

UMMC-Fav-SB708

Uploaded by: Carlson, Tara

Position: FAV

Support Testimony of
Tara Reed Carlson, MS, RN
Center for Injury Prevention and Policy
R Adams Cowley Shock Trauma Center, University of Maryland

SB 708- Maryland Violence Intervention and Prevention Program Fund and Advisory Council - Alterations

Sponsor: Senator Carter

March 5, 2020

Senate Judicial Proceedings Committee

William Smith-Chair

Senator Smith and Respected Committee Members:

I am in strong support of Senate Bill 708 which seeks to fund evidence based violence intervention programs. I direct the programming of a hospital based violence intervention program, founded in 1998 at the R Adams Cowley Shock Trauma Center in response to the revolving door phenomenon we saw of victims of violent injury. We have continued this life saving work over the past two decades.

SB 708 Requiring the Governor to include \$10,000,000 in the annual State budget to the Maryland Violence Intervention and Prevention Program Fund; requiring that the appropriation be composed of at least \$5,000,000 in general funds; authorizing the Fund to be used for oversight of the Fund, public outreach and education and technical assistance and best practice education for grantees; requiring the Executive Director of the Maryland Violence Intervention and Prevention Advisory Council to oversee certain evaluations; We were recipients of the funds from the 2018 legislation which was intended to establish non-lapsing funds for the purpose of implementing evidence based violence intervention programs, as well as establishing a violence intervention and prevention advisory council. These funds were not appropriated in the FY20 budget and all of the work we have done will come to an abrupt end. It is vitally important that the funds be restored to continue the work and most importantly allow the work to be evaluated for replication at other hospitals across the state to reduce the recidivism rate of violent injury.

As Maryland's Primary Adult Resource Center, the R Adams Cowley Shock Trauma Center, located in Baltimore City, serves as a vital statewide clinical resource and uniquely maintains an around the clock state of readiness. As a trauma hospital, Shock Trauma is designed expressly for the emergency care of



CENTER FOR INJURY PREVENTION & POLICY

significantly injured patients from resuscitation to discharge. Last year, of the 7060 patients seen, 21% were victims of violence. That was over 1500 patients whose lives were impacted by violence and whom we worked to save. The survival rate for patients experiencing a gunshot wound is 80% as compared to our overall 96% survival rate.

These data include the significant number of non-fatal shootings that are in addition to the 348 homicides in Baltimore City last year. This needless violence takes a high physical, emotional and financial toll on families and communities throughout the state. Survivors of gunshot wounds tend to experience significant trauma, disparity and marginalization throughout their life and their injury often serves as an opportunity to reverse the trajectory of their life toward an early death due to homicide.

States like Massachusetts, Connecticut and New York have provided state level support for evidence based violence prevention programs and have seen success through these programs to prevent homicides, injuries and trauma resulting from violence. The amount of resources to prevent recidivism and support these clients existed through the Public Safety and Violence Intervention Act of 2018 but was not appropriated in the Governor's budget this year.

Violence has become an epidemic in Baltimore City and the state of Maryland. The need for current and future funding to reduce and prevent the devastating consequences is urgent.

Thank you for your support of SB 708 and for your attention this afternoon. I look forward to continue working to reduce the trend of violence in Maryland. Thank you to Senator Carter and we urge a strong support from the committee. I am available for any questions.

Tara Carlson, MS, RN

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PSM LOS_FAV_SB708

Uploaded by: Gibson, Marianne

Position: FAV



The Centers for Disease Control and Prevention reports the following national statistics¹:

- 20 people experience violence by an intimate partner every minute.
- 1 in 7 children experienced abuse or neglect in the past year.
- 50% of women and 20% of men experience sexual violence in their lifetime.

These statistics are alarming. Violence of this magnitude contributes to a social and economic burden that threatens the security of the state of Maryland. Victims of violence must grapple with the trauma they faced for their lifetime. This experienced trauma can lead to numerous negative outcomes including lost productivity in the workplace, poorer health outcomes, and a higher likelihood for mental illness or substance use disorder.

In addition to the cost of human potential, violence costs taxpayers millions and millions of dollars annually. Estimates from the Giffords Law Center estimate that gun violence alone costs Maryland taxpayers \$294 million per year. ²

Violence is preventable and Maryland needs to think upstream in its response. There are evidence-based programs available that can reduce human suffering and can provide a substantial return on investment.

Understanding that violence is preventable and evidence- based prevention works, The Partnership for a Safer Maryland supports funding the Maryland Violence Intervention and Prevention Program Fund and Advisory Council as proposed in SB708.

Sincerely,

Marianne Gibson

President

Centers for Disease Prevention & Control: Injury Prevention & Control:

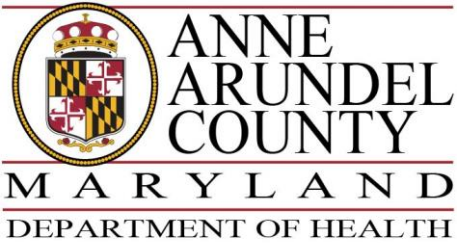
https://www.cdc.gov/injury/wisqars/overview/key_data.html

² Giffords Law Center: <https://lawcenter.giffords.org/wp-content/uploads/2018/02/Cost-of-Gun-Violence-in-Maryland.pdf>

AnneArundelDeptHealth_FAV_SB708

Uploaded by: Kalyanaraman, Nilesh

Position: FAV



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Nilesh Kalyanaraman, M.D.
Health Officer

2020 SESSION
Written Testimony

BILL NO: SB 708
COMMITTEE: Senate Judicial Proceedings and
Budget and Taxation
POSITION: Support
TITLE: Maryland Violence Intervention and Prevention Program Fund and
Advisory Council - Alterations

BILL ANALYSIS:

SB 708 Maryland Violence Intervention and Prevention Program Fund is to support effective violence reduction strategies by providing competitive grants to local governments and nonprofit organizations to fund evidence-based health programs or evidence-informed health programs. The fund will also evaluate the efficacy of evidence-based health programs or evidence informed health programs funded through the program.

POSITION RATIONALE:

Gun Violence is a leading cause for premature death in the United States and is the second most frequent cause of death among children and adolescents in the United States. U.S. firearm injuries are at epidemic proportions. There are 100,000 people shot annually, which calculates to over 270 per day. In 2017 there were 39,377 gun related deaths, with a cost of \$229 billion to the economy.

Nationally, according to the American Public Health Association:

- The burden of gun violence in the United States vastly outpaces that in comparable countries.
- Gun violence affects people of all ages and races in the U.S., but has a disproportionate impact on young adults, males and racial/ethnic minorities.
- Guns are a weapon of choice for mass homicides and suicides.

In Maryland firearm homicide claimed the lives of 1,316 people from 2016-2018 and another 788 individuals died from firearm suicide; these numbers do not include the thousands of people injured by a

firearm during the same timeframe. From 2015 to 2018, a total of 166 children died from firearm-related injuries in Maryland and nearly 80% of these were homicides (CDC, Fatal Injury Reports). Maryland has the sixth highest rate of gun homicides in the country. And, in 2019 alone, there were 21 mass shootings in Maryland, killing 12 people and injuring another 85 (Gun Violence Archive).

In Anne Arundel County, a gun was used to commit violence against a person almost every day in the past five years with a total of 1,168 incidents with a breakdown of 57 murders, 106 suicides, and 936 robberies. In 2019, the Anne Arundel County Executive established the Gun Violence Prevention Task Force to research and compile data on crimes involving guns and recommending actions to help reduce gun violence in the county. The Task Force issued a preliminary report in December of 2019 with a mandate to address gun violence as a public health issue across four broad categories:

- Intervening before gun violence
- Community outreach, communications and training
- Data collection
- Supporting gun safety measures

According to Dr. Georges Benjamin, the Executive Director of the American Public Health Association, gun violence should be treated similar to an epidemic. The same approach used to address an infectious disease outbreak, should also be employed to address gun violence. “We should track it, find the root causes, use science to find research gaps, create policy solutions and use mass public education campaigns to eradicate the threat...Gun violence is preventable.”

The Anne Arundel County Health Department is standing up a Gun Violence Intervention Team, modeled on the Opioid Intervention Team, to lead a cross-agency group to assess these recommendations for cost, feasibility and impact prior to implementing them.

This bill would provide critical funding for counties to assess and implement violence prevention strategies. In Anne Arundel County, we are establishing the infrastructure to comprehensively address violence prevention. A dedicated source of funding will enhance our ability to meaningfully implement solutions and collect the data needed to demonstrate the effectiveness of this approach.

Anne Arundel County_FAV_SB 708

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March 5, 2020

Senate Bill 708

**Maryland Violence Intervention and Prevention Program
Fund and Advisory Council - Alterations
Senate Judicial Proceedings Committee**

Position: FAVORABLE

Anne Arundel County **SUPPORTS** Senate Bill - Maryland Violence Intervention and Prevention Program Fund and Advisory Council - Alterations. This bill requires the Governor to include \$10,000,000 in the annual State budget for the Maryland Violence Intervention and Prevention Program Fund, which supports violence reduction strategies by providing competitive grants to local governments to fund evidence-based health programs or evidence-informed health programs. Anne Arundel County would benefit from this increase in local funding as Anne Arundel County's Gun Violence Prevention Task Force (GVPTF) approaches eliminating violence from a public health perspective.

In response to the alarming trend of violent acts committed by individuals using guns as the preferred weapon of choice, County Executive Steuart Pittman appointed GVPTF in April 2019. The task force explored the latest research, compiled relevant facts and data, identified best practices from other jurisdictions, and issued its preliminary recommendations in December 2019. Those recommendations include a broad range of fact-based proposals and intervention strategies that can be implemented at the local level to prevent gun violence before it occurs.

In addition to stronger preventative actions, the GVPTF report calls for expanded public outreach and education, shared data collection and enhanced gun safety measures. The recommendations were developed through the lens of public health and reflect the growing consensus within the public health community that firearm-related deaths and injuries have reached epidemic levels. Public health organizations, academic researchers, and medical groups such as the American Public Health Association, the National Medical Association, the American Medical Association, the American College of Physicians and the American Academy of Pediatrics each have determined that gun violence is a major threat to public health which will require a public health response. The funding required under this bill supports that work.

Accordingly, Anne Arundel County respectfully requests a **FAVORABLE** report on Senate Bill 708.

Lifebridge_FAV_SB708

Uploaded by: rosenberg, adam

Position: FAV



CARE BRAVELY

SB708 – Maryland Violence Intervention and Prevention Program Fund and Advisory Council – Alterations Senate Judicial Proceedings Committee- March 5, 2020

Testimony of Adam Rosenberg, Vice President, Violence Intervention and Prevention, LifeBridge Health
Position: **SUPPORT**

I write in SUPPORT of SB708, 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, including Kujichagulia Center (Swahili for “self-determination), a hospital-based violence intervention program, and a new SafeStreets program in Park Heights.

Sustained funding will help keep Kuji’s critical services operating. When Kujichagulia’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.

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. 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.

In response, Sinai Hospital created the Kujichagulia Center. The program has 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 program also refers patients to SafeStreets to help mediate disputes. The overall 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.

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 the compassion and 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 re-victimization or are expected to retaliate with a convincing display of violence. It is an unfortunate fact of Baltimore street life that, without intervention, many violence victims report they need to get or use a gun upon discharge. 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. 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.

For all of the heretofore stated reasons, we request a **FAVORABLE** report for SB708.

Adam Rosenberg
Vice President, Violence Intervention and Prevention
LifeBridge Health
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Catholic Charities_FAV_SB 708

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Position: FAV

**Senate Bill 708
MARYLAND VIOLENCE INTERVENTION AND PREVENTION PROGRAM FUND AND
ADVISORY COUNCIL - ALTERATIONS**

**Judicial Proceedings Committee
March 5, 2020**

Support

Catholic Charities of Baltimore supports SB 708 which would strengthen the Maryland Violence Intervention and Prevention Program through a mandated appropriation, altering the authorized use of funding and enhancing the advisory council.

Inspired by the gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. As the largest human service provider in Maryland working with tens of thousands of Marylanders each year, and an employer of over 2,000 people, we recognize the dignity of the individual and each individual's right to live in a just and peaceful society.

In February of 2016, in partnership with the City of Baltimore, the No Boundaries Coalition, St. Peter Claver Parish and others, Catholic Charities launched Safe Streets Baltimore in the Sandtown-Winchester community. Safe Streets is an evidenced-based, public health approach to violence that saves lives and dramatically reduces gun violence in communities where it has operated. In June 2019, we added a second Safe Streets site in the Brooklyn neighborhood.

Our Safe Streets colleagues are a constant presence in the neighborhoods they serve – walking the streets in bright orange shirts that read “Stop Shooting. Start Living.” When they hear of a potential conflict the team members that have a relationship with the people involved step in to help resolve the issue. Not only do they host their signature mediations, but they also host neighborhood gatherings, connect youth with other resources such as free school uniforms, and serve as referral source for workforce development programs. They truly are of and for the neighborhood.

From July 2018 - 2019, the Safe Streets Sandtown-Winchester team intervened in 251 incidents to prevent them from becoming incidents of gun violence. This is a program that has proven over and over again that it is helping to reduce the incidence of violence in the neighborhoods where it operates.

If we are serious about ending the violence that plagues our city, we must invest in evidence-based public health programs proven to reduce the incidence of gun violence. The Violence Intervention and Prevention Program targets state funding for these vital programs.

Catholic Charities of Baltimore appreciates your consideration, and urges the committee to issue a favorable report on House Bill 708.

David Ward_FAV_SB708

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Position: FAV

Testimony on VIPP (SB708)

David Ward 106 North Brook Lane, Bethesda MD, District
16 Representing the Prevent Gun Violence Ministry at
River Road Unitarian Universalist Congregation,
Bethesda

It's not **JUST** the money. It's **Dayquan Glenn**.

It's about an actual person and it's about a living community, ripped to shreds everytime a gunshot shatters the air in the Black neighborhoods of Baltimore. Where **Louis Henson** was shot and killed a week ago. It's **Jerron Davis**, murdered yesterday on Jamestown Court in Charm City.

We know because we've been there, where the heroes of Safe Streets, who stand between the combatants in Baltimore, ask members of our church to drive up from Bethesda to stand together with them at the site of a shooting in McElderry Park.

Our nearly all-white congregation listens to the names and lights the candles that mourn and honor the death of each person killed in Baltimore during the past month. Last Sunday they included **Oluwatobi Aihevba** and **Graham Blake**.

Let's please remember how Pharaoh held the children of Israel in bondage for 430 years, now that White Americans have inflicted the same punishment on the descendants of African Americans -- during 401 years of slavery, de-Reconstruction, Jim Crow, economic degradation, and just plain racism, that kept **Floyd Huntley**, **Howard Tyree**, and **Melissa Brown** down, until they were shot dead.

