

SB 350- Maryland Medical Assistance Program - Comm

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Position: FAV



Maryland
Hospital Association

Senate Bill 350- Maryland Medical Assistance Program - Community Violence Prevention Services

Position: *Support*
February 22, 2022
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we are pleased to support Senate Bill 350, which requires the Maryland Medical Assistance Program to provide community violence prevention services.

Community violence, or intentional acts of interpersonal violence among individuals who are not intimately related, affects millions of Americans every year and causes deep physical, psychological, and psychosocial wounds. Interpersonal violence is a major public health problem in the United States—and hospitals play an important role in caring for victims of violence. Ending the cycle of violence is a priority hospitals share with community-based organizations that have engaged in this work for years. Hospital-based violence intervention programs (HVIP) and community violence intervention programs (CVI) are critical in this fight and must be adequately funded to meet the needs of the community.

Beyond individual well-being, community violence has an immense economic cost to the health system. Medicaid is the primary health insurer of predominantly young, low-income men who experience community violence, paying for almost 40% of the cost of violent injuries treated in emergency departments across the nation.¹ In short, Medicaid remains financially responsible for the nation's high levels of community violence. This is no different in Maryland. Gun deaths and injuries alone cost Maryland \$6 billion each year, of which, \$376 million is paid by taxpayers. Medicaid's unique federal-state partnership allows the program to provide state-specific, comprehensive coverage designed to meet the unique needs of the state's population. Medicaid can offer a predictable and reliable funding source that has not existed to date. This integration of violence prevention programