



Testimony in **SUPPORT** of House Bill 822
House Appropriations Committee
Maryland Violence Intervention and Prevention Program Fund and Advisory Council Alterations
February 25, 2020

The Honorable Maggie McIntosh
Chairman
Appropriations Committee
House Office Building, Room 121
6 Bladen St.
Annapolis, MD 21401

The Honorable Michael A. Jackson
Vice-Chair
Appropriations Committee
House Office Building, Room 121
6 Bladen St.
Annapolis, MD 21401

Dear Chairman McIntosh and Vice-Chair Jackson,

Re: House Bill 822—Support

Faculty and staff from the R Adams Cowley Shock Trauma Center, University of Maryland submit this testimony in strong support of House Bill 822. This bill, submitted by Delegates Lierman, Anderson, Attar, Boyce, C. Branch, T. Branch, Bridges, Charkoudian, Clippinger, Hettleman, Kipke, J. Lewis, R. Lewis, McIntosh, Qi, Smith, Wells, K. Young, P. Young, requires the Governor to include \$10,000,000 in the annual State budget to the Maryland Violence Intervention and Prevention Program Fund. It also mandates that the appropriation be composed of at least \$5,000,000 in general funds; authorizes the Fund to be used in oversight of the Fund, public outreach and education and technical assistance and best practice education for grantees; and requires the Executive Director of the Maryland Violence Intervention and Prevention Advisory Council to oversee certain evaluations.

The R Adams Cowley Shock Trauma Center is, designated by law to be the State of Maryland's Primary Adult Resource Center (PARC), caring for Maryland's most severely injured trauma victims. Shock Trauma is the statewide referral center for the treatment of head, spinal, and multiple trauma injuries as well as hyperbaric medical treatment. Shock Trauma is also recognized as a world leader in the treatment of shock and traumatic injury and as one of the largest volume trauma center in the country, seeing over 7000 patients last year. The third leading cause of admission to Shock Trauma is for violent injury, the majority of whom are victims of gun violence from some of the most disparaged neighborhoods in our community of West Baltimore.

Shock Trauma is home to the world-renowned Violence Intervention Program (VIP), founded in 1998 by Dr. Carnell Cooper. The Violence Intervention Program at Shock Trauma is a founding member of the steering committee for the Health Alliance for Violence Intervention (formerly The National Network for Hospital Based Intervention Programs). The VIP has existed continuously since that time, funded mainly through philanthropy and grant-funding, in order to meet and outreach to hundreds of patients each year and engage them in trauma-informed case management, trauma-focused therapy, and pro-social peer support. Our evidence-based methods have been evaluated and shown to significantly improve health and social outcomes for participants in our multidisciplinary, multimodal approach. Participants in our program experience less recidivism for violent injury and violent crime, improvement in employment status, and decreased repeated exposure to the criminal justice system.

In 2018, Dr. Cooper wrote testimony supporting HB 432/SB545 Public Safety and Violence Intervention Act of 2018, also sponsored by our strong ally, Delegate Lierman. The Violence Intervention Act of 2018 established a **non-lapsing** fund for the purpose of implementing evidence-based violence intervention programs, as well as established a violence intervention and prevention advisory council, upon which we have been participating since passage of that act. Our program applied for and received a generous grant from the fund established by the Violence Intervention Act and were able to expand our program to offer services to all parts of the University of Maryland Medical Center Emergency Medicine and the Midtown Campus. We have quadrupled the people we are able to offer services to in under 12 months. Our engagement rate remains the same at our expanded capacity and, perhaps more importantly, our less than 1% recidivism rate remains the same for clients in our program. Less than 1% of clients engaged in our program will suffer a repeat violent injury.

The Public Safety and Violence Intervention Act of 2018 allocated funds for evaluation of our methods in order to publish the operationalization of best practices and promote replication in order to expand our impact. Violence is a deadly disease, taking an epidemic toll in the number of lives lost each year, most prominently in Baltimore City. As healthcare workers, researchers, and helping professionals, we have an obligation to understand the root causes, protect those most vulnerable to it, and take care of those affected. The resources made available to us through the Public Safety and Violence Intervention Act of 2018, which would be replenished by HB 822 now before you, are imperative to our success.

When we face a day where we have shootings in the double digits, we face despair in our community and in our hospital that nothing is getting better, this deadly disease seems impossible to beat, that no one can help. And we know that isn't true. Our clients inspire hope to the change the trajectory of their lives, they invest in their future and future generations. Our clients engage in our services, buy in to our program; they do the difficult work of healing from a lifetime of trauma in order to have a life ahead of them. They take their messages of hopefulness for the future back to their families and neighborhoods. One of the messages we often use is "the best time to plant a tree was 20 years ago, the second best time is now". I use this proverb today to illustrate the importance of funding a program with success to show from the first seed planted in Shock Trauma 20 years ago when our hospital and its leaders recognized the power of a program that could help people escape the deadly cycle of violence. The funding allocated by the Maryland Violence Intervention and Prevention Program Fund is an investment in the many seeds that still need to be planted, in order to make an impact in ending repeat violent, traumatic injury in Baltimore. The need is urgent and the consequences of diluting our impact through reduced funding are devastating. I urge you to offer full support of HB 822.

Respectfully Submitted,

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