And while it's NOT JUST about the money, it's clear that a dependable stream of state funding, flowing into neighborhoods like McElderry Park, to mend the communities there, would have made a difference in saving the lives of **Myron Dingle**, and **Rawshad Divers**.

Let's make sure that stream flows unimpeded, like a balm of righteousness, from your support of this legislation.

David Ward_FAV_SB708

Uploaded by: Senator Carter, Senator Carter

Position: FAV

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Let's make sure that stream flows unimpeded, like a balm of righteousness, from your support of this legislation.

EFSGV_FAV_SB 708

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Position: FAV

Educational Fund to Stop Gun Violence
805 15th St NW, Suite 410
Washington, DC 20005

Testimony of Ari Davis, Policy Analyst
Educational Fund to Stop Gun Violence

**Support of Senate Bill 708: Maryland Violence Intervention and Prevention Program Fund and
Advisory Council - Alterations**

Before the Judicial Proceedings and Budget and Taxation Committee
March 5th, 2020

Chairman Smith and Vice Chair Waldstreicher and Committee members,

As a Policy Analyst at the Educational Fund to Stop Gun Violence **I am writing in support of Senate Bill 708: Maryland Violence Intervention and Prevention Program Fund and Advisory Council - Alterations.** This legislation will ensure sustained funding and oversight of evidence-based programs which in many cities have reduced violent crime, shootings and homicides.¹ By supporting SB 708, the state will work towards addressing the gun violence crisis in Baltimore City, ensure sustained funding for evidence-based programs that save lives, and generate millions of dollars in long-term cost savings.

Baltimore City faces a gun violence crisis; policymakers must take swift steps to interrupt the cycles of violence devastating the city. Over the past five years (2015-2019) Baltimore City had the second-highest per-capita homicide rate of any city in this nation.² Over this time period, according to the Baltimore Sun, 1,456 Baltimoreans were murdered by a gun³ and 3,448 were shot and injured.⁴ The number of shooting victims each year in Baltimore could fill up every seat in the Maryland Senate chamber balcony 8 times over.⁵

Research consistently shows that most of this gun violence occurs within small networks of individuals caught in the cycles of retaliatory violence as both victim and perpetrator.⁶ Violence intervention and prevention programs interrupt these cycles of violence by identifying those at highest risk for violence, de-escalating conflicts, and connecting individuals to social support within the community. When adequately funded, these evidence-based interventions can reduce violent crime by up to 30%.^{7,8} Highlighted below are four examples of how state funding for violence intervention and prevention programs reduced violence.

- Connecticut's state-funded group violence intervention program was associated with a 21% decrease in shootings in New Haven each month the program was in effect.⁹
- A state-funded program in Massachusetts led to five fewer victims of violence each month and prevented nearly \$15 million in crime victimization over one year in Boston and Springfield.¹⁰
- New York's state investments in gun violence intervention and prevention programs helped reduce gun homicides across the state by 41% from 2010 to 2017.¹¹
- The City of Oakland used both state and city funds to invest in comprehensive community-based gun violence prevention efforts to cut homicides and nonfatal shootings nearly in half from 2012 to 2017.¹²

Violence intervention and prevention programs have the greatest impact when they are consistently funded. As highlighted in the two case examples below, inconsistent state funding can jeopardize the effectiveness of these programs.

- In March 2015, state funding for Chicago’s violence intervention program was cut and all but one site was shut down. This cut coincided with a dramatic increase in gun violence resulting in 2016 having the highest number of homicides in Chicago in over 10 years.¹³
- A Baltimore violence intervention program (Safe Streets) is linked to short-term reductions in violence in certain neighborhoods but not sustained reductions across the city. The program has suffered from inconsistent funding since its founding in 2007. With increased resources and commitment from policymakers, researchers are optimistic that this program will reduce gun violence significantly over the long run.¹⁴ SB 708 could help provide sustained funding for this program.

SB 708 ensures that Maryland’s violence intervention and prevention efforts are sustainably funded so that they can effectively save lives. Thomas Abt, a Senior Research Fellow at Harvard University and former policymaker at the US Department of Justice, calculated that it would cost \$10.3 million in the first year to build out effective violence prevention and intervention programs in Baltimore City. He estimates that with this funding these programs would reduce homicides by at least 10% each year. **Mr. Abt’s research suggests that the adequate funding created by SB 708 could save 788 lives over an eight year period.**¹⁵

SB 708 will generate millions of dollars in long-term cost-savings. Gun violence directly costs Maryland millions of dollars each year in healthcare services, law enforcement investigations, court fees, and incarceration costs. Homicides also inflict an enormous indirect economic burden through lost productivity and stunted economic growth. In total, economists estimate that each murder costs society between \$4.1 and \$17.2 million.^{16,17} This suggests that the entire cost (\$10 million a year) of SB 708 would be offset in the long-term by the prevention of 1-2 homicides each year. Mr. Abt’s cost-benefit analysis of violence intervention and prevention efforts in Baltimore city found that an **annual investment similar to what SB 708 proposes would generate \$7.8 billion in cost savings over eight years.**¹⁸

As Policy Analyst at the Educational Fund to Stop Gun Violence, I urge you to support SB 708. The passage of this bill will ensure that violence intervention and prevention efforts are properly funded and that the funding is stable. The evidence is clear: sustained state investment in violence intervention and prevention programs will both save lives and generate millions of dollars in economic cost-savings.

Ari Davis, MPP - Educational Fund to Stop Gun Violence

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- ¹ Braga AA, Weisburd D, & Turchan B. (2018). Focused deterrence strategies and crime control: An updated systematic review and meta-analysis of the empirical evidence. *Criminology & Public Policy*.
- ² Per capita homicide rates among the 100 largest cities in America; 2015-2019. AmericanViolence.org
- ³ Baltimore Homicides. Firearm homicides 2015-2019. [The Baltimore Sun](http://TheBaltimoreSun.com).
- ⁴ Yearly Non-fatal shooting totals by district. Baltimore Police Department. [Available at Open Baltimore](http://OpenBaltimore.com)
- ⁵ See: Papachristos AV, & Wildeman C. (2014). Network exposure and homicide victimization in an African American community. *American Journal of Public Health*. And Corsaro, N, & Engel RS. (2015). Most challenging of contexts: Assessing the impact of focused deterrence on serious violence in New Orleans. *Criminology & Public Policy*.
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- ⁷ Braga AA, Weisburd D, & Turchan B. (2018). Focused deterrence strategies and crime control: An updated systematic review and meta-analysis of the empirical evidence. *Criminology & Public Policy*.
- ⁸ Focused deterrence in depth: [Analyzing the evidence for focused deterrence](http://Analyzingtheevidenceforfocuseddeterrence.com). *Rand Corporation*
- ⁹ Sierra-Arevalo M, Charette Y, & Papachristos AV. (2015). Evaluating the Effect of Project Longevity on Group-Involved Shootings and Homicides in New Haven. *Crime & Delinquency*.
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- ¹¹ Investing in Local Intervention Strategies in New York. (2019). Giffords Law Center
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- ¹⁶ DeLisi M., Kosloski A, Sween M, Hachmeister E, Moore M, & Drury A. (2010). Murder by numbers: Monetary costs imposed by a sample of homicide offenders. *The Journal of Forensic Psychiatry & Psychology*.
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EFSGV2_FAV_SB 708

Uploaded by: Senator Carter, Senator Carter

Position: FAV

FUNDING VIOLENCE INTERVENTION AND PREVENTION PROGRAMS

VIOLENCE INTERVENTION AND PREVENTION PROGRAMS

Violence intervention and prevention programs avert violence by working with a range of community stakeholders to provide support and intervention to those at highest risk for violence. To stop the cycles of daily gun violence in impacted communities of color policymaker must (1) address the underlying social and economic inequalities that fuel gun violence and (2) gun violence intervention and prevention efforts that authentically engage individuals impacted by gun violence.

FIREARM HOMICIDE DISPROPORTIONATELY IMPACTS UNDER-SERVED COMMUNITIES OF COLOR IN CITIES

In 2018, 13,958 individuals were murdered by firearm in the United States - an average of 38 firearm homicides each day.¹ Much of this firearm violence is concentrated within neighborhoods of color that face a host of systemic inequalities -- discrimination, lack of economic opportunities, and under-resourced public services. As a result, disadvantaged communities of color in cities are disproportionately impacted. Twenty-six percent of firearm homicides in the US occurred within urban census tracts that contained only 1.5% of the population,² and Black Americans are over ten times more likely to die by firearm homicide than their White counterparts.³ Yet, even within these communities only a small portion of the population is involved in firearm violence--as perpetrators, victims, or both.

ADDRESSING UNDERLYING SOCIAL AND ECONOMIC INEQUALITIES

Under-served communities of color have been impacted by a legacy of racist social and economic policy. Policymakers should support efforts to address these systemic inequalities often at the root of gun violence. These investments will help improve health, promote opportunity, and reduce gun violence. These investments should include:

- Increased funding for job training programs and youth employment opportunities, which evidence suggests can help reduce gun violence.⁴
- Increased funding for recreation and community centers, parks, and pro-social development opportunities which allow individuals of all ages to build stronger, safer communities and reduce firearm violence.⁵
- Fund programs that clean and rehabilitate blighted and abandoned property. These programs are associated with significant decreases in gun violence of up to 39% and improved community health.⁶
- Incentivize urban development programs that allow individuals in impacted communities to lead efforts for neighborhood revitalization and provide affordable pathways to home ownership within these communities.

EFFORTS TO INTERRUPT AND PREVENT GUN VIOLENCE

Community-based violence intervention and prevention programs bring together community members, social service providers, and, in some cases, law enforcement to identify and provide support for individuals at highest risk for gun violence. They also support individuals with the trauma associated with living in neighborhoods where witnessing gun violence is routine.

SUCCESSFUL VIOLENCE INTERVENTION AND PREVENTION PROGRAMS GENERALLY:

- Deter individuals at high-risk for violence from engaging in firearm violence.
- Help individuals at high risk for violence resolve potentially violent disputes before they occur.
- Connect those at high risk for violence to education, employment, and housing services.
- Provide peer mentoring, trauma informed services, and culturally responsive mental health supports to individuals impacted by daily gun violence.
- Authentically engage community members to build trust and collaboration between stakeholders.

EXAMPLES OF EVIDENCE-BASED PROGRAMS**CURE VIOLENCE**

- Outreach workers are trained to identify conflicts within their community and help resolve disputes *before* they spiral into gun violence.
- These outreach workers are credible members of the community and well-respected by individuals at a high risk of violence. Outreach workers use their credibility to interrupt cycles of retaliatory violence, help connect high-risk individuals to social services, and change norms around using guns to solve conflicts.
- Cure Violence models have been used successfully in multiple cities, including Chicago, Philadelphia, and New York. New York's neighborhoods with a Cure Violence site experienced 18% reductions in homicides while the matched control neighborhoods experienced a 69% increase from 2010-2013.⁷

GROUP VIOLENCE INTERVENTION / FOCUSED DETERRENCE

- Prosecutors and police work with community leaders to identify a small group of individuals who are chronic violent offenders and are at high risk for future violence.
- High-risk individuals are called into a meeting and are told that if violence continues, every legal tool available will be used to ensure they face swift and certain consequences.
- High-risk individuals are simultaneously connected to social services and community support to assist them in changing their behavior.
- An analysis of 24 focused deterrence programs found that these strategies led to an overall statistically significant reduction in firearm violence. The most successful of these programs have reduced shootings in cities by an average of 30% and improve relations between law enforcement officers and the neighborhoods they serve.⁸

HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS

- Gunshot victims are provided wraparound services such as educational support, job training, and mental health services to interrupt retaliatory cycles of violence and the potential for re-injury.
- One study found that those enrolled in these programs were six times less likely to be hospitalized again for a violent injury and four times less likely to be convicted of a violent crime than those not enrolled in the program.⁹
- An evaluation of Baltimore's program found that it saved the city \$1.25 million in lowered incarceration costs and \$598,000 in reduced healthcare costs.¹⁰

TRAUMA-INFORMED PROGRAMS WITH COGNITIVE BEHAVIORAL THERAPY

- Trauma-informed programs that employ cognitive behavioral therapy to those at risk for firearm violence have experienced significant decreases in firearm violence.¹¹
- Cognitive behavioral therapy helps high-risk individuals cope with trauma while simultaneously providing new tools to de-escalate conflict.
- Trauma-informed programs in Chicago that provide high-risk youth with cognitive behavioral therapy and mentoring cut violent crime arrests in half.¹²

SHOOTING AND HOMICIDE REVIEW COMMISSIONS

- Shooting review commissions bring together law enforcement, community members, criminal justice stakeholders and service providers to examine firearm violence within their community.
- Stakeholders collaboratively develop comprehensive interventions that identify high-risk individuals and that address the underlying factors that lead to violence.
- The shooting review commission in Milwaukee was associated with a significant and sustained 52% reduction in homicides.¹³
- A Department of Justice evaluation found shooting review boards to be an effective way to reduce gun violence by building trust between criminal justice stakeholders and the community.¹⁴

A COMPREHENSIVE INVESTMENT IN VIOLENCE INTERVENTION AND PREVENTION PROGRAMS SAVES LIVES

- Six states have funded violence intervention and prevention programs. While the program models funded are different in each state, all states have experienced reductions in firearm violence within program sites.¹⁵
- Connecticut's state-funded group violence intervention program was associated with a 21% decrease in shootings in New Haven each month.¹⁶
- A state funded program in Massachusetts led to five fewer victims of violence a month and prevented nearly \$15 million in crime victimization over one year in Boston and Springfield.¹⁷
- New York State allocated funding for a wide-range of community-based violence intervention and prevention programs including the Cure Violence and Group Violence Intervention models. These investments helped reduce gun homicides across the state by 41% from 2010 to 2017.¹⁸
- The City of Oakland used both state and city funds to invest in comprehensive community-based gun violence intervention and prevention efforts to reduce gun violence by over 40%.¹⁹ These efforts were authentically led by community members, provided extensive wrap around services, and focused on improving relationships between the community and law enforcement.

WE MUST REDUCE THE DAILY GUN VIOLENCE THAT DISPROPORTIONATELY IMPACTS COMMUNITIES OF COLOR

To do this, policymakers should (1) address the underlying social and economic inequalities that drive firearm violence in disadvantaged communities of color and (2) provide funding to support violence intervention and prevention efforts that bring together community members and government agencies in an effort to identify high-risk individuals, interrupt cycles of violence, and provide support to those at risk for gun violence. Community-based violence intervention and prevention efforts save lives.

¹ Centers for Disease Control and Prevention, National Center for Health Statistics. Homicide deaths and rates per 100,000. WONDER Online Database, 1999-2018.

