



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

March 31, 2026

The Honorable Heather Bagnall  
Chair, House Health Committee  
240 Taylor House Office Building  
Annapolis, MD 21401-1991

**RE: Senate Bill 412 – Maryland Department of Health - Community Forensic Aftercare Program - Established – Letter of Support as Amended**

Dear Chair Bagnall and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of support as amended for Senate Bill (SB) 412 – Maryland Department of Health - Community Forensic Aftercare Program - Established.

SB 412 as amended will codify the Community Forensic Program (CFAP). Although CFAP has been funded and operational within MDH for several years, SB 412 provides a formal statutory framework for its essential work. The program remains vital to Maryland's healthcare system, as it monitors individuals with mental illness or intellectual disabilities who are conditionally released from MDH Healthcare System facilities under court-ordered supervision.

By providing structured oversight, CFAP ensures these individuals adhere to their court ordered requirements while safely transitioning into their communities. CFAP monitors are required to have clinical experience which positions them to provide clinically informed oversight to the court as well as the community treatment teams regarding the status of the monitored individual. CFAP monitors provide valued and required clinically informed information and recommendations to the court, the community forensic board and to the community treatment team. They are not treatment providers when acting in the role of CFAP monitors.

As amended, SB 412 focuses on providing clearer procedures, expanding patients' rights to participate through authorized agents, and establishing clear timelines and monitoring rules. Under current custom, the Board receives input from CFAP and the individual's community treatment team to make recommendations to the court regarding modification of the conditions defined in the conditional release. SB 412 adds consideration of a patient's written statement to this process, ensuring that patient perspectives directly inform program decisions.

With the allocation of additional resources, MDH can effectively adapt to the new requirements specified in the bill. We note that the newly mandated presence of an authorized agent in Board processes introduces administrative complexities, and we remain focused on ensuring these new

procedures align with our primary goal: helping monitored individuals live well and safely in their communities.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at [Meghan.Lynch@maryland.gov](mailto:Meghan.Lynch@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', with a stylized flourish at the end.

Meena Seshamani, M.D., Ph.D  
Secretary of Health