

## **SB350**

### **Testimony of James Timpson, Director for Community Partnership & Safety, Roca Baltimore Senate Finance Committee February 22, 2022**

Good afternoon, Chair Kelley, Vice-Chair Feldman and esteemed members of the Finance Committee. Thank you for providing me this opportunity to voice strong support for SB350, legislation that would expand Maryland's Medicaid program to include Community Violence Prevention Services.

My name is James Timpson. For more than 20 years, I have been engaged in the field of violence prevention, working diligently to save young lives on the streets of Baltimore. For the last 3 years, I am proud to have served as Director for Community Partnership and Safety for Roca Baltimore.

For nearly 35 years, Roca has been working with the highest risk young men and women—those most likely to be victims and/or perpetrators of violence—and changing the trajectory of their lives. Our success is rooted in our relentless outreach and focus on using brain science to support long-term behavior change.

Roca's work in Massachusetts allowed it to earn a national reputation as a leader in the violence prevention field. In 2018, our founder and CEO, Molly Baldwin, a native of Baltimore, partnered with city and state officials, business leaders and local foundations to bring Roca's innovative, evidence-based programming to Baltimore. More recently, Roca also expanded its services to Connecticut and, in 2021—in response to demand from across the country—we established the Roca Impact Institute to expand the number of organizations using brain science and behavioral health care to reduce violence and support long-term behavior change. Already the Roca Impact Institute is training and coaching thousands of people across the country engaged in the fields of violence intervention and criminal justice, including staff from the Baltimore Police Department and the Maryland Departments of Juvenile Services and Probation and Parole.

For all the great work our organization is doing in New England and nationally, I am most proud of what we have been able to accomplish in Baltimore. In 2021, we served 240 young men, and:

- More than 80% of participants actively practiced and applied our cognitive behavioral therapy, or CBT, which helped more than 4 of 5 participants in this group realize measurable improvements in their behavioral health;
- Nearly 90% participated in educational, vocational, life skills or transitional employment programming; and
- Among those enrolled in the program for two or more years, more than 80% had no new arrests.

In addition, to reduce retaliatory violence, we implemented a city-wide After-Shooting Protocol for victims of non-fatal shootings that resulted in 40 new enrollees to our program.

While we are grateful for the opportunity to work with the highest-risk young people in Baltimore, and enormously proud of the positive impact our team makes daily, we know all-too-well that the level of violence continues to escalate—both in and beyond the streets of Baltimore.

**In 2020, Maryland had the 9<sup>th</sup> highest homicide rate in the nation** and, in keeping with national trends, **the number of murders spiked in several Maryland jurisdictions in 2021.**

- In Baltimore, another 337 people lost their lives to violent crime, a slight increase over 2020, but there were also 728 non-fatal shootings in the city.
- More people were murdered in Prince George’s County in 2021 than in any year since 2007.
- And, Montgomery County experienced its highest number of homicides since 2002. In an interview with *The Washington Post*, County Police Chief Marcus Jones noted that in his career he has **“never seen the amount of guns and gun activity that is currently on our streets.”**

To stem the tide, we must do more to spread practices proven to prevent violence. **The policy direction of the Biden administration has offered Maryland an opportunity to leverage Medicaid to innovate and expand the resources dedicated to violence prevention.**

Last year, President Biden’s administration encouraged states to consider expanding Medicaid to include violence prevention as a Medicaid reimbursable service. Shortly thereafter, Connecticut became the first state in the nation to pass legislation authorizing such an expansion.

And now, thanks to the leadership of Senator Sydnor, Maryland has an opportunity to join Connecticut in leading the nation forward in violence prevention by passing this groundbreaking legislation.

There are many strong arguments in favor of the passage of this SB350 but, recognizing that you have a lot of other business to conduct today and others to hear from, I will highlight two for your consideration.

**First, expanding Medicaid to cover violence prevention would be a wise financial investment for the state.** Currently, the cost associated with violence prevention programs is paid by the state and local governments. As you know, the state splits the cost of the Medicaid program with the federal government, so this bill would relieve the state of half the cost of violence prevention services. *As a result, the state could, if it wishes to do so, double the size of violence prevention services without increasing the state budget.*

**Furthermore, an increased investment in effective violence prevention programs will create cost savings within the Medicaid program.** It is estimated that 52% of the initial hospital costs of firearm injuries in the United States are covered by Medicaid. The combined cost of

admission and hospital care in the year following a firearm injury averages \$58,575 nationally, not including professional fees, skilled nursing, emergency department services, rehabilitation, LTSS or other Medicaid-funded healthcare costs. If we can engage more young men who are a high risk to shoot or be shot and teach them to actively use CBT, we can save lives and save the Medicaid program a lot of money.

**And second, SB350 provides an opportunity to elevate and enhance prevention.** We should recognize violence prevention for what it is: a behavioral health service for high-risk young people who have experienced significant trauma and typically struggle with a range of other challenges that increase their vulnerability, including homelessness, substance abuse, challenged educational systems, high rates of unemployment, and gang involvement.

Unless and until these people are victims of violence, they don't generally engage the healthcare system, and they can't or won't access behavioral healthcare. And, even if they did seek out traditional behavioral health, a severe shortage of professional clinicians—especially in communities plagued with high levels of violence—would mean that they would struggle mightily to find a provider to help them.

We respectfully suggest that it is time that we treat violence prevention as a critical behavioral health service that changes behavior by giving young people the skills to think, feel and act differently. The invitation the state of Maryland has received from the federal government to leverage Medicaid for violence prevention provides an unprecedented opportunity to build a much-needed behavioral health workforce and provide more resources and training for those working on the front lines to engage the most disenfranchised and traumatized, reduce levels of violence, and save lives.

Thank you again for this opportunity to offer support for SB350 and for your consideration of this important legislation.