL WHO MONITORS INDIVIDUALS OR PROVIDES OTHER SERVICES UNDER
52 THE PROGRAM.

63 (D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, AT LEAST
74 ONCE EVERY 90 DAYS, A PROGRAM MONITOR SHALL HOLD A MEETING WITH:
7 (I) EACH COMMITTED PERSON MONITORED BY THE PROGRAM;
8 AND

9 (II) THE MENTAL HEALTH TEAM OF THE COMMITTED PERSON.

10 (2) BEGINNING 1 YEAR AFTER THE DATE THE COMMITTED PERSON
11 WAS RELEASED FROM A FACILITY, MEETINGS SHALL BE HELD AS DETERMINED
12 NECESSARY BY:
13 (I) THE MENTAL HEALTH TEAM OF THE COMMITTED PERSON;
14 OR

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15 (II) AT THE REQUEST OF THE PROGRAM.

16 (3) A COMMITTED PERSON MAY APPOINT AN ADVOCATE, INCLUDING
17 A DESIGNEE OF COUNSEL OF THE COMMITTED PERSON, TO ATTEND A MEETING HELD
18 UNDER PARAGRAPHS (1) AND (2) OF THIS SUBSECTION.

19 (4) IF A MEETING UNDER PARAGRAPH (1) OR (2) OF THIS SUBSECTION
20 IS SCHEDULED TO DISCUSS CONCERNS THE COMMITTED PERSON'S COMPLIANCE WITH A CONDITIONAL
21 RELEASE, THE PROGRAM SHALL NOTIFY THE ADVOCATE OF THE COMMITTED
22 PERSON AND ~~AND, IF APPLICABLE, THE DESIGNEE OF~~ COUNSEL FOR~~OF~~ THE COMMITTED
23 PERSON OF THE MEETING.
~~23~~24 [5] If a meeting under paragraph (1) is being held due to an emergency, the advocate will be informed of the outcome of the meeting as soon as practicable by CFAP.

~~24~~25 (E) IF THE PROGRAM RECEIVES A REPORT ALLEGING THAT A COMMITTED
~~25~~26 PERSON HAS VIOLATED CONDITIONAL RELEASE, THE PROGRAM SHALL:

~~26~~27 (1) MAKE THE NOTIFICATIONS REQUIRED UNDER § 3–121(B)(2)(I) OF
~~27~~28 THE CRIMINAL PROCEDURE ARTICLE;
1 (2) PROVIDE THE STATE'S ATTORNEY WITH THE INFORMATION
2 REQUIRED UNDER § 3–121(B)(2)(II) OF THE CRIMINAL PROCEDURE ARTICLE; AND

3 (3) IF APPLICABLE, PROVIDE TO THE COUNSEL OF RECORD FOR THE
4 COMMITTED PERSON THE INFORMATION PROVIDED UNDER ITEM (2) OF THIS
5 SUBSECTION.

6 (F) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, IF THE
7 PROGRAM RECEIVES A REQUEST FOR RECORDS FOR AN INDIVIDUAL WHO HAS
8 VIOLATED A CONDITION OF CONDITIONAL RELEASE AND A HEARING UNDER §
9 3–121(F) OF THE CRIMINAL PROCEDURE ARTICLE HAS BEEN SCHEDULED WITHIN
10 10 DAYS, THE PROGRAM SHALL PROVIDE THE RECORDS WITHIN 4 BUSINESS DAYS
11 AFTER THE REQUEST IS RECEIVED UNLESS THE PROGRAM IS PROHIBITED UNDER
12 APPLICABLE FEDERAL OR STATE LAW FROM DISCLOSING THE RECORDS TO THE
13 REQUESTING PERSON.

14 (2) (I) SUBJECT TO SUBPARAGRAPHS (II) THROUGH (IV) OF THIS
15 PARAGRAPH, THE PROGRAM SHALL DISCLOSE ANY RECORDS WITHOUT THE
16 AUTHORIZATION OF THE INDIVIDUAL WHO IS THE SUBJECT OF THE RECORD TO A
17 PUBLIC DEFENDER WHO STATES IN WRITING THAT THE OFFICE OF THE PUBLIC
18 DEFENDER REPRESENTS THE INDIVIDUAL.

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18 19 (3) A HEALTH CARE PROVIDER MUST DISCLOSE MEDICAL AND LEGAL RECORDS WITHOUT THE AUTHORIZATION OF THE COMMITTED PERSON PURSUANT TO § 4–307(L) OF THE HEALTH–GENERAL ARTICLE.

