State's Attorney
Ivan J. Bates

120 East Baltimore Street
Baltimore, MD 21202
443-984-6000

OFFICE OF THE STATE'S ATTORNEY FOR BALTIMORE CITY

February 19, 2026

The Honorable Heather Bagnall, Chairwoman
House Health Committee
Taylor House Office Building, Room 240
6 Bladen Street
Annapolis, MD 21401

RE: HB 658 – Maryland Department of Health-Community Forensic Aftercare Program- Established

Dear Chairwoman Bagnell and Members of the House Health Committee,

The purpose of HB 658 is to codify the Maryland Department of Health's Community Forensic Aftercare Program (CFAP). CFAP monitors defendants who are conditionally released from State psychiatric hospitals as well as defendants who are incompetent to stand trial but not dangerous with conditions in the community. Currently CFAP is operating without regulations. CFAP should be regulated, however, the concern with HB 658 is that it was drafted by the Office of Public Defenders (OPD) and it does not take public safety into consideration.

CFAP is composed of dedicated social workers who monitor and work with defendants who have mental illness diagnoses or intellectual disabilities and are on court supervision in the community. These defendants have either been convicted of a crime and found not criminally responsible or are charged with a crime and are in pre-trial status due to their incompetency to stand trial. Many of the defendants have been convicted of or charged with serious violent crimes, including murder.

The defendants who are under a court ordered conditional release are monitored by CFAP social workers to ensure that they are in compliance with their conditional release and are able to remain safe in the community. The defendants receive community treatment along with residential services and are required to participate and comply with their community treatment plan. A provider will report to CFAP when a defendant violates his conditional release and CFAP will work with the defendant to allow him to remain in the community when appropriate. If a defendant violates his conditional release, CFAP notifies the State's Attorney's Office (SAO) who may then request a hospital warrant. If the warrant is

approved, an officer will serve the warrant and return the defendant to a State psychiatric hospital. CFAP's goal is to avoid hospital warrants by enhancing the defendants' treatment plans when doing so will mitigate the defendants' risk to public safety. The CFAP monitor will consider the violation and whether enhancements will allow the defendant to remain safely in the community. For example, if a defendant uses illegal substances, his CFAP monitor will meet with his treatment team so they can increase his substance abuse treatment. HB 658 will negatively affect CFAP's ability to work with defendants in violation of their conditional release as it prohibits CFAP from making clinical decisions. As a result of this bill, only the defendant's community treatment provider will be allowed to make clinical decisions. The providers are only concerned with the defendant's treatment and will not take public safety into account. To the contrary, the CFAP monitors do an incredible job of balancing defendants' treatment needs and public safety and they regularly make clinical decisions that allow defendants to remain safely in the community rather than being returned to the hospital.

An unintended consequence of HB 658 prohibiting CFAP's ability to make clinical decisions will result in a significant increase in hospital warrants. Currently, the SAOs rely on the expertise of CFAP to enhance treatments while considering public safety when a conditionally released defendant violates his conditional release. If CFAP is no longer able to make clinical decisions regarding community treatment plans, the SAOs will be much more inclined to request hospital warrants when there is a conditional release violation.

Another risk to public safety stemming from HB 658 concerns the serving of hospital warrants. Currently, CFAP is required to notify the court, the SAO and the counsel of last record when a violation is reported. CFAP is also required to provide the name of the person who reported the violation to the SAO. This allows the SAO to investigate the violation and determine if a hospital warrant is appropriate. HB 658 would require CFAP to also provide the defendant's counsel the name of the person who reported the violation at the same time as the information is provided to the SAO. If the defendant is then informed that the violation has been reported and the SAO is considering a hospital warrant, that knowledge may escalate an already volatile situation thus endangering staff and peers at the treatment program as well as officers serving the hospital warrant.

CFAP is tasked with keeping mentally ill and intellectually disabled defendants safe in the community. It should not be regulated by legislation written solely by the OPD. Instead, all interested agencies should have a seat at the table and come together to draft CFAP regulations that balance the defendants' rights along with the public's interest in public safety.

For these reasons, on behalf of the Maryland State's Attorney's Association, I urge this committee to issue an unfavorable report for HB 658.

Thank you for your time and consideration.

Sincerely,

Tracy Varda

Tracy Varda
Chief Assistant State's Attorney for Baltimore City