² Aufrichtig A, Beckett L, Diehn J, & Lartey L. (2017). Want to fix gun violence in America? Go local. *The Guardian*.

³ Centers for Disease Control and Prevention, National Center for Health Statistics. Homicide Deaths and Rates per 100,000. WONDER Online Database, 2014-2018. Non-Hispanic Blacks compared to non-Hispanic Whites.

⁴ Bilchik S. (1999). Promising Strategies to Reduce Gun Violence. Office of Juvenile Justice and Delinquency Prevention. *US Department of Justice*.

⁵ Hausman AJ, Siddons K, & Becker J. (2000). Using community perspectives on youth firearm violence for prevention program planning. *Journal of community psychology*.

⁶ Branas CC, Kondo MC, Murphy SM, South EC, Polsky D, & MacDonald JM. (2016). Urban blight remediation as a cost-beneficial solution to firearm violence. *American journal of public health*.

⁷ Butts JA, Wolff KT, Misshula E, & Delgado S. (2015). Effectiveness of the Cure Violence Model in New York City. *John Jay College of Criminal Justice, Research & Evaluation Center*.

⁸ Braga AA, Weisburd D, Turchan B. (2018). Focused deterrence strategies and crime control: An updated systematic review and meta-analysis of the empirical evidence. *Criminology & Public Policy*.

⁹ Cooper C, Eslinger DM, & Stolley PD. (2006). Hospital-based violence intervention programs work. *Journal of Trauma and Acute Care Surgery*.

¹⁰ *ibid*.

¹¹ Abt TP (2017). Towards a framework for preventing community violence among youth. *Psychology, health & medicine*.

¹² Heller SB, Shah AK, Guryan J, Ludwig J, Mullainathan S, & Pollack HA. (2017). Thinking, fast and slow? Some field experiments to reduce crime and dropout in Chicago. *The Quarterly Journal of Economics*.

¹³ Azrael D, Braga AA, O'Brien M. (2012). Developing the Capacity to Understand and Prevent Homicide: An Evaluation of the Milwaukee Homicide Review Commission. *U.S. Department of Justice*.

¹⁴ *ibid*.

¹⁵ For MA, CT, NY see: Investing in intervention: The critical role of state-level support in breaking the cycle of urban gun violence. (2018). *Giffords Law Center*.

For MD see: Webster DW, Whitehill JM, Vernick JS, & Parker EM. (2012). Evaluation of Baltimore's Safe Streets Program: effects on attitudes, participants' experiences, and gun violence. Baltimore, MD: *Johns Hopkins Center for the Prevention of Youth Violence*.

For CA see: Huguet R, Li J, Servat K, & Stofer K. (2016). Cost benefit analysis: operation peacemaker. *University of Southern California*.

For IL see: Ritter N. (2009). CeaseFire: A public health approach to reduce shootings and killings. *National Institute of Justice Journal*.

¹⁶ Sierra-Arevalo M, Charette Y, & Papachristos AV. (2015). Evaluating the Effect of Project Longevity on Group-Involved Shootings and Homicides in New Haven. Researchers found that a 2.38 decrease in shootings (fatal and non-fatal) from 11.64 to 9.26 per month can be attributed to the enactment of the program. Thus, the program was linked to a 21% decrease in shootings per month.

¹⁷ See: Campie P, Petrosino A, Fronius T, & Read N. (2017). Community-Based Violence Prevention Study of the Safe and Successful Youth Initiative: An Intervention To Prevent Urban Gun Violence *American Institutes for Research (AIR)*. And, Bradham DD, Campie PE, & Petrosino A. (2014). Massachusetts Safe and Successful Youth Initiative. Benefit-to-Cost Analysis of Springfield and Boston Sites. *Massachusetts Executive Office of Health and Human Services*.

¹⁸ Investing in Local Intervention Strategies in New York. (2019). *Giffords Law Center*.

¹⁹ See: Muhammad, D. Oakland's Successful Gun Violence Reduction Strategy (2018) *National Institute for Criminal Justice Reform*. And McLively M, & Nieto B. (2019). A case study in hope: lessons from Oakland's remarkable reduction in gun violence. *Giffords Law Center*.

FamilyHealth_FAV_SB 708

Uploaded by: Senator Carter, Senator Carter

Position: FAV



TESTIMONY IN SUPPORT OF SB 708
March 5, 2020 * Judicial Proceedings Committee

Dear Chair Will Smith, Vice Chair Jeff Waldstreicher and Committee Members,

My name is Brian A. Hawkins, President and CEO of Family Health Centers of Baltimore. At present we operate two health centers in South Baltimore and service approximately 6,000 residents in the Cherry Hill and Brooklyn-Curtis Bay area.

On Sunday February 9, 2020, our community experienced a shooting that led to a death. Then on Monday February 10, 2020, we had additional shootings, this time during school dismissal. In this last incident three victims were shot resulting in two deaths. What is worse is the children had to walk past the bodies as they went home.

Luckily, in Cherry Hill we have a Safe Streets group, a Baltimore City initiative attached to our organization and Violence Interrupters were able to curtail additional acts of serious violence. In fact, prior to these shooting the area in Cherry Hill which Safe Streets patrols, celebrated 365 days without a homicide.

Cherry Hill once a thriving community built for African American soldiers returning from World War II and the Korean War, has been marred by violence and drugs. Now thanks to programs such as Safe Streets and others, Baltimore City and the State of Maryland funding HAS made a difference.

SB 708 is vital to ensure the resurgence of communities like Cherry Hill and Brooklyn-Curtis Bay. Violence is not only a crime, it is a health crisis of epidemic proportions. Ten million dollars is a drop in the bucket in what is needed to continue to fight crime and eradicate this disease.

Together we must continue to support Violence Interventions and Intervention Programs. Baltimore, the largest city in Maryland, is vital to the Mid-Atlantic region on the comeback. To ensure Baltimore is no longer viewed as a crime riddled and rat-infested city, we must continue to fund SB 708.

Respectfully Submitted,

Brian A. Hawkins, MHA
President and CEO
Family Health Centers of Baltimore

Gail Reid_FAV_SB 708

Uploaded by: Senator Carter, Senator Carter

Position: FAV

TESTIMONY IN SUPPORT OF HB 822
February 25, 2020 * Appropriations Committee

Dear Chair McIntosh, Vice Chair Jackson and Committee Members,

The Family Crisis Center of Baltimore County provides a range of services to individuals impacted by domestic violence. The Family Crisis Center operates the county's sole domestic violence shelter, an abuser intervention program, victim advocacy, the county's domestic violence and sexual assault 24/7 hotline, and outpatient counseling/coaching services. In addition, the Family Crisis Center cooperates with the Baltimore County Police Department through the Lethality Assessment Project and provides advocacy and court accompaniment to individuals seeking protective orders.

Services offered by most domestic violence service agencies focus on cases involving high risk of injury and lethality. While these services will continue to be essential core services, there has been insufficient focus on prevention. While some centers offer primary-prevention efforts directed to the general community or to at-risk populations, such as teen dating violence, there has been very little innovation and research directed at early intervention services. Early intervention is a critical public health approach directed to cases in which the problem is already present, but at an earlier, less intense, and less severe stage. Early intervention depends on cross-sector screening and detection, as well as providing interventions to disrupt progression.

An example of early intervention in health care is the ability to screen all patients, including those who are asymptomatic, for elevated glucose levels. Early detection and prompt treatment, including lifestyle intervention, can prevent the occurrence of diabetes or delay the progression of the disease, reducing the disease burden of diabetes. To provide intervention only at the most critical stage of the disease would be akin to asking patients to return for care when they are in need of amputation.

In 2018, the Family Crisis Center began to focus efforts on early intervention. There is little research on evidence-based interventions and FCC has committed to making a contribution to these efforts. With funding support from the Violence Intervention and Prevention Program, FCC launched an Early Intervention Program as a pilot project, working with a researcher through funding from Johns Hopkins University and serving just under 100 clients in the first year. Recently, the Family Crisis Center has been recognized as a Center for Excellence in Prevention, in the field of domestic violence. The goal of the project is to work across sectors, such as health care, schools, the justice system, and the child welfare system to screen, detect, and intervene in domestic violence occurring in families that is earlier, less intense, and less severe.

Disrupting cycles of violence occurring in families across generations and resulting in childhood exposure to domestic violence is critical to the issue of violence prevention. Domestic violence, including childhood exposure, predicts all other forms of violence, including child maltreatment, bullying, juvenile crime, gang violence, gun violence, community violence, suicide, and mass shootings (www.futureswithoutviolence.org/preventing-violence-a-review-of-research-evaluation-gaps-and-opportunities/).

Domestic violence is a significant contributor to crimes of violence. In 54% of mass shootings in the U.S., the shooters killed intimate partners and other family members. Nearly 1 million women alive in the U.S. today have been shot or shot at by an intimate partner and another 4.5 million have been threatened with a gun by an intimate partner. Nearly 50% of female homicide victims are killed by an intimate partner. 81% of victims in 2016 shootings were women and children. An estimated 10 million children in the U.S. are exposed to domestic violence in the home. Intimate partner violence intersects with child maltreatment in 60-70% of cases.

According to the 2017 Maryland UCR, there were over 32,000 domestic-related crimes in the state, 70% of which were committed by an intimate partner. Both men (1 in 10) and women (1 in 4) report experiencing physical or sexual violence and/or stalking by an intimate partner. These forms of violence often begin early in life; most first-time victimization occurred prior to age 25 and frequently before age 18. Children exposed to domestic violence suffer a number of long-term adverse consequences, including negative impact on neuropsychological development, learning, school achievement, and behavioral health issues. These children are more prone to engage in bullying and delinquent behaviors and have a higher risk of becoming either a perpetrator or victim of domestic violence later in life.

The Family Crisis Center is currently launching a collaborative project in Baltimore County to reduce the incidence of domestic violence in the county, which is the jurisdiction with the highest reported incidents of domestic-related crimes. This will include efforts to evaluate outcomes across a range of sectors, programs, and services, including early intervention efforts. The Family Crisis Center supports HB 822, funding the Violence Intervention and Prevention Program, particularly in providing sustainable funding in order to assess long term outputs and to strengthen the evaluation component of programs. Most programs are evaluated from a narrow perspective within a short period of time, typically one year or less, focusing on outcomes such as numbers served rather than measuring progress. Programs are often provided within the non-profit sector and these agencies need support, assistance, and partnership from the research community in improving evaluation, sharing data, and increasing accountability.

Multiple risk factors have a cumulative negative effect on children and youth development, which in turn is associated with long-term adverse consequences, including perpetration and victimization related to violence. Concentrating prevention efforts on known risk factors and determinants of violence requires collaborative effort across sectors. Reducing violence is a long-term objective and it is important to have clear benchmarks to measure progress.

We ask for a favorable report on HB 822.

Sincerely,

Gail Reid, MSW, LCSW-C
Director, Community Outreach and Engagement
The Family Crisis Center of Baltimore County
Dundalk, MD 21222

Giffords_FAV_SB708

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Position: FAV

TESTIMONY IN SUPPORT OF S.B. 708 (CARTER)

TO: Members of the Senate Judicial Proceedings Committee
SUBMITTED BY: Tiffany Garner, Community Violence Initiative State Manager
DATE: March 5, 2020

Dear Chairman Smith, Vice Chair Waldstreicher, and Members of the Senate Judicial Proceedings Committee:

On behalf of Giffords, the gun violence prevention organization founded by former Congresswoman Gabby Giffords, I am writing to express our strong support for Senate Bill 708 (Carter). This legislation would require a yearly investment of critical funds to sustain and expand the Maryland Violence Intervention and Prevention Program (MD VIPP), which was designed to support evidence-based violence reduction strategies in some of the state's most impacted communities. Borrowing best practices from other states, S.B. 708 makes key changes to MD VIPP that will improve its efficacy and greatly enhance public safety.

Gun Violence in Maryland Demands a Comprehensive Response

Marylanders are all too familiar with the tragic consequences of gun violence. From 2014 to 2018, the state has suffered an average of more than 440 gun homicides *each year* and Maryland continues to have one of the highest gun homicide rates in the nation.¹ This violence is extremely concentrated in a small number of areas. For example, in 2018, 318 people were murdered in Baltimore alone, the vast majority killed with a firearm, and several hundred more were injured in shootings.² Moreover, this violence disproportionately impacts communities of color—particularly young men. In 2018, nearly 80% of the victims of gun homicide in Maryland were African American men.

Although mass shootings dominate headlines and the political debate over gun violence, day-to-day shootings in underserved communities of color are the primary driver of gun violence in Maryland. In recognition of the need to address this preventable form of violence through the expansion of proven public health strategies, MD VIPP was created in 2018.

¹ Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Data," last accessed February 24, 2020, <https://www.cdc.gov/injury/wisqars>.

² Jessica Anderson, "Majority of Baltimore Homicide Victims in 2018 Were Shot in the Head, Analysis Shows, The Baltimore Sun, Jan. 2, 2019, <https://www.baltimoresun.com/news/crime/bs-md-sun-investigates-homicides-20190102-story.html>.

The program was based on the insight that in cities across the nation only a very small percentage of individuals are actually responsible for the vast majority of serious violence. As a result, programs that break the cycle of retaliatory violence by providing highest risk individuals with timely interventions tailored to addressing the root causes of violence are most likely to succeed.

For example, research shows that, when fully funded, street outreach programs in certain Baltimore neighborhoods have decreased killings by 56% and shootings by 34%.³ An evaluation of a hospital-based violence intervention program operating out of Baltimore's Shock Trauma Center found an injury recidivism rate of just 5% for participating patients, compared to 36% for non-participants, and showed that participants were half as likely to be convicted of a crime and *four times less likely* to be convicted of a violent crime than those who did not participate.⁴

Maryland needs to scale up strategies like these in its most impacted communities, and this is exactly what MD VIPP was designed to support. However, in its first two years of existence, the program has not received the consistent financial and administrative support that is the hallmark of effective violence reduction programs in other states. Although in its first year (FY19) the Governor included \$5 million in his budget for these critical intervention and prevention strategies, he provided *no funding* in FY20. In addition, important evaluation and research components of MD VIPP have still not been implemented.

In looking at best practices from other states, robust and sustained investments in evidence-based violence reduction strategies have helped to dramatically decrease levels of community violence. S.B. 708 will align MD VIPP with these best practices and provide a stable source of funding for the local implementation of violence reduction strategies focused on those at highest risk of engaging in violence in Maryland's most impacted communities.

This is an investment that will save both lives and taxpayer dollars.

³ See Webster, et al., Evaluation of Baltimore's Safe Streets Program: Effects on Attitudes, Participants' Experiences, and Gun Violence, Johns Hopkins Center for the Prevention of Youth Violence, Johns Hopkins Bloomberg School of Public Health, January 11, 2012, https://www.jhsph.edu/research/centers-and-institutes/center-for-prevention-of-youth-violence/field_reports/2012_01_11.Executive%20SummaryofSafeStreetsEval.pdf.