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19 (II) LEGAL RECORDS REQUIRED TO BE DISCLOSED UNDER
20 SUBPARAGRAPH (I) OF THIS PARAGRAPH INCLUDE AN EMERGENCY PETITION.

21 (III) THE RECORDS DISCLOSED UNDER SUBPARAGRAPH (I) OF
22 THIS PARAGRAPH SHALL BE LIMITED TO THOSE RECORDS NEEDED BY THE PUBLIC
23 21 DEFENDER TO REPRESENT THE INDIVIDUAL.

24 (IV) RECORDS PROVIDED UNDER SUBPARAGRAPH (I) OF THIS
25 SUBSECTION SHALL BE PROVIDED:

26 1. WITHIN 24 HOURS AFTER THE PROGRAM RECEIVES A
27 WRITTEN REQUEST FOR THE RECORDS FROM THE PUBLIC DEFENDER; AND

28 2. ONLY IF THE INDIVIDUAL WHO IS THE SUBJECT OF
29 22 THE RECORD HAS NOT YET RETAINED PRIVATE COUNSEL.

1 **13–5903.**

2 (A) THE PROGRAM SHALL ESTABLISH A COMMUNITY MONITORING BOARD
3 TO MAKE:

4 (1) RECOMMENDATIONS RELATING TO THE EARLY TERMINATION OF
5 CONDITIONAL RELEASE;

6 (2) RECOMMENDATIONS RELATING TO MODIFICATION OF THE
7 CONDITIONS OF RELEASE;

8 (3) RECOMMENDATIONS RELATING TO THE EXTENSION OF
9 CONDITIONAL RELEASE;

10 (4) DECISIONS RELATING TO THE ELIGIBILITY OF A COMMITTED
11 PERSON TO REMAIN ON CONDITIONAL RELEASE; AND

12 (5) DECISIONS RELATING TO ANY OUT–OF–STATE TRAVEL REQUEST.

13 (B) (1) EACH VOTING MEMBER OF THE COMMUNITY MONITORING BOARD
14 SHALL BE A HEALTH CARE PROVIDER LICENSED UNDER THE HEALTH OCCUPATIONS
15 ARTICLE.

16 (2) DECISIONS OF THE COMMUNITY MONITORING BOARD SHALL BE
17 DETERMINED BY A MAJORITY VOTE.

18 (3) THE COMMUNITY MONITORING BOARD SHALL HAVE AN ODD
19 NUMBER OF MEMBERS.

20 (4) EACH MEMBER OF THE COMMUNITY MONITORING BOARD SHALL
21 HAVE ONE VOTE.

22 (5) A COMMUNITY MONITORING BOARD MAY NOT ISSUE A
23 RECOMMENDATION OR RENDER A DECISION UNDER SUBSECTION (A) OF THIS
24 SECTION UNLESS A QUORUM IS PRESENT.

1 (6) A MAJORITY OF THE MEMBERS OF THE COMMUNITY MONITORING
2 BOARD IS A QUORUM.

3 (C) (1) A COMMITTED PERSON MAY APPOINT AN AUTHORIZED AGENT TO
4 ATTEND THE ENTIRETY OF A COMMUNITY MONITORING BOARD MEETING
5 CONCERNING THE COMMITTED PERSON, EXCEPT FOR THE DELIBERATION AND FINAL VOTE.~~VOTING~~ PORTION OF A
6 MEETING.

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7 (2) AN AUTHORIZED AGENT MAY BE A SOCIAL WORKER OR AN
8 INVESTIGATOR EMPLOYED BY THE COUNSEL REPRESENTING THE COMMITTED
9 PERSON.

10 (3) AN AUTHORIZED AGENT MAY ONLY GIVE AND HEAR ARGUMENTS.

11 (4) AN AUTHORIZED AGENT MAY ATTEND A COMMUNITY MONITORING
12 BOARD MEETING VIRTUALLY.

13 (D) (1) THE COMMUNITY MONITORING BOARD SHALL MAINTAIN A
14 WRITTEN RECORD CONTAINING ITS FINDINGS, RECOMMENDATIONS, AND
15 DECISIONS.

16 (2) THE WRITTEN RECORD SHALL BE INCLUDED IN THE MEDICAL
17 RECORD OF THE COMMITTED PERSON.

18 (3) THE FINDINGS SHALL INCLUDE THE REASONS FOR THE
19 COMMUNITY MONITORING BOARD'S RECOMMENDATION OR DECISION.

