



CARE BRAVELY

HB822 – Maryland Violence Intervention and Prevention Program Fund and Advisory Council – Alterations
Testimony of Adam Rosenberg, Vice President, Violence Intervention and Prevention, LifeBridge Health
Position: **SUPPORT**

I write in SUPPORT of HB822, which would provide critical sustained funding for violence intervention programs across the state. LifeBridge Health is a regional health system comprising Sinai Hospital, Levindale Geriatric Center and Hospital, and Grace Medical Center (formerly Bon Secours) in Baltimore; Northwest Hospital in Reisterstown; and Carroll Hospital. It also now proudly houses a comprehensive violence program that addresses violence through the lifespan, and includes the Baltimore Child Abuse Center, two domestic violence programs, and elder justice program, and two street violence interruption programs.

Hospital-based violence intervention helps stop the epidemic of urban gun violence in Baltimore. In 2012, a community needs assessment in Park Heights – one of the areas of the city with record levels of homicides -- revealed that youth violence was the community’s primary public health concern. In response Sinai Hospital created the Kujichagulia Center (Swahili for “self-determination), a hospital-based violence intervention program with two components: 1) trained hospital responders who skillfully engage hospital patients treated at Sinai for street violence-related injuries, such as gunshot wounds and stabbings, and 2) follow-up workforce development opportunities, referrals and a 5-week skills readiness course, provided after discharge. The goal is to help people involved in community violence – the people most at risk to being victimized again or spreading violence -- to successfully pursue meaningful alternatives, ultimately improving their lives and community safety. As public health professionals, we understand that urban gun violence is a preventable public health disease – among its best treatment is to provide trauma-informed, culturally competent services to the individuals most directly affected by urban gun violence.

A staff of four hospital based responders engage with clients at a critical and vulnerable time- when they are alone in the hospital, recovering from a traumatic wound or injury, and upon their immediate release back home. The responders act as liaisons between medical staff and patients, helping allay the patient’s anxiety and mistrust, and helping staff understand the patient’s vital concerns about safety and making sure patients are treated with dignity afforded to all patients. Patient responders review discharge instructions, and help with follow-up visits for home health care or physical therapy, helping to make sure patients heal and can return to normal life quickly.

Much like a domestic violence program, the Kuji program also provides safety planning, housing resources, and medical support during the critical window, of around 30 to 60 days-- when victims of street violence are most vulnerable to retaliation or protecting themselves through more violence. It is also a critical time when some patients who are involved in street violence are more likely to accept help to find a way out. It is an unfortunate fact of Baltimore life that, without intervention, many violence victims report to us they feel they need a gun upon discharge. Our intervention helps them protect themselves, follow medical instructions, avoid perpetrating or suffering more violence, and help return to healthier lives. Kuji staff also works with the mothers and girlfriends of shooting victims, and helps support them during this vulnerable time.

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. (Younger patients are generally transferred to another hospital or referred to other community programs). Since the program's inception, very few have returned as repeat violence victims.

Evidence-based approach. As a researched based community hospital, LifeBridge Health welcomes the bill's emphasis on data collection and evidence-based assessment. Sinai's hospital-based violence intervention program adheres to the **evidence-based Cure Violence model**, which requires: 1) collaborating with Baltimore Safe Streets in locating and interrupting community disputes, 2) providing social services for violence victims and their families, and 3) coordinating with other Baltimore organizations to change the community culture concerning violence. One key factor in this program's success is that it hires personnel who understand the immediate safety and retaliation concerns of clients who are victims of community violence.

Sustained funding will help keep Kuji's critical services operating. When Kuji's \$106,755 of VIPP money from FY18 was cut from the budget in FY2019, Sinai scrambled and found other short term sources (such as money from City gaming revenues and a one-time private grant) to make up the shortfall in state funding. Those funding sources, however, will evaporate after FY2021. State funding – especially in this era of 30% cuts to the federal Victims of Crime Act (VOCA) funding is critical to help this most vulnerable and underserved group of victims.

For all of the heretofore stated reasons, we request a **FAVORABLE** report for HB822.