⁴ T.L. Cheng, et al., "Effectiveness of a Mentor-Implemented, Violence Prevention Intervention for Assault-injured Youths Presenting to the Emergency Department: Results of a Randomized Trial," *Pediatrics* 122 (2008): 938-946, <http://www.ncbi.nlm.nih.gov/pubmed/18977971>; see also C. Cooper, D.M. Eslinger, and P.D. Stolley, "Hospitalbased Violence Intervention Programs Work," *J. Trauma* 61 (2006): 534-540, <http://www.ncbi.nlm.nih.gov/pubmed/16966983>.

S.B. 708 Requires an Investment in Proven Violence Reduction Strategies

S.B. 708 will make critical improvements to MD VIPP, a competitive grant program that awards resources to communities with the greatest need in order to fund local public health strategies with the strongest likelihood of reducing gun violence in the near term.

First, in order to prevent harmful lapses in funding, this bill would require a yearly appropriation of at least \$10 million for MD VIPP. Second, the bill would substantially strengthen the evaluation component of the program by providing resources for the state to contract with outside evaluators, whose findings would be made available to the public. Finally, the bill would clarify the role of the Advisory Council to advise the Executive Director of the Governor's Office of Crime Control and Prevention (GOCCP) on the distribution of funding for this important program and provide funds to improve GOCCP's administration and oversight capabilities.

By providing ongoing state support for public health strategies like those mentioned above, S.B. 708 reflects the important truth that we cannot merely police and incarcerate our way to safer communities. Effective public health strategies must be a central component of Maryland's response to community violence. Investing in programs proven to reduce rates of violence in impacted communities *without* increasing rates of incarceration, is an issue of public health, public safety, and basic equity. Other states making this investment have witnessed impressive results.

Similar Investments in Other States Have Contributed to Reductions in Shootings

States that have provided sustained support for evidence-based violence intervention programs have seen impressive reductions in violence in recent years. New York, which has long provided stable funding to such programs, has seen a nearly 40% reduction in its gun homicide levels since 2010.⁵ In California, cities supported by the state's equivalent grant program, CalVIP, have seen reductions in homicides *three times greater* than other California cities.⁶ Yet,

⁵ "Fatal Injury Data," Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), <https://www.cdc.gov/injury/Wisqars>.

⁶ Based on analysis of FBI Expanded Homicide Data for the state of California and the cities of Bakersfield, Berkeley, Chula Vista, Compton, Duarte, Gilroy, Inglewood, Lompoc, Long Beach, Los Angeles, Oakland, Oxnard, Parlier, Pasadena, Perris, Richmond, Sacramento, Salinas, San Bernardino, San Francisco, Santa Rosa, Seaside, Stockton, and Vallejo. See Crime Data Explorer, <https://crime-data-explorer.fr.cloud.gov/explorer/state/california/shr>, last accessed November 20, 2019.

where state funding has been cut, increases in violence often follow. Chicago has seen a spike in violence each time that state leaders cut funding for violence reduction programs.⁷

In 2017, Giffords released a comprehensive report titled, *Investing in Intervention: The Critical Role of State-Level Support in Breaking the Cycle of Urban Gun Violence*.⁸ This report details how three model states—Massachusetts, New York, and Connecticut—have achieved reductions in gun homicide rates⁹ by pairing strong regulation of the firearm *supply* with stable investments in narrowly targeted violence prevention and intervention programs that address the *demand* side of the violence equation.

S.B. 708's \$10 million mandatory appropriation would amount to an additional investment of roughly \$1.66 per Marylander in evidence-based violence prevention and intervention programming. For context, Massachusetts, which has a comparable population size to Maryland, spends about \$5.00¹⁰ per capita on its statewide violence prevention and intervention grant infrastructure. This investment has contributed to significant reductions in violence in Massachusetts, which has one of the lowest gun homicide rates in the country:¹¹

Between 2011 (when Massachusetts substantially increased its investment in public health approaches to violence reduction) and 2016, Massachusetts's gun homicide rate fell by 31%, at the same time that gun homicides were increasing by 28% nationally and by 59% in Maryland.¹² This was driven by the fact that gun homicide rates among 14 to 24-year-olds dropped by 47% in Massachusetts, even as they were rising by 20% nationally and by 49% in Maryland.¹³

S.B. 708 would bring MD VIPP in line with many of the best practices in Massachusetts, including sustainable funding, dedicated resources to improve oversight, evaluation, and the provision of technical assistance to grantees, and focusing the provision of services to those at

⁷ Charles Ransford, *The Relationship Between Cure Violence (CeaseFire) and the Increase in Shootings and Killings in Chicago*, https://1vp6u534z5kr2qmr0w11t7ub-wpengine.netdna-ssl.com/wp-content/uploads/2019/10/2017.02.15_Chicago-Increase-Research-Summary.pdf.

⁸ See Giffords Law Center to Prevent Gun Violence, "Investing in Intervention: The Critical Role of State-Level Support in Breaking the Cycle of Urban Gun Violence" (Dec. 2017), at <http://lawcenter.giffords.org/wp-content/uploads/2017/12/Investing-in-Intervention-12.18.pdf>.

⁹ According to CDC Fatal Injury Reports for 2015-16, Massachusetts, New York and Connecticut's age-adjusted gun homicide rates were 83%, 73%, and 73% below Maryland's, respectively.

¹⁰ Massachusetts's Safe and Successful Youth Initiative, Shannon Community Safety Initiative grants, and Department of Public Health Youth Violence Prevention Program grants provided more than \$30 million in grant funding for violence reduction strategies in FY 2020, discounting investments in law enforcement strategies.

¹¹ See Giffords Law Center to Prevent Gun Violence, "Investing in Intervention: The Critical Role of State-Level Support in Breaking the Cycle of Urban Gun Violence" (Dec. 2017), at <http://lawcenter.giffords.org/wp-content/uploads/2017/12/Investing-in-Intervention-12.18.pdf>.

¹² Based on CDC Fatal Injury Reports, available at <https://webappa.cdc.gov/sasweb/ncipc/mortrate.html>.

¹³ *Id.*

the highest risk of engaging in violent behavior.

This Investment Should Generate Significant Savings for Maryland Taxpayers

This lifesaving investment has the potential to be extremely cost effective, but must be sustained over time. Researchers examining violence reduction initiatives in Massachusetts calculated that state taxpayers saved up to \$7.35 for every dollar invested in the state's public health-oriented youth violence reduction program, known as the Safe and Successful Youth Initiative.¹⁴

Such savings are possible because of the enormous human, moral, *and* fiscal burdens imposed by gun violence. Cost estimates relied on by the Centers for Disease Control and Prevention (CDC) indicate that gun violence in Maryland imposes over \$3.3 *billion* dollars in costs per year.¹⁵ This figure includes the healthcare and criminal justice costs that result from shootings, as well as costs to employers, lost wages and taxes, and costs associated with reduced quality of life. Whether they realize it or not, even those Marylanders living in the very safest communities are paying an incredibly high price for gun violence.

This is because many of the costs of gun violence are shouldered directly by Maryland taxpayers. As many as 85% of gunshot victims, for example, are either uninsured or on publicly funded insurance programs such as Medicaid. Additionally, law enforcement efforts are funded entirely by taxpayer dollars. These direct expenses from gun violence cost Maryland taxpayers some \$294 million per year.¹⁶ The investment called for by S.B. 708 could therefore result in cost *savings* for Maryland taxpayers if it helps prevent just eight homicides per year.¹⁷ The strengthened evaluation provisions of S.B. 708 and its public reporting requirements will help provide accountability and ensure that the program is having its intended effect, while also helping to build up the violence prevention field in Maryland.

By making a number of crucial changes to MD VIPP, S.B. 708 will help put Maryland on the right path to addressing daily violence, and will improve public safety by ensuring that opportunities to intervene in daily violence are not missed.

¹⁴ Patricia E. Campie, et al., "Massachusetts Safe and Successful Youth Initiative, Benefit-to-Cost Analysis of Springfield and Boston Sites," American Institutes for Research and WestEd, Nov. 26, 2014, <http://www.air.org/sites/default/files/downloads/report/Benefit%20to%20Cost%20Analysis%20of%20Boston%20and%20Springfield%20SSYI%20Programs.pdf>.

¹⁵ See Giffords Law Center, "The Economic Cost of Gun Violence in Maryland" (January 2018).

¹⁶ *Id.*

¹⁷ Calculated using the Pacific Institute for Research and Evaluation's model of the cost of gun violence, "Societal Cost per Firearm Injury, United States, 2010," Pacific Institute for Research and Evaluation, Dec. 2012, <http://www.pire.org/documents/gswcost2010.pdf>. All cost estimates were adjusted to 2016 dollars.

We ask for a favorable report on S.B. 708.

Sincerely,

Tiffany Garner

Community Violence Initiative State Manager

Giffords

HAVI_FAV_SB 708

Uploaded by: Senator Carter, Senator Carter

Position: FAV



Maryland General Assembly- Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, MD 21401

RE: Testimony in support of SB 708 Maryland Violence Intervention and Prevention Program Fund

March 5, 2020

Dear Chair Smith, Vice Chair Waldstreicher and Committee Members,

The Health Alliance for Violence Intervention (HAVI) is pleased to support SB 708 “Maryland Violence Intervention and Prevention Program Fund and Advisory Council – Alterations.” This bill would ensure reliable and sustainable funding for evidence-based public health approaches to prevent gun violence in our communities. We respectfully ask that the Senate Judicial Proceedings Committee provide a favorable report for this important legislation.

The HAVI represents a national network of hospital-based violence intervention programs (HVIPs). HVIPs use innovative and effective patient-focused strategies to break the cycle of violence and reduce rates of repeat injury. Founded in 2009, the HAVI represents over 40 HVIP programs across the United States. Within Maryland, the R Adams Cowley Shock Trauma Center at the University of Maryland has paved the way for violence intervention programs both nationally and statewide, with new HVIPs such as UM Prince George's Hospital Center's Capital Region VIP recently joining the network.

Both programs provide services to violently injured individuals starting within a hospital setting and extending support once individuals are back within their communities. Evaluations of HVIPs have repeatedly demonstrated that integrating these services into hospital trauma centers and emergency departments corresponds with reductions in rates of injury recidivism and increases in patients' long-term wellbeing.

The most important aspect of the care delivered through HVIPs is carried out by frontline individuals who are trained in violence prevention and hold deep roots in Baltimore and Prince George's County. Many of these workers have been previously injured by gunshot wounds and have made the physical and mental recovery that allows them to help injured patients from the unique perspective and understanding others simply do not hold.

These violence prevention professionals act as the connection between patients and the greater health and social services system in Maryland. They are truly the most important members of the care team.

The success of this model has been proven directly in Maryland. Peer-reviewed research on the Shock Trauma VIP, published in the Journal of Trauma, shows the HVIP reduces the risk of repeat injury from 36% to 5%; reduces the risk of violent retaliation and subsequent conviction of a violent crime four-fold, and increases employment levels in participants from 20% to 82%.

Given the success of these programs, the creation of Maryland's Violence Intervention and Prevention Program Fund (VIPF) was a strong first step in expanding the scope of these proven interventions. When the VIPF was established, we were delighted at the opportunity to scale-up our workforce of violence prevention professionals to match the degree of need in both locations. Unfortunately, due to the unpredictability of funding through the existing program, this has made hiring for violence intervention professionals a challenge. Consistent and predictable funding is extremely important for program success.

We believe SB 708 makes valuable improvements to Maryland's VIPF Fund to save lives and ensure safety in our most vulnerable communities. The bill mandates \$10 million in funding for the Violence Intervention and Prevention Program each year, as well as strengthens the ability to conduct high-quality evaluations for all grant recipients.

For these reasons, we ask for a *favorable report on SB 708* Maryland Violence Intervention and Prevention Program Fund.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fatimah', with a stylized flourish at the end.

Fatimah Loren Muhammad
Executive Director
The Health Alliance for Violence Intervention (HAVI)
Phone: (862) 800 - 6649

Jill Carter_FAV_SB 708

Uploaded by: Senator Carter, Senator Carter

Position: FAV



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

**Testimony of Senator Jill P. Carter
In Favor of SB 708 - Maryland Violence Intervention and Prevention
Program Fund and Advisory
Council – Alterations
Before the Judicial Proceedings Committee
on March 5, 2020**

Mr. Chairman, Mr. Vice Chair, and Members of the Committee:

This legislation builds on the Maryland Violence Intervention and Prevention Program that the General Assembly established in the 2018 session. MD VIPP was created to provide state support for the evidence-based practices that have had great success in other states and cities in helping to break the cycle of violence. As passed in 2018, VIPP authorized but did not mandate up to \$10 million dollars annually for programs. This legislation mandates \$10 million and strengthens the evaluation component of the program. This bill will ensure that MD VIPP provides sustained and ongoing financial support to local governments and community-based organizations that use public health principles and demonstrate measurable positive outcomes in preventing violence, especially in regions that are disproportionately affected by violence.


Research has shown, time and again, that we simply cannot arrest our way to a less violent society. Cities from Oakland to Boston to Chicago have used anti-violence strategies that evidence has demonstrated work to stop the cycle of killing. Cities have used programs like focused deterrence, street outreach and mediation, and cognitive behavioral therapy-based programming. These types of programs require sustained funding and evaluation.

To reduce crime, to increase public safety, we must invest in programs that engage with high-risk individuals, help stop the cycle of violence, and provide a path forward for individuals to reimagine their lives without violence. The deaths and injuries impose massive social and economic burdens on the state—costing an estimated \$1.3 billion per year to the state of Maryland. Several peer-reviewed studies estimate the cost of a single murder to be between \$10 m and \$19.2m. These estimates include direct and indirect costs like lost labor and property damage, and medical and justice system costs, and diminished quality of life.

Although this bill comes with a price tag, there is no more important use of funding than saving lives and stopping the bleeding in our state. Compared to the overall cost of violence in Maryland, this funding is minimal. We can no longer say, “we don’t know what to do,” because these programs show us what to do. Tested strategies exist that have shown huge decreases in violence in a more cost-effective way than policing. Those are the strategies that MD VIPP will seed and encourage.

You will hear from panelists about the great work that programs funded by MD VIPP is doing. The results are remarkable. The potential is far too great to let slip away for lack of funding. But without financial support, none of this can happen. I urge a favorable report of SB 708.

Very Truly Yours,

A handwritten signature in blue ink that reads "Jill P. Carter". The signature is written in a cursive style with a large, looping initial "J" and a distinct "P" and "C".