(E) (1) WHEN MAKING A RECOMMENDATION OR DECISION UNDER THIS SECTION, THE COMMUNITY MONITORING BOARD SHALL CONSIDER A WRITTEN STATEMENT IF OFFERED BY THE COMMITTED PERSON TO THE FORENSIC REVIEW BOARD.

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(2) THE COMMUNITY MONITORING BOARD SHALL PROVIDE NOTICE TO A COMMITTED PERSON AND THE COUNSEL OF RECORD FOR THE COMMITTED PERSON AS SOON AS PRACTICABLE BUT NO LATER THAN 10 DAYS BEFORE THE FORENSIC REVIEW BOARD HOLDS A MEETING CONCERNING THE COMMITTED PERSON.

(3) A COPY OF THIS NOTICE SHALL BE MAINTAINED IN THE PROGRAM'S RECORDS.

(F) THE OFFICE OF THE ATTORNEY GENERAL MAY PROVIDE LEGAL COUNSEL TO THE DEPARTMENT AT THE PROGRAM'S COMMUNITY MONITORING BOARD MEETINGS.

(G) A COPY OF A DOCUMENT OR RECORD PRODUCED BY THE COMMUNITY MONITORING BOARD UNDER THIS SECTION SHALL, ON REQUEST, BE PROVIDED TO:

(1) THE COMMITTED PERSON;

(2) COUNSEL FOR THE COMMITTED PERSON;

(3) THE COURT;

(4) THE STATE'S ATTORNEY; OR

(5) THE DEPARTMENT.

13–5904.

THE DEPARTMENT SHALL ADOPT REGULATIONS TO CARRY OUT THIS SUBTITLE.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2027~~6~~.

2026 SB 412 FWA CFAP MOPD.pdf
Uploaded by: Julianna Felkoski
Position: FWA

Natasha Dartigue
Public Defender

Keith Lotridge
Deputy Public Defender

Melissa Rothstein
Chief of External Affairs

Elizabeth Hilliard
Director of Government Relations

POSITION ON PROPOSED LEGISLATION

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

FROM: Maryland Office of the Public Defender

POSITION: Favorable with Amendments

DATE: Tuesday, February 17, 2026

The Maryland Office of the Public Defender respectfully requests that the Committee issue a favorable report on SB 412. We are in support of the sponsor's amendments.

This bill will establish the Community Forensic Aftercare Program (CFAP), which is an existing program within the Maryland Department of Health created by internal policy. The bill's purpose is to standardize existing best practices and promote greater transparency in the cases monitored by the CFAP, which are cases where a client is committed to the Department under Title 3 of the Criminal Procedure Article and released with conditions to the community. Most often, these are cases where a person has been found Not Criminally Responsible in a criminal case due to a mental illness or intellectual disability, and they are required to follow conditions that will ensure that they remain compliant with treatment in the community.

Currently, the Department operates the Community Forensic Aftercare Program (CFAP) without an enabling statute or regulations. In every case, CFAP monitors are tasked with (1) coordinating and monitoring compliance with the treatment plan and conditions outlined in the conditional release order, including notifying all necessary agents expected to provide treatment or service, and (2) promptly notifying the State's Attorney and the Court if the committed person fails to comply with any of the stated conditions. CFAP monitors take various approaches to their work. We need more consistency and transparency for all parties, but we also recognize that CFAP monitors are qualified as social workers to exercise discretion and make supervision and treatment recommendations so that a committed person can remain safely in the community.

CFAP monitors are social workers but are not in a treating relationship with the individuals they monitor. Therefore, CFAP monitors cannot make treatment decisions. Still, they approve or deny requests related to many aspects of our clients' lives, such as time with their families, career advancement opportunities, and access to education. Under the order of conditional release, CFAP is entitled to any and all information related to our clients' mental health treatment and anything in their life that could affect their condition. The orders grant broad authority, but there is no guidance in law or regulation to ensure that this broad authority is used appropriately. There have been cases where CFAP monitors have overridden medical recommendations from community providers.

CFAP monitors typically meet with our clients virtually. Some clients are seen once per month, while others are seen every 6 months. Some clients are very capable of advocating for themselves, and some clients are severely limited by their disabilities. Our clients also struggle to communicate with their attorneys about issues that could affect their conditional release and ability to remain in the community. Clients should have the right to designate an advocate of their choice to attend meetings with their CFAP monitor. CFAP monitors often invite our clients' treating providers, residential programs, and, in some cases, families to participate in meetings. It would benefit all parties, especially our clients, to allow them to designate an advocate to ask questions on their behalf.

