



CARE BRAVELY

HB822/SB708 – Md Violence Intervention Prevention Program Fund and Advisory Council – Alterations
SUPPLEMENTAL TESTIMONY- MARCH 9, 2020

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Position: SUPPORT

During the hearing for SB708, some members of Senate Judicial Proceedings Committee asked all panelists about how success of our respective violence intervention programs are measured. To better answer that question, LifeBridge Health submits the following data on behalf of the Kujichagulia Center, the violence intervention program based at Sinai Hospital that was mentioned in previous testimony.

To recap, the Kuji Center program is a hospital-based violence intervention program that uses skilled hospital responders to engage patients treated for street violence-related injuries, such as gunshot wounds and stabbings, and offers follow-up workforce development opportunities, support and referrals after discharge. The Kuji Center adheres to the evidence-based, nationally known, Cure Violence model, which requires collaborating with Baltimore Safe Streets and other service programs and providing social services for violence victims and their families.

Since inception, Sinai's hospital responders have assisted over 360 shooting/stabbing/street violence patients whose injuries were serious enough to be admitted to the hospital. These patients are predominantly male (90 percent) aged 18-82, with the vast majority between 25-40. Of 114 patients that Kuji assisted between June 2018 and July 2019, over 92% AVOIDED violent activity that came to the attention of law enforcement within 6 months of being discharged following hospital treatment of street violence injuries. Only 8% were accused of violent activity within that 6 month time frame. Past experience has shown that, without Kuji intervention, a majority of stabbing/shooting victims could be expected to participate in retaliatory violence within 6 months of discharge. Furthermore, less than 2% of those same patients were re-admitted to Sinai for an additional violence-related injury. In that time frame, Kuji also helped relocate 12 extremely at-risk patients, none of whom have returned to Sinai for another injury and none of whom committed an act of violence in the 6 months after discharge. Sinai and the Kuji program are continuing to refine their data collection and performance measure outcomes, and are sharing data with other hospital programs.

Kuji's preliminary data are similar to reports from randomized controlled trials. According to the Health Alliance for Violence Intervention, a study in Chicago found that those who received hospital violence intervention services (HVIP) were significantly less likely (only 8.1% vs. control 20.3%) to report being a victim of violence during the six months following their hospital treatment.¹ Similarly, a trial in Baltimore demonstrated a difference in re-hospitalization of 36% in the control group vs 5% in the HVIP.

Kuji's \$106,755 of VIPP money from FY18 was cut from the State budget in FY19. Temporary funding sources (e.g. City gaming revenues and a one-time private grant) will evaporate after FY2021.

¹ NNHVIP Policy White paper – Hospital-based Violence Intervention: Practices and Policies to End the Cycle of Violence, available at

<https://static1.squarespace.com/static/5d6f61730a2b610001135b79/t/5d83c0d9056f4d4cbdb9acd9/1568915699707/NNHVIP+White+Paper.pdf>