Jill P. Carter

Joseph RichardsonUMD_FAV_SB 708

Uploaded by: Senator Carter, Senator Carter

Position: FAV

Good Afternoon and thank you for the opportunity to speak today on the proposed:

Maryland Violence Intervention and Prevention Program Fund and Advisory Council.

I am Dr. Joseph Richardson, Professor of Criminology and Medical Anthropology in the Department of African-American Studies and the Department of Anthropology at the University of Maryland College Park and Professor in the Department of Epidemiology and Public Health in the Division of Preventive Medicine at the University of Maryland School of Medicine. I am also an advisory member for the Maryland Violence Intervention and Prevention Program Advisory Council and the Co-Founder and Former Program and Research Director for the Capital Region Violence Intervention Program, a hospital-based violence intervention program at the University of Maryland Prince George's Hospital Center. I am currently the Lead Investigator for the Center for Injury Prevention and Policy at the University of Maryland R Adams Cowley Shock Trauma Center where I am leading several research studies on violence, specifically gun violence, among survivors of violent injury participating in the Violence Intervention Program also known as VIP, a hospital-based violence intervention program at the R Adams Cowley Shock Trauma Center. I am also the Executive Director of the newly established Translational Research and Applied Violence Intervention Lab (TRAVAIL) an interdisciplinary research lab that studies the causes and collateral consequences of gun violence. Since 2012, I have used the two busiest trauma centers in the state of Maryland, the University of Maryland R Adams Cowley Shock Trauma Center and the University of Maryland Prince George's Hospital Trauma Center as my research labs to understand the antecedents and collateral consequences of gun violence such as post-traumatic stress and repeat violent injury among vulnerable populations particularly young Black male survivors of intentional nonfatal firearm violence. My work explores the intersection of the healthcare and criminal justice systems among survivors of violent injury using these two trauma

centers to understand the context of gun violence in Maryland.

Why are these trauma centers important spaces to study violence? The R Adams Cowley Shock Trauma Center treats approximately 1400 victims of violent injury each year. The Trauma Center at Prince George's Hospital, the busiest Level II trauma center in the state, treats 745 victims of violent injury per year. Just to give an example of the volume of violently injured patients treated at STC, between January 2015 and June 2017, STC treated 1,025 patients for gunshot wounds, this does not include stabbings and assaults which represents another 66 percent of all violent injuries. Approximately 22 percent or 223 patients perished from gunshot wounds treated at STC. In 2018, Prince George's Hospital Center treated 141 gunshot wound victims and 116 were from Prince George's County. Thus, Baltimore and Prince George's County comprise 75 percent of all homicides and shootings in the state.

As a Behavioral and Translational Research Scientist, my previous studies on violence, violent injury and trauma have informed the development and implementation of the Capital Region Violence Intervention Program (CAP-VIP), one of two hospital-based violence intervention programs in the state. The goal of hospital-based violence intervention programs which I will refer to as HVIPs is to reduce the rate of trauma recidivism (defined as two or more hospitalizations for violent injury) and the rate of criminal recidivism (defined as re-arrest and conviction for new offenses). Thus, HVIPs serve a critical public safety function for the state because they intervene with high risk populations that are most likely to be victims and as well as perpetrators of violence. Using a clinical and social service approach, these programs provide critical resources for survivors of violence such as mental health counseling for individuals and caregivers to address traumatic stress, substance abuse, unemployment, conflict resolution and they provide peer mentoring and support. Several studies have been published on the effectiveness of HVIPs in

reducing both trauma and criminal recidivism. One seminal study conducted by Trauma Surgeon, Dr. Carnell Cooper (Cooper, Eslinger & Stolley 2006) with participants in the Violence Intervention Program at the R Adams Cowley Shock Trauma Center on the impact of their HVIP in reducing criminal recidivism found that the control group was three times more likely to be arrested for a violent crime, two times more likely to be convicted of any crime, and four times more likely to be convicted of a violent crime. Repeat violent criminal activity was significantly higher among the control group than the experimental group receiving VIP services. In a recent study conducted by Drs. Cooper, St. Vil, Sharpe, Wagner and myself on a sample of 116 Black men participating in the Violence Intervention Program we found that 88 percent of the sample had a previous history of incarceration of six months or more. According to a recent study conducted by the Justice Policy Institute and published on November 19, 2019 in the Baltimore Sun, Maryland has the highest rate of incarceration in the US among Black men. According to Marc Schindler, the Executive Director of the Justice Policy Institute, “The rates of incarceration for young black males in Maryland is the highest of anywhere in the country.” More than 70% of Maryland’s prison population was black in 2018, compared with 31% of the state population, according to the report. That rate far surpasses the next closest states: Mississippi, South Carolina and Georgia, the researchers found. Thus, HVIPs in Maryland must address the collateral consequences of violent injury and mass incarceration.

Our analysis found that the most significant risk factors for repeat violent injury was a previous history of incarceration, using or threatening someone with a weapon in the past 12 months, substance abuse and adhering to the code of street which suggests that individuals often respond to forms of disrespect with violence. Thus, HVIPs play a critical role by working closely with high

risk populations that have a greater likelihood to engage in violence and crime.

A current study on participants in the Capital Region Violence Intervention Program at Prince George's Hospital Center which I will refer to as CAP-VIP, found that in the first 18 months of the program CAP-VIP provided psychosocial services for 116 program participants. During that period, only one program participant returned to the trauma center for a violent injury. If you do the math, the trauma recidivism rate for CAP-VIP participants was less than 1 percent, while the trauma recidivism rate among violently injured patients treated at the hospital is 32 percent. These preliminary findings suggest that HVIPs also reduce trauma recidivism. Thus, the funding support for HVIPs is needed to address public safety, the public health and overall quality of life for individuals living in disadvantaged and underserved communities across the state.

As a Member of the MD VIPP Advisory Council, Former Director of a hospital-based violence intervention program and a gun violence researcher I strongly support this bill. My program was awarded a \$427,000 grant in the 2018 Tier 1 funding from MD VIPP. The grant provided two years of funding to support and sustained the salaries of our frontline staff specifically the Clinical Counselor, Violence Intervention Specialist and Case Manager. These are individuals responsible for the overall success of the program, the reduction of gun violence and public safety. However, the funding was not renewed in FY 2020. Furthermore, the Tier 1 grantees were not evaluated to determine if their program worked and if those programs achieved its measurable goals and outcomes? This is critical in determining evidence based best practices for violence intervention and prevention programs across the state. Despite the recent calls by the NIH and the CDC to support gun violence research with \$25 million dollars in federal grant funding, states such as Maryland must also be held accountable for funding gun violence research, specifically the evaluation of gun violence intervention and prevention initiatives. For example, a recent research

study conducted by researchers at the University of Maryland School of Medicine on the impact of the CeaseFire program in Baltimore, found that the program cut weekend shootings in half. The study's findings were recently published in the Baltimore Sun on February 21, 2020.

As a gun violence researcher, the research evaluation component of the bill is critical to evaluating the impact of the grantees reduction of violent victimization and offending. Only then will we understand what programs work and what about these programs is most effective in combating violence. For example, the dearth of research dollars provided by the state has resulted in no randomized control trials on the effectiveness of hospital-based violence intervention programs in over fifteen years. RCTs or randomized control trials are the gold standard for assessing effectiveness. The last publication on the effectiveness of HVIPs in the state was published in 2006 by Dr. Carnell Cooper and his colleagues. While our two HVIPs greatly appreciated the funding support from the Tier 1 Maryland VIPP grants the funding was limited to two years not nearly enough time to evaluate impact and effectiveness. Without sustainable funding for staff to provide psychosocial services it is impossible to effectively assess the impact of these programs in reducing trauma and criminal recidivism. One the greatest challenges I experienced as a Program and Research Director for an HVIP was how to keep the program funded from year to year and how to fund the research. State funding support should not be a barrier for the richest state in the US which also has jurisdictions with some of the highest homicide and nonfatal shooting rates in the nation. These programs require long-term sustainable support from the state for programming, research and evaluation. States such as California and New York which have provided similar sustainable funding resources for violence intervention and prevention initiatives have experienced significant reductions in gun violence and homicides in cities such Oakland, Richmond, CA, Los Angeles and New York City. I will conclude with two takeaway points from social justice

advocate, attorney and author Bryan Stevenson:

1. “We must get “proximate” to suffering and understand the nuanced experiences of those who suffer from and experience inequality. If you are willing to get closer to people who are suffering, you will find the power to change the world.”
2. We must change the narratives that sustain problems. Narratives that fail to acknowledge or accurately portray the reality of inequality only serve to perpetuate it.

This bill has the power to change the narrative on violence, specifically gun violence, by supporting those who are most proximate to suffering and have the ability to understand and address the nuanced experiences of those suffering from violence. I thank you for your time and consideration.

Lifebridge_FAV_SB708

Uploaded by: Senator Carter, Senator Carter

Position: FAV



CARE BRAVELY

SB708 – Maryland Violence Intervention and Prevention Program Fund and Advisory Council – Alterations
Senate Judicial Proceedings Committee

Testimony of Adam Rosenberg, Vice President, Violence Intervention and Prevention, LifeBridge Health
Position: **SUPPORT**

I write in SUPPORT of SB708, 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, including Kujichagulia Center (Swahili for “self-determination), a hospital-based violence intervention program, and a new SafeStreets program in Park Heights.

Sustained funding will help keep Kuji’s critical services operating. When Kujichagulia’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.

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. 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.

In response, Sinai Hospital created the Kujichagulia Center. The program has 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.

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 the compassion and 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 re-victimization or are expected to retaliate with a convincing display of violence. It is an unfortunate fact of Baltimore street life that, without intervention, many violence victims report they need to get or use a gun upon discharge. 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. 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.

For all of the heretofore stated reasons, we request a **FAVORABLE** report for SB708.

MDVIPP Advisory Council_FAV_SB708

Uploaded by: Senator Carter, Senator Carter

Position: FAV

March 5, 2020

Re: SB 708: Maryland Violence Intervention and Prevention Program Fund and Advisory Council - Alterations

Dear Chair McIntosh, Vice Chair Jackson and Committee Members,

We, members of the Maryland Violence Intervention and Prevention Advisory Council, are writing in support of SB 708. This bill provides alterations to the Maryland Violence Intervention and Prevention Program (VIPP), created by legislation sponsored by Delegate Lierman in 2018.

This program supports effective violence reduction strategies by providing competitive grants to local governments and nonprofit organizations to fund evidence-based health programs or evidence-informed health programs. These are strategies that have been proven to reduce and prevent violence and trauma, especially in disproportionately impacted communities. The Advisory Council is directed to advise on the allocation and administration of funds; the application and eligibility determination process; and evaluation of outcomes of the violence prevention and intervention programs.

We feel that the alterations in SB 708 are essential to the success of the MDVIPP and the proven strategies across Maryland it could be supporting. For the program to achieve its goal of violence reduction across the state, it's grantees must be able to rely on sustainable, long-term funding. And, in order to assess impact, support strong implementation, and ensure that we are making the correct investments through these grants, we need to substantially strengthen the evaluation component of this program. After two years advising on the administration of this program, we now better understand the strengths and gaps of the program, and have crafted this bill in response so that the MDVIPP can achieve its full potential.

In 2019, after learning that the Governor had budgeted no funding in FY20 for the MDVIPP, we sent a letter to him requesting that he reconsider and fund the program in FY20 and FY21 budget. We received no response.

Thank you for your consideration of our letter. We urge the committee to pass this legislation to help fulfill our duty to reduce violent crime across the state of Maryland.

Sincerely,

Lisa Spicknall
Mothers Against Drunk Driving

Joseph B Richardson
University of Maryland College Park

Tara Reed Carlson
R Adams Cowley Shock Trauma Center

Matan Zeimer, MDVIPP Advisory Council

Jennifer Edwards
Calvert County Health Department/Maryland
Department of Health

Patti Norris
Annapolis Police Department

Marcus G. Jones
Montgomery County Police

Michelle WirzbergerBPD_FAV_SB708

Uploaded by: Senator Carter, Senator Carter

Position: FAV



BALTIMORE POLICE DEPARTMENT



BERNARD C. "JACK" YOUNG
Mayor

MICHAEL S. HARRISON
Police Commissioner

TO: The Honorable Chair and Members of the House Appropriations Committee

FROM: Michelle Wirzberger, Esq., Director of Government Affairs, Baltimore Police Dept.

RE: House Bill 822 – Maryland Violence Intervention and Prevention Program Fund and Advisory Council – Alterations

DATE: February 25, 2020

POSITION: SUPPORT

Chair McIntosh, Vice-Chair Jackson, and members of the Committee, please be advised that the Baltimore Police Department **supports** House Bill 822.

House Bill 822 requires the Governor to include \$10,000,000 in the annual State budget to the Maryland Violence Intervention and Prevention Program Fund; allows hospital-based violence intervention programs that provide intensive counseling, case management and social services to individuals who are recovering from injuries resulting from violence to be eligible for VIPP funding; and requires independent, third-party evaluators to assess the efficacy of each evidence-based health programs or evidence-informed health program that receives funding under this subtitle.

The Baltimore Police Department fully recognizes that the path to successfully reducing violence involves more than law enforcement alone. While BPD's role is a critical pillar in a comprehensive violence reduction plan, the City's role in connecting individuals to effective programs to prevent and respond to violence is paramount in breaking the cycle of violence. BPD's comprehensive violence reduction strategy is strengthened by its close partnership with the Mayor's Office of Criminal Justice and focuses on five key areas: **Prevention, Intervention, Enforcement, Rehabilitation, and Re-Entry**. While other bills before the legislature address the last three subject areas, House Bill 822 is key to successfully growing Prevention and Intervention efforts in Baltimore City.

Among the best practices that we are leveraging in Baltimore is an investment in connecting individuals to violence prevention programs. By convening with community leaders and a diverse array of stakeholders from the criminal justice system, faith-based organizations, schools, and neighborhood groups, we can develop a network of resources to effectively engage our youth and those caught up in the groups involved with violence.

There are many different programs in Baltimore that are working on strategies to reduce the impact of risk factors for violence in our communities, all with the goal of intervening at the first signs of risk or responding effectively when acts of violence do occur. BPD is working in coordination with the Safe Streets program, Roca, and other program providers to interrupt the cycle of violence through targeted streetlevel outreach and provide hospital responses after shootings. Our strategy is to create a "hub" to connect the various faith communities, neighborhood organizations, and non-profit service providers to ensure that all organizations in the city are able to actively and effectively contribute to our violence reduction efforts.

The Baltimore Police Department enthusiastically **supports** House Bill 822 because it ensures that programs that are essential to the interruption of violence can be funded adequately and respectfully request a **favorable** report.