The goal of CFAP and the Department should be to monitor clients and communicate with various stakeholders in a manner that assists them in maintaining their mental health and preserving their ability to remain safely in the community. The proposed bill would clarify CFAP's role and enable the Department to promulgate regulations to standardize CFAP's practices.

Additionally, this bill will ensure that our clients are only living in state hospitals and residential facilities if they are currently in need of that highest level of care. If our clients are not a danger to themselves, others, or the property of others because of a mental illness or intellectual disability, they are constitutionally entitled to live in the community with conditions. This bill will help prevent the unnecessary placement of our clients in an institutional setting under a hospital warrant. Better communication between the CFAP and defense counsel could prevent rehospitalization. If defense counsel receives notice of the facts related to alleged violations, we could address community issues before a hospital warrant is issued and our client is removed from the community, often losing their housing, job, and existing support network when they are returned to a state hospital or residential facility.

Maryland Office of the Public Defender, Government Relations Division, 45 Calvert St, Suite 108, Annapolis MD 21401
For further information please Elizabeth Hilliard, Elizabeth.hilliard@maryland.gov 443-507-8414.

OPD supports the sponsor amendments. The amendments are offered to further clarify existing practices and add statutory protections to ensure adequate notice to counsel for the committed person. OPD met with the sponsor, the cross-filed bill sponsor, and the Department on several occasions to reach as much consensus as possible on these amendments.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on SB 412.

Submitted by: Maryland Office of the Public Defender

Authored by: Krystal Williams, Assistant Public Defender, Mental Health Division & Government Relations Division
Julianna Felkoski, Assistant Public Defender, Mental Health Division

Maryland Office of the Public Defender, Government Relations Division, 45 Calvert St, Suite 108, Annapolis MD 21401
For further information please Elizabeth Hilliard, Elizabeth.hilliard@maryland.gov 443-507-8414.

DRMtestimony2026.HB412.pdf
Uploaded by: Leslie Margolis
Position: FWA

DRM Disability Rights Maryland

Empowering People to Lead Systemic Change

1500 Union Ave., Suite 2000, Baltimore, MD 21211
Phone: 410-727-6352 | Fax: 410-727-6389
DisabilityRightsMD.org

SENATE FINANCE AND JUDICIAL PROCEEDINGS COMMITTEES

Senate Bill 412: Maryland Department of Health—Community Forensic Aftercare Program--Established
February 17, 2026

Position: Support with Amendments

Disability Rights Maryland (DRM) is the protection and advocacy organization for the state of Maryland; the federal mandate of the organization, part of a national network of similar agencies, is to advocate for the legal rights of people with disabilities throughout the state, including those with mental illness. DRM supports Senate Bill 412 with the sponsor's amendments. The bill would establish the Community Forensic Aftercare Program (CFAP), a program currently operated by the Maryland Department of Health without an enabling statute or regulations. The program monitors cases in which an individual is committed to the Department under Title 3 of the Criminal Procedure Article and released from the hospital to the community with conditions. Most often, these individuals have been found not criminally responsible (NCR) as a result of an intellectual disability or mental illness. The conditions imposed on these individuals are intended to ensure that they will remain compliant with treatment in the community.

Senate Bill 412 would, if enacted, clarify the role of the program's monitors and enable the Department to promulgate regulations that would standardize CFAP's practices. Additionally, enactment of the bill would allow individuals facing the CFAP process to authorize an agent, not their counsel, to attend meetings and represent their interests. It would also ensure that individuals' attorneys and advocates are provided with information about alleged program violations and records to allow them to understand and participate in meetings, and a community monitoring board that operates with transparency and due process. DRM strongly supports this provision, which will give individuals a voice in the CFAP process.

DRM appreciates the opportunity to support Senate Bill 412.

Contact: Leslie Seid Margolis, lesliem@disabilityrightsmd.org or 443-692-2505.

SB 412_AFSCME3_INFO.pdf
Uploaded by: Denise Gilmore
Position: INFO

1410 Bush Street (Suite A)
Baltimore, MD 21230
Phone: 410-547-1515
Email: info@afscmemd.org

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.

SB 412 - MDH- Community Forensic Aftercare Program

Uploaded by: State of Maryland (MD)

Position: INFO

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 rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*