ROAR_FAV_SB 708

Uploaded by: Senator Carter, Senator Carter

Position: FAV

Testimony in Support of
SB 708 – Maryland Violence Intervention and Prevention Program Fund and
Advisory Council - Alterations

Presented by Lydia C. Watts, Esq., Executive Director, the Rebuild, Overcome, and Rise
(ROAR) Center at University of Maryland, Baltimore

February 21, 2020

My name is Lydia Watts. I am the Executive Director of the Rebuild, Overcome, and Rise (ROAR) Center at the University of Maryland, Baltimore. I am testifying and submitting this written testimony in support of HB 0822 - Maryland Violence Intervention and Prevention Program Fund and Advisory Council – Alterations and request a favorable report of SB 708. The views expressed herein are mine as an expert in the field and are not the views of the University of Maryland, Baltimore. ROAR provides wrap-around services to victims of crime in Baltimore City. We have a staff of me and three other lawyers, a paralegal, two social workers, and a part-time community health nurse. We have been accepting a small number of clients starting in mid-February 2019 and started gearing up once we were fully staffed on June 1, 2019. As of February 21, 2020 (the date I am writing this testimony), we have helped 199 people who live in or were victimized in Baltimore City. All of them are survivors of crime ranging from homicides, non-fatal shootings, rapes, assaults, intimate partner violence, and more.

Approximately half of the people (94 of the 199) ROAR has served are family members of homicide victims or survivors of non-fatal shootings and stabbings, people who have been provided – or were likely eligible for – services from the programs that the Violence Intervention and Prevention Program Fund and Advisory Council would fund and oversee. They come to ROAR to access an array of community-based services that we provide: legal services, therapy, social work and nurse case management. They are at the front-lines of the gun violence that is plaguing Baltimore City, and they have myriad needs: safe housing – usually away from where they currently live, further education, employment opportunities, comprehensive care to manage possible disabilities or at least long-term healing from the injuries they sustained – and most of all they need understanding, care, and compassion. They need that from everyone with whom they come in contact, and it is most effective if it is coming from at least one person with a

similar lived experience, which is the model employed by the programs with which ROAR collaborates.

All of the research on gun violence clearly shows what I know intuitively - Baltimore City cannot arrest and prosecute itself out of the problem of gun and other forms of violence. In part because of the long-standing and deeply entrenched distrust by the community of the police and prosecutors; and, because a law enforcement-based approach does not address the underlying causes of the violence. Gun violence is high in Baltimore City (and similarly situated cities across the country) because of the devastating impact of intergenerational trauma, institutionalized/structural racism, decades upon decades of zero investment in the neighborhoods that were decimated through the racist practices of redlining, and an embarrassing lack of investment in our city's youth and families. The primarily black men who are the members of our clients' families lost to homicide and the primarily black men and women who come to ROAR having survived a shooting or stabbing are not turning to law enforcement for an answer. They are not turning to the State Attorney's Office for an answer. They are turning to programs like ROAR, the VIPP programs at the shock trauma centers across the city, Safe Streets, and Roca. Why? Because they want to live in safe and affordable housing in a neighborhood that is not fraught with daily shootings. They want jobs that pay them a decent wage. They want transportation options that are reliable and efficient so that they can get their children to school and themselves to work. They want to send their kids to school knowing that they are safe and getting the best education possible. And they want to heal from the traumas they have endured and become more at peace with themselves and their lives.

Without the kind of support provided by ROAR and the other programs that could receive funding through the implementation of this bill, we are creating a circular loop for the residents of the State of Maryland who are most likely to be impacted by gun and other forms of violence – people of color, people living in poverty, LGBTQIA individuals, people experiencing homelessness/ substance abuse and/or mental health disorders, immigrants, the elderly, the young. They experience trauma for years, they try their best to survive and “deal with” that trauma, and then – sometimes – they inflict trauma themselves. In the words of quite a few of these survivors, they are not always “angels”; yet they must be treated with the dignity and

respect they deserve, or we will only see greater and greater levels of violence. Without the support of these programs, many of them feel that the only viable option when trapped in that circular loop is to pick up a gun and shoot the person who harmed them. We must do better, not only to end this circular loop of escalating violence, but because it is the right and effective way to address the root causes of the violence. If anyone one of us was judged and labelled by the worst thing we have done in our lives, none of us would be holding our heads high. We know that the folks who come to us want to hold their heads high – and they deserve that.

Despite the commonly recited troupes about crime victims wanting more strict sentences and jail time for those who caused harm, the vast majority of victims of all types of crime, including domestic violence, break-ins, robberies, sexual abuse, are not looking for more arrests and prosecutions. They are looking for the support they so desperately need. Rather than additional spending on police and prosecutors, they want additional spending to go toward programs for those who inflicted harm.¹ With funding provided through this Bill, we can reach and serve even greater number of people who are hungry for that type of assistance.

Thank you so much for the opportunity to provide this testimony.

Sincerely,

Lydia C. Watts, Esq.
Executive Director
Rebuild, Overcome, and Rise (ROAR) Center
University of Maryland, Baltimore

Tyrone Roper, MSW
Director
Community Engagement Center
University of Maryland, Baltimore

¹ Crime Survivors Speak, The First-Ever National Survey of Victims' Views on Safety and Justice, Alliance for Safety and Justice. <https://allianceforsafetyandjustice.org/wp-content/uploads/documents/Crime%20Survivors%20Speak%20Report.pdf>

Additional Information

Dating back to 1993, Kimberle Crenshaw wrote: “Women of color [in work cited, the author is referring to survivors of intimate partner violence] are often reluctant to call the police, a hesitancy likely due to a general unwillingness among people of color to subject their private lives to the scrutiny and control of a police force that is frequently hostile. There is also a more generalized community ethic against public intervention, the product of a desire to create a private world free from the diverse assaults on the public lives of racially subordinated people.”² “[F]or some people subjected to abuse, the criminal justice system – indeed, any state system – is not a safe and comfortable place within which to seek justice. People of color, who are already overrepresented in the criminal justice system, may have concerns about approaching the state for assistance, fearing that the state will intervene punitively against their partners or against them.”³ And their fears are often warranted. Sometimes calling the police results in homelessness for victims of intimate partner violence,⁴ or in their own arrest. These same fears are present – perhaps even heightened – for survivors of gun and other forms of community violence.

Black men are over-represented among those accused of and convicted of violent crime though there is no evidence to suggest that men of color are more prone to violence than white men,⁵ though the media certainly portrays otherwise.⁶ The perception of men – particularly young men

² Kimberle Crenshaw, *Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color*, 43 STAN. L. REV. 1241, 1257 (1993).

³ Leigh Goodmark, “*Law and Justice are Not Always the Same*”: *Creating Community-Based Justice Forums for People Subjected to Intimate Partner Abuse*”, Florida State University Law Review Vol. 42:707, 720 (year?).

⁴ There have been many housing authorities across the country who were exposed in the early 2000s for evicting domestic violence victims for violating the policy that no illegal activity could take place on public housing property, and since she called the police for help, the housing authority was alerted that a crime had occurred – an assault against the victim who is now getting evicted as a result. This practice is still occurring today on privately owned properties. See Jenny Kutner, “Domestic Violence Victims can be Evicted for Calling the Police”, July 14, 2016, <https://mic.com/articles/148484/domestic-violence-victims-can-be-evicted-for-calling-police-here-s-why#.oJfYfDbSK>.

⁵ Kim Farbota, *Black Crime Rates: What Happens When Numbers Aren't Neutral*, January 19, 2016, http://www.huffingtonpost.com/kim-farbota/black-crime-rates-your-st_b_8078586.html.

⁶ In *Tough Guise: Violence, Media and the Crisis in Masculinity*, Jackson Katz and Jeremy Earp argue that the media provide an important perspective on social attitudes – and that while the media are not the cause of violent behavior in men and boys, they do portray male violence as a normal expression of masculinity. Earp, Jeremy and Jackson Katz. *Tough Guise: Violence, Media & the Crisis in Masculinity* (study guide). Media Education Foundation, 1999. In 1999, Children Now, a California-based organization that examines the impact of media on children and youth, released a report entitled Boys to

– of color as inherently more violent has inexorably and negatively shaped lives, communities, history, and political landscapes.⁷ Not only are young men of color disproportionately represented among those accused of using violence, but also of being victims of violence.⁸ Yet, their needs as victims of crime, and the commensurate trauma that often comes with victimization, are largely ignored, thereby exacerbating the devastating impact of the continued assault of structural racism.

Since men of color are *perceived* as more prone to be violent, it is likely that they will adopt behaviors to support that perception or assumption. Michelle Alexander in The New Jim Crow poses the question, “Are we willing to demonize a population, declare a war against them, and then stand back and heap shame and contempt upon them for failing to behave like model citizens while under attack?”⁹ She goes on to say “[t]here is nothing abnormal or surprising about a severely stigmatized group embracing their stigma... Indeed, the act of embracing one’s stigma ...is a political act – an act of resistance and defiance in a society that seeks to demean a group based on an inalterable trait... [E]mbracing the stigma of criminality is an act of rebellion – an attempt to carve out a positive identity in a society that offers them little more than scorn, contempt, and constant surveillance.”¹⁰ The “dance” - or “minstrel show” as Alexander calls it¹¹ - of men of color acting “ghetto”, violent, posturing to gain some sense of respect and control, plays perfectly into stereotypes and implicit racism that men of color are in fact more violent.

Men: Media Messages About Masculinity. The report observes that... non-white male characters are more likely to experience personal problems and are more likely to use physical aggression or violence to solve those problems. Boys to Men: Media Messages About Masculinity. Children Now, 1999. <http://mediasmarts.ca/gender-representation/men-and-masculinity/how-media-define-masculinity>, last visited 8.23.16.

⁷ “This far-reaching form of stereotyping and oppression—what Toni Morrison and others call the “[white gaze](#)”—has shaped individual lives and collective histories within communities of color.” David J. Knight, *Beyond the Stereotypical Image of Young Men of Color*, The Atlantic, January 5, 2015. <http://www.theatlantic.com/education/archive/2015/01/beyond-the-stereotypical-image-of-young-men-of-color/384194/>

⁸ Danielle Sered, *Young Men of Color and the Other Side of Harm*, Vera Institute of Justice, December 2014. <http://archive.vera.org/sites/default/files/resources/downloads/young-men-color-disparities-responses-violence.pdf>

⁹ Michelle Alexander, The New Jim Crow: Mass Incarceration in the Age of Colorblindness (2010), p. 170.

¹⁰ Id at p. 171.

¹¹ Alexander writes about how the media portrays men of color as caricatures of “racial stereotypes and images associated with the era of mass incarceration – an era in which black people are criminalized and portrayed as out-of-control, shameless, violent, over-sexed and generally underserving.” Id at pg. 173.

It is important to note, that rates of incarceration have skyrocketed for women during this same time period, at even greater and more astonishing rates.¹² “There are 14 times more women in jail in this country today than there were in the 1970s... [And] women typically become incarcerated after experiencing gender-based trauma throughout their lives. About eight in ten [incarcerated women] have experienced domestic partner abuse. A large majority has survived sexual violence.”¹³ Again, women of color are disproportionately represented among the incarcerated. Many of these women are in jail or prison because a violent partner forced them into illegal activity, most typically assisting in some portion of a drug exchange, but also in sex work.¹⁴ Other times, women may engage in illegal activity to survive in an environment that does not support poor mothers well, if at all. Over the past 20 years, public benefits have been dramatically cut, affordable housing stock has plummeted, and childcare costs and other costs of living have soared. Livable wages are almost non-existent for those working in certain sectors of our economy. Working in illegal economies may literally feel like the only choice to financially support oneself and a family.¹⁵

Speaking from a personal perspective, the vast majority of the survivors with whom I have worked over the past 30 years have not favored the criminal justice response to their victimization (non-scientifically, I would say over 90%). **SO, WHAT DO CRIME VICTIMS**

¹² Coker & Macquoid, *Opposing Hyper-Incarceration*, *supra* note 15 at 588 (2015).

¹³ Micelle Chen, *Why Are There So Many Women in Jail? The number of women in jails has skyrocketed over the past four decades*, <https://www.thenation.com/article/why-are-there-so-many-women-in-jail/>, August 22, 2016.

¹⁴ “Survivors who were forced into criminal activity by abusive partners could also be eligible for alternative sentencing under the legislation [Domestic Violence Survivors Justice Act, passed in May 2016 in New York state]. Advocates stress that abusers often use violence to coerce survivors into committing crimes like robbery or drug trafficking.” Melissa Jeltsen, *Should Domestic Violence Victims go to Prison for Killing Their Abusers?*, May 26, 2016, http://www.huffingtonpost.com/entry/domestic-violence-prison-legislation_us_573deaa3e4b0ace7b8e94236.

¹⁵ “Particularly for women, their interactions with the justice system are often the result of survival efforts,” said Liz Swavola of the Vera Institute of Justice, one of the report’s principal authors. “They are predominantly women of color, and they are overwhelmingly poor.” Rebecca McCray, *There are More Women in U.S. Jails Than Ever Before*, August 17, 2016, <http://www.takepart.com/article/2016/08/16/women-jails?cmpid=tp-twtr>. “Women often become involved with the justice system as a result of efforts to cope with life challenges such as poverty, unemployment, and significant physical or behavioral health struggles.” Vera Institute of Justice, *Overlooked: Women and Jails in an Era of Reform*, August 2016.

WANT? What ROAR has seen over the past nine to twelve months of providing services to victims of all types of crime in Baltimore City, survivors of crimes want:

- First and foremost, assistance with finding ***safe and affordable housing***, especially if they have been victimized at or near their homes and/or are living in parts of the city in which there are high rates of community violence;
- Easy to access, long-term, and ***culturally appropriate counseling*** (including group counseling);
- ***Non-judgmental and timely assistance in navigating*** the complex and bureaucratic systems, such as public benefits, medical/mental health/substance abuse care, housing, police investigation, prosecution by the State Attorney's Office, juvenile justice, foster care, etc.
- ***Legal Assistance*** to minimize the impact of the victimization on housing, employment, education, safety, immigration status, financial security, and privacy/dignity.
- ***Autonomy in decision-making*** about their case, and not being judged or penalized for a delay in or lack of reporting to law enforcement (e.g., being doubted by the police/prosecutors; being denied funds from the Criminal Injuries Compensation Board; being denied emergency financial assistance or housing transfers/options);
- ***Increased support for a diversity of service options***, including more located within communities and at venues unaffiliated with formal justice system processes. (See Warnken article listed in bullet 2 below, page 19.)
- ***Access to job support, transitional housing and other longer-term resources necessary for stabilization and mitigation of risk.*** (See Warnken article listed in bullet 2 below, page 25.)

There are three research studies that I am aware of that strongly supports these positions:

- Warnken, Heather and Lauritsen, Janet, [Who Experiences Violent Victimization and Who Accesses Services?](https://ncvc.dspace.org/bitstream/item/1270/CVR%20Article_Who%20Experiences%20Violent%20Victimization%20and%20Who%20Accesses%20Services.pdf?sequence=1), Center for Victim Research, Findings from the National Crime Victimization Survey for Expanding Our Reach, April 2019.
https://ncvc.dspace.org/bitstream/item/1270/CVR%20Article_Who%20Experiences%20Violent%20Victimization%20and%20Who%20Accesses%20Services.pdf?sequence=1

- Warnken, Heather, Untold Stories of California Crime Victims, Research and Recommendations on Repeat Victimization and Rebuilding Lives, April 2014.
- Crime Survivors Speak, The First-Ever National Survey of Victims' Views on Safety and Justice, Alliance for Safety and Justice. <https://allianceforsafetyandjustice.org/wp-content/uploads/documents/Crime%20Survivors%20Speak%20Report.pdf>. See page 27, Box 3: “Invest in evidence-based services that protect crime survivors and stop the cycle of victimization.”

Roca_FAV_SB 708

Uploaded by: Senator Carter, Senator Carter

Position: FAV

TESTIMONY IN SUPPORT OF HB 822
February 25, 2020 * Appropriations Committee

Dear Chair McIntosh, Vice Chair Jackson and Committee Members,

As you know, Baltimore closed 2019 with a tragic 348 homicides, making the second worst year on record. The human cost of this violence is immeasurable, the economic costs are exorbitant: each year Maryland's average of 1,652 shootings have a direct cost to the taxpayer of \$294 million and lead to an additional \$1.1 billion in lost income (Giffords 2018).

The sad reality is that while slashing the rates of gun violence in Maryland will take a great deal of effort and coordination from many systems, there are proven, evidence-based interventions that can make significant inroads to reducing violence.

At Roca, we use a time-tested strategy for reducing violence and incarceration. We focus intensely on the specific individuals who are driving violence and bring trauma-informed services to these very high-risk young men. Our work has four main components. We create safety and stability by building meaningful relationships and providing moments free from harm. We used Cognitive Behavioral Theory (CBT) to teach young men to regulate their emotions and make better choices instead of letting their trauma take over and send them into "survival mode." We help young men practice work, get an education, and learn skills in a way that serves as a space for them to change, relapse, and change further. And finally, we engage systems and institutions around our young men so that we can all coordinate better in working towards shared outcomes. Using this approach, we have had fantastic success in the past:

- In 2019 in Massachusetts, of the 297 very high-risk young men that had completed the first two intensive years of our four-year model: 97% had no new arrests or incarcerations and 70% of those placed in jobs retained employment for six months or more (Roca Outcomes Data).
- While 85% of young men come to Roca with a violent offense on their record, 4 out of 5 stop engaging in violent crime (Abt Associates 5-Year study, 2014-2018).



While our young men in Baltimore are all still in the first two years of the Intervention Model, they have also made incredible gains. Of 95 young men enrolled in the first year of Baltimore services (ending June 30, 2019), 91% of young men engaged in employment, education, CBT, or life skills programs. This rate of engagement is even higher than our Massachusetts average of 84%, strongly suggesting that Roca's Baltimore participants are on a pathway to recovering from trauma and violence and making sustained life changes.

It is essential to recognize that our emphasis on helping young men recover from trauma, develop better emotional regulation, and learn skills for the workforce does not mean that we don't support effective policing. In fact, the Baltimore Police Department is our most important partner. We recognize that programs and policing go hand in hand. It is much more difficult to simply break bad behavior than it is to replace it with good behavior. Moreover, when communities of color feel that their young men are being given the resources, they need to be successful, they are more likely to perceive policing efforts as legitimate.

We believe that Maryland VIPP is the right mechanism to fund effective interventions like Roca. Not only does Maryland VIPP require that grantees use evidenced-based interventions, once HB 822 is passed the fund will provide resources to the state to contract with independent evaluators, whose findings will be made public and ensure that VIPP is only investing in high-return programs.

In order for Maryland VIPP to be effective, it needs guaranteed funding. No fund like VIPP can be effective if resourced only for one year. Funding VIPP at \$10 million per year is a small investment for enormous returns. The cost of a single shooting is over \$800,000 in Maryland (Giffords 2018). The average cost of one year of incarceration in Maryland is \$45,000 (Vera 2015). These numbers don't even include the long-term costs to the health system, lost economic development and home value, and most importantly the devastating consequences to families when sons, brothers, and fathers are killed.

Ultimately, as a state we have to recognize that all Marylanders have a right to safe neighborhoods. Focusing resources on proven, evidence-based practices is the most effective way to guarantee that right.

Thank you for your time and service to restoring safety to our communities,

**Molly Baldwin, James Timpson, and Amar Mukunda
Roca Baltimore**

Safe Streets_FAV_SB 708

Uploaded by: Senator Carter, Senator Carter

Position: FAV



Evangelical Lutheran Church in America

God's work. Our hands.

February 25, 2020

**AMAZING
GRACE
EVANGELICAL
LUTHERAN
CHURCH**

2424 McElderry Street
Baltimore MD 21205

Phone: 410-276-5674
Fax: 410-276-6446

Rev. Gary Dittman
Pastor

Rev. Carol Perlie
Office Admin.
Minister of Health & Healing

Atticus Zavaletta
Vicar

Candice Marcano
Food Ministry & Soup Kitchen
Coordinator

To: Maryland Senators and Delegates
From: Pastor Gary Dittman
Re: Support of Md VIPP (SB708)

Dear Senators and Delegates,

Thanks you for receiving my letter of support of Violence Intervention and Prevention Program. SB708

I am Pastor at Amazing Grace Lutheran Church in the McElderry Park community of East Baltimore. I have been Pastor here over 10 years now. I collaborate with many neighbors and community partners in stopping violence and making our community a healing safe place. I work closely with Safe Streets, Baltimore City Health Department anti-violence programs, including Supporting Male Survivors of Violence, and I am a part of the Community University Coordinating Council for Johns Hopkins Urban Health Institute.

I have read the data. I know that investing in this work saves lives. But I don't just know it from what I've read. I've walked with neighbors saddened in pain, praying at vigils. I've seen Safe Streets outreach workers ease the stress on the streets, interrupt an escalating beef before another trigger gets pulled.

This work is intense, and requires culturally competent players who are trusted and can gain access into some of the most tricky and complicated environments in Baltimore. This program saves lives. The data reveals it.

I ask you to strongly support this bill, which will strengthen an already effective program. The funding will facilitate stronger evaluation and accountability. But more importantly from my perspective, it will insure continuity, which means investing in a safer Baltimore, a safer Maryland.

Please feel free to contact me if I can answer any questions for you.

Sincerely,

Pastor Gary Dittman

Tara Carlson_Shock Trauma_FAV_SB 708

Uploaded by: Senator Carter, Senator Carter

Position: FAV

**Support Testimony of
Tara Reed Carlson, MS, RN
Center for Injury Prevention and Policy
R Adams Cowley Shock Trauma Center, University of Maryland
HB 822- Maryland Violence Intervention and Prevention Program Fund and Advisory Council –
Alterations**

Sponsors: 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

**February 25, 2020
House Appropriations Committee
Maggie McIntosh-Chair**

Delegate McIntosh and Respected Committee Members:

I am in strong support of House Bill 822 which seeks to fund evidence based violence intervention programs. I direct the programming of a hospital based violence intervention program, founded in 1998 at the R Adams Cowley Shock Trauma Center in response to the revolving door phenomenon we saw of victims of violent injury. We have continued this life saving work over the past two decades.

HB 822 Requiring the Governor to include \$10,000,000 in the annual State budget to the Maryland Violence Intervention and Prevention Program Fund; requiring that the appropriation be composed of at least \$5,000,000 in general funds; authorizing the Fund to be used for oversight of the Fund, public outreach and education and technical assistance and best practice education for grantees; requiring the Executive Director of the Maryland Violence Intervention and Prevention Advisory Council to oversee certain evaluations. We were recipients of the funds from the 2018 legislation which was intended to establish non-lapsing funds for the purpose of implementing evidence based violence intervention programs, as well as establishing a violence intervention and prevention advisory council. These funds were not appropriated in the FY20 budget and all of the work we have done will come to an abrupt end. It is vitally important that the funds be restored to continue the work and most importantly allow the work to be evaluated for replication at other hospitals across the state to reduce the recidivism rate of violent injury.

As Maryland's Primary Adult Resource Center, the R Adams Cowley Shock Trauma Center, located in Baltimore City, serves as a vital statewide clinical resource and uniquely maintains an around the clock state of readiness. As a trauma hospital, Shock Trauma is designed expressly for the emergency care of significantly injured patients from resuscitation to discharge. Last year, of the 7060 patients seen, 21% were victims of violence. That was over 1500 patients whose lives were impacted by violence and whom we worked to save. The survival rate for patients experiencing a gunshot wound is 80% as compared to our overall 96% survival rate.

These data include the significant number of non-fatal shootings that are in addition to the 348 homicides in Baltimore City last year. This needless violence takes a high physical, emotional and financial toll on families and communities throughout the state. Survivors of gunshot wounds tend to experience significant trauma, disparity and marginalization throughout their life and their injury often serves as an opportunity to reverse the trajectory of their life toward an early death due to homicide.

States like Massachusetts, Connecticut and New York have provided state level support for evidence-based violence prevention programs and have seen success through these programs to prevent homicides, injuries and trauma resulting from violence. The amount of resources to prevent recidivism and support these clients existed through the Public Safety and Violence Intervention Act of 2018 but was not appropriated in the Governor's budget this year.

Violence has become an epidemic in Baltimore City and the state of Maryland. The need for current and future funding to reduce and prevent the devastating consequences is urgent.

Thank you for your support of HB 822 and for your attention this afternoon. I look forward to continue working to reduce the trend of violence in Maryland. Thank you to Delegate Lierman and we urge a strong support from the committee. I am available for any questions.

Tara Carlson, MS, RN
Director, Community Outreach and External Affairs
Center for Injury Prevention and Policy
R Adams Cowley Shock Trauma Center, University of Maryland
tcarlson@umm.edu
410-328-7347

Canton Community Association_FAV_SB 708

Uploaded by: taylor, maura

Position: FAV

Senate Committee on Judicial Proceedings
SB: 708: Maryland Violence Intervention and Prevention Program (VIPP) Fund and
Advisory Council-Alternations
Maura Taylor on behalf of the Canton Community Association
Position: Support

On behalf of the Canton Community Association, I urge a favorable report on SB 708: Maryland Violence Intervention and Prevention Program Fund and Advisory Council-Alterations. We were pleased when HB 432 Violence Intervention and Prevention Program Fund was passed in 2018 and the governor provided \$5M in funding. However, the subsequent disinvestment in our communities and our citizens in 2019 and 2020 when the governor zeroed out the budget is not acceptable.

We support the mandated appropriation called for in this legislation because these critical programs must have a reliable, consistent source of funding that can not be left to the discretion of any governor. We believe the evaluative components included in the legislation along with the expansion to hospital programs or individuals or entities in collaboration with a hospital and provides intensive counseling, case management, and social services to individuals who are recovering from injuries resulting from violence further strengthen the legislation.

We are at a critical juncture in Baltimore City as the gun violence and murder rates continue to rise and our citizens—particularly our children—continue to suffer trauma after trauma. We need more programs that use a public health and holistic approach. We need healing.

According to the Division of Correction, in Fiscal Year 2018, **Maryland's average daily** inmate population was 19,151 at a **cost** of \$45,875 **per** person. That is \$878,552,125 per year. The **average** length of stay was a little over two years (28.65 months). This legislation is asking for \$10,000,000. According to the Prison Policy Initiative, in 2015, one out of three inmates in Maryland prisons was from Baltimore City and the state spent \$300M to incarcerate them--\$17M of which was just to incarcerate 458 citizens from Sandtown/Winchester/Harlem Park. Imagine if those monies had been spent to transform that community.

It is much less costly, in terms of the impact on society and communities to prevent crime and to work toward healing individuals who are at the highest risk for perpetrating crime than it is to continue mass incarceration which disproportionately impacts poor communities and black and brown males, in particular. From a public safety standpoint, violence intervention and prevention programs make our city safer. And, not only will we be safer, lives will be changed and lives will be saved. Imagine a city where instead of further traumatizing communities, we provide for holistic change that values the potential of individuals and embraces the possibility of change.

MedStar Health_FAV_SB708

Uploaded by: Townsend, Pegeen

Position: FAV

**SB 708 – Maryland Violence Intervention and Prevention Program Fund
and Advisory Council – Alterations**

Position: *Support*

Bill Summary

SB 708 would require the Governor to include in the annual budget bill an appropriation of \$10 million to the Maryland Violence Intervention and Prevention Program Fund.

MedStar Health's Position

MedStar Harbor Hospital is proud to partner with Baltimore's Safe Streets Program. MedStar Harbor Hospital employs two Hospital Violence Responders to work collaborative with Cherry Hill's Safe Streets community site. Responders work in the emergency department with victims and perpetrators of violence. The target populations are individuals at high risk of involvement in shootings and neighborhood-related violence.

The Responders implement strategies to reduce violence related to injury re-admissions, intervene in scenarios of retaliation, and support access to the wrap-around services offered by MedStar Harbor Hospital and affiliates. The Responders provide direct services by means of education, advocacy, and service coordination of individuals injured through violence to extend the support services of MedStar Harbor Hospital in collaboration with Safe Streets Baltimore.

Since implementation in April 2019, Harbor Hospital responders have worked with more than 140 patients. Patients present as gunshot, stabbing, and other assault-related victims. The hospital is currently forming a partnership with University of Maryland Shock Trauma Center to support patients that ultimately may be transferred from MedStar Harbor Hospital for more advanced care.

Most patients seen are referred and linked to community-based organizations for assistance to eradicate the cycle of violence in their own lives. For example, one patient presented to the emergency department with a gunshot wound to his foot. The patient was aggressive to emergency department staff, as well, but after connecting with a responder, the patient asked for assistance in turning their life around. The patient is currently on a road to sobriety and got connected to food assistance and a job training development program.

This program has also proven to be effective at the community-level to reduce homicides in Baltimore City. In December 2019, Cherry Hill celebrated one year without a homicide.

Given the success of the program, MedStar Health expanded its partnership with Safe Streets to add a Hospital Violence Responder at MedStar Good Samaritan Hospital and MedStar Union Memorial Hospital that will work collaboratively with the Belair-Edison and Woodbourne McCabe Safe Streets community sites.

Not only are these programs public-health informed interventions to reduce violence and homicides, but they also provide employment for individuals with lived experience with violence that often have a criminal record that makes it difficult to reenter society after serving time in prison.

For the above reasons, MedStar Health urges a FAVORABLE report on SB 708.

UMMC-Fav-SB708

Uploaded by: Walton, Erin

Position: FAV



Testimony in **SUPPORT** of Senate Bill 708
Senate Judicial Proceedings Committee

Maryland Violence Intervention and Prevention Program Fund and Advisory Council Alterations

March 5, 2020

The Honorable William Smith
Chairman
Judicial Proceedings Committee
Miller Senate Building
1 Bladen
Annapolis, MD 21401

The Honorable Jeff Waldstreicher
Vice Chair
Judicial Proceedings Committee
Miller Senate Building
1 Bladen St.
Annapolis, MD 21401

Dear Chairman Smith and Vice-Chair Waldstreicher,

Re: Senate Bill 708—Support

Faculty and staff from the R Adams Cowley Shock Trauma Center, University of Maryland submit this testimony in strong support of Senate Bill 708. This bill, submitted by Senator J. Carter, 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 change the trajectory of their lives, and 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, **now**, 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 SB 708.

Respectfully Submitted,

Erin Walton, LCSW-C
Manager
Violence Prevention Program
R Adams Cowley Shock Trauma Center
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Baltimore, Md. 21201
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Baranauskas_info_SB708

Uploaded by: baranauskas, andy

Position: INFO



GOVERNOR'S COORDINATING OFFICES

Community Initiatives · Service & Volunteerism · Performance Improvement
Crime Prevention, Youth, & Victim Services · Small, Minority, & Women Business Affairs
Banneker-Douglass Museum · Volunteer Maryland · Deaf & Hard of Hearing

FROM THE GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES

March 5, 2020

Chair William C. Smith Jr.
Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland 21401

Re: Senate Bill 708: Maryland Violence Intervention and Prevention Program Fund and Advisory Council- Alterations

POSITION: Letter of Information

Dear Chair Smith and Members of the Committee,

The Governor's Office of Crime Prevention, Youth, and Victim Services ("Office") is providing this letter of information for Senate Bill 708: Maryland Violence Intervention and Prevention Program Fund and Advisory Council- Alterations.

Senate Bill 708 makes alterations to the Violence Intervention Prevention Program ("VIPP") that was established in Chapter 148 of 2018. Chapter 148 created a nonlapsing fund within the Governor's Office of Crime Control and Prevention ("Office") to be administered in consultation with the Maryland Violence Intervention and Prevention Advisory Council ("Council"). Grants from this program are made in order to (1) support effective violence reduction strategies by providing competitive grants to local governments and nonprofit organizations to fund evidence-based health programs or evidence-informed health programs and (2) evaluate the efficacy of the programs funded.

Senate Bill 708 requires the Governor to appropriate at least \$10 million to VIPP each year, with at least \$5 million in general funds, beginning in FY 2022. \$5 million in non-lapsing funds was included within the budget for VIPP in FY19. In FY20, the budget for VIPP included \$1.9 million of the remaining FY19 appropriation. In the proposed budget for FY21, VIPP has an estimated \$800,000 remaining from the original allocation.

Chapter 148 of 2018 also created mandated funding for the Governor from FY20-FY23 for “Miscellaneous Grant Programs” focusing on violence reduction. Included within this mandate were: (1) \$425,000 for Law Enforcement Assisted Diversion Program in Baltimore City, (2) \$360,000 for the Baltimore City State’s Attorney Office for Victim and Witness Relocation Funding, (3) \$466,000 to the State Police to focus on firearm offenses, (4) \$300,000 for the Baltimore Chesapeake Bay Outward Bound School in Baltimore City, (5) \$100,000 for Strategic Decision Support Centers in Eastern and Western District of Baltimore City, (6) \$250,000 for the Children and Parent Resource Group, Inc., (7) and \$475,000 for Prince George’s County Chief of Police for Violent Crime Reduction.

Additionally, the General Assembly enacted Chapter 147 of 2018: Tyrone Ray Safe Streets Act. Chapter 147 included a \$3.6 million mandated appropriation to the Safe Streets Initiative. Chapter 147 defines Safe Streets as; “A violence prevention or intervention program operated by a community-based organization in a neighborhood that is disproportionately affected by violent crime.” Safe Streets funding is solely reserved for violence reduction programs within Baltimore City.

Senate Bill 708 makes changes to the Council. In the current statute, the Council appoints eight individuals, four of which from “community-based or hospital-based programs.” Senate Bill 708 adds the term “Violence Intervention Programs” to this definition of eligible appointees. Additionally, this legislation expands the power of the VIPP council to advise the Executive Director of the Office on the distribution of VIPP funds and on public outreach and communications regarding the fund.

Lastly, Senate Bill 708 requires the Executive Director of the Office, in consultation with the Council order an ongoing evaluation of the efficacy of each program that receives VIPP funding.

Thank you for your consideration of this matter.

Sincerely,



V. Glenn Fueston, Jr.
Executive Director
Governor’s Office of Crime Prevention, Youth, and Victim Services

For all inquiries, please contact
Andy Baranauskas, Legislative Affairs Manager
410-855-2538
Anthony.Baranauskas@maryland.gov

Maryland Hospital Association_INFO_SB 708

Uploaded by: Dorrien, Erin

Position: INFO



Maryland
Hospital Association

March 5, 2020

To: The Honorable William C. Smith Jr., Chairman Senate Judicial Proceedings Committee

From: Erin Dorrien, Director, Policy, Maryland Hospital Association

Re: Letter of Information- Sente Bill 708 Maryland Violence Intervention and Prevention Program Fund and Advisory Council - Alterations

Dear Chairman Smith:

On behalf of the Maryland Hospital Association's (MHA) 61-member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 708. Maryland's hospitals care for millions of people each year, treating 2.3 million in emergency departments—many of whom, sadly, are victims of violence, abuse, and neglect. Hospitals are on the front lines, supporting people and communities affected by violence.

Interpersonal violence is a public health concern, and, unfortunately, its victims often require services beyond those traditionally offered in an acute care setting. These include social supports, such as safe housing and employment opportunities.ⁱ In 1998, Dr. Carnell Cooper started a first-of-its-kind hospital-based violence intervention program (HVIP) at R Adams Cowley Shock Trauma Center (Shock Trauma) in Maryland that is still in place today.ⁱⁱ This landmark program sought to stop the revolving door of patients coming to the emergency department (ED) for treatment and returning home with no additional support or intervention—only to return again to the ED for care.

There are now several HVIP programs operating in Maryland, and this successful model has been replicated in hospitals nationwide. These programs offer peer support groups, job readiness training, education, and other resources. Additionally, many also care for survivors of domestic violence and youth involved in juvenile services. Caregivers who work within HVIPs are often specially trained to work with patients impacted by trauma. This is critical since often victims of violence have adverse childhood experiences lead to distrust of the medical system and elevate risk for chronic adverse health outcomes.

Beyond the social benefits of caring for communities in this holistic manner, these programs are cost-effective and serve as a connector point for patients, who are uninsured, allowing access to health insurance or crime victim assistance programs.ⁱⁱⁱ

Maryland's hospitals invest in the health of the communities they serve, which includes violence prevention and support for those affected by violence. We thank the committee's careful consideration on this legislation.

For more information, please contact: Erin Dorrien, Edorrien@mhaonline.org

ⁱ National Network of Hospital-Based Violence Intervention Programs. (n.d.) “NNHVIP Policy White Paper: Hospital-based Violence Intervention: Practices and Policies to End the Cycle of Violence static1.squarespace.com/static/5d6f61730a2b610001135b79/t/5d83c0d9056f4d4c9b9acd9/1568915699707/NNHVIP+White+Paper.pdf

ⁱⁱ R. Adams Cowley Shock Trauma Center, University of Maryland. (n.d.) “*Prevention matters: The Center for Injury Prevention and Policy.*” www.umms.org/ummc/-/media/files/ummc/health-services/shock-trauma/center-injury-prevention-policy/violence-prevention/center-for-injury-prevention-and-policy-violence-prevention-fact-sheet.pdf?upd=20180517192532&la=en&hash=0972CD6C6947AE0D744E0EB90F9D3102662EC0D1

ⁱⁱⁱ National Network of Hospital-Based Violence Intervention Programs. (n.d.) “NNHVIP Policy White Paper: Hospital-based Violence Intervention: Practices and Policies to End the Cycle of Violence static1.squarespace.com/static/5d6f61730a2b610001135b79/t/5d83c0d9056f4d4c9b9acd9/1568915699707/NNHVIP+White+Paper.pdf

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Lieutenant Governor

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MARC L. NICOLE
Deputy Secretary

SENATE BILL 708 Maryland Violence Intervention and Prevention Program Fund and Advisory Council – Alterations (Carter)

STATEMENT OF INFORMATION

DATE: March 5, 2020

COMMITTEE: Senate Judicial Proceedings Committee and Senate Budget & Taxation Committee

SUMMARY OF BILL: SB 708 makes mandatory the \$10 million authorized funding for the Maryland Violence Intervention and Prevention Program Fund, at least \$5 million of which is General Funds; allows for administrative costs up to 4% of the Fund.

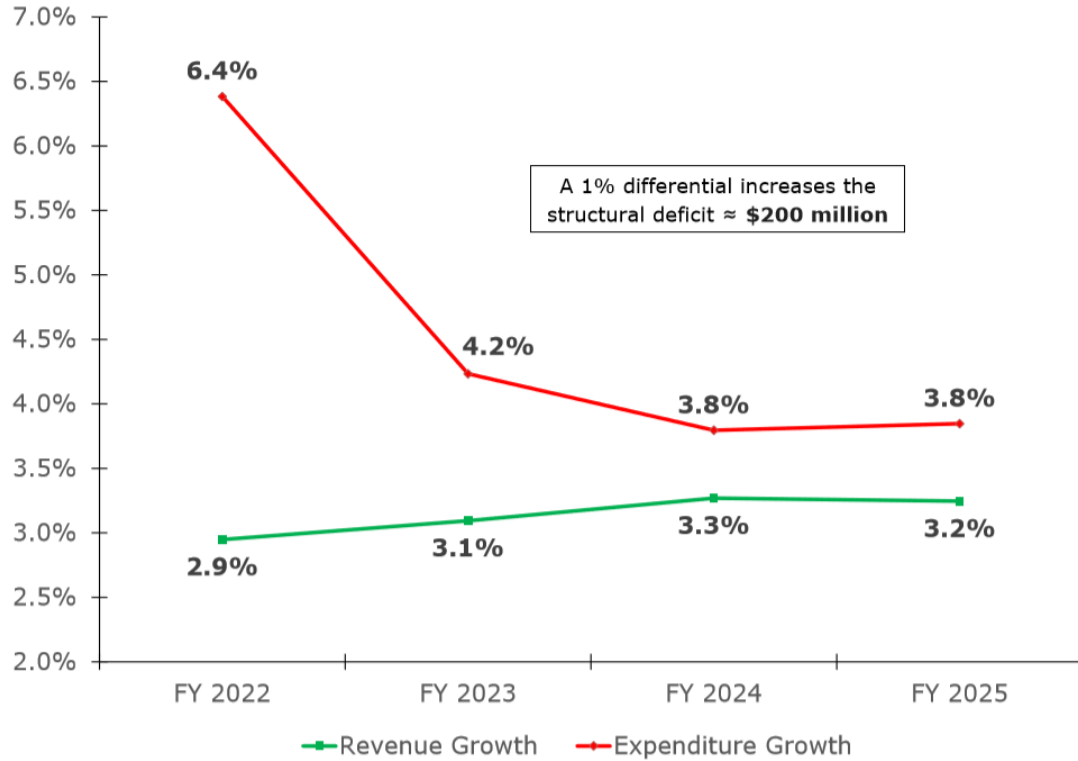
EXPLANATION: The Maryland Violence Intervention and Prevention Fund supports effective violence reduction strategies by providing competitive grants to local governments and nonprofit organizations.

DBM's focus is not on the underlying policy proposal being advanced by the legislation, but rather on removing flexibility in budgeting and whether the chronic use of mandated appropriations is sustainable. Spending growth continues to exceed revenue growth.

The Department of Budget and Management (DBM) is charged with submitting a balanced budget to the General Assembly annually and strives to create a structurally balanced budget, in which the growth in spending is less than the growth in revenues. Actions by the General Assembly to increase mandated spending levels makes it exceedingly difficult for the Administration to achieve structural balance.

The FY 2022 General Fund forecast shows spending growth of 6.4%, whereas revenue growth is forecast to be 2.9%. Growth in State spending will outpace otherwise healthy revenue growth not only next year, but also for the foreseeable future. The result is a short and long-term structural gap that will continue to strain State resources until the underlying causes have been resolved.

Future Spending Outpaces Revenue Growth



Source: Department of Budget and Management, FY 2021 Budget Highlights Book, Appendix F (January 2020)

General Fund Budget Outlook Fiscal 2022 - 2025

	Est. 2022	Est. 2023	Est. 2024	Est. 2025
Cash Balance	-\$833	-\$1,135	-\$1,201	-\$1,298
Structural Balance	-\$701	-\$905	-\$984	-\$1,071

Department of Legislative Services, January 2020 Fiscal Briefing

For FY 22 – FY 25, the cumulative impact of an ongoing imbalance between spending and revenues is a \$3.6 billion structural gap. Our structural budget problem reflects a spending problem; not a revenue problem.

The ever-increasing use of mandates and entitlement spending by the General Assembly is a more recent practice, making the State’s structural budget deficit a chronic challenge. According to the Department of Legislative Services (DLS), 70.2% of the FY 2020 General Fund allowance is mandated or entitlement spending.

Until we achieve long-term structural balance, programs cannot rely on a consistent funding level. Constituencies for these proposed programs or enhanced spending bills should be forewarned that passage

of this legislation does not guarantee future funding. Whatever specific funding is mandated will likely be repealed or otherwise modified in a subsequent Budget Reconciliation and Financing Act (BRFA) – this action is necessary to ensure a constitutionally required balanced budget in the next fiscal year.

The Administration is cognizant of the downside risks facing our economy and, in the FY 2021 Budget, has set aside \$1.3 billion in reserves. The Rainy Day Fund balance is equal to 6.25% of revenues, \$48 million more than recommended by the Spending Affordability Committee (SAC). Moody’s Analytics has recently advised of a slowdown in employment growth in the latter part of FY 2021, which DLS estimates would add \$241 million to the structural budget gap in FY 2021 and \$419 million in FY 2022. Historic increases in funding for both K-12 education, as proposed by the Kirwan Commission, and school construction will further aggravate the budget gap.

The 2019 SAC commentary encourages a cautious fiscal approach -- **“Out-year fiscal stress is anticipated despite the expectation that personal income and employment will continue to grow steadily, and entitlement and prison caseloads will hold steady or decline. An imbalance is forecast before accounting for any recommendations from the Commission on Innovation and Excellence in Education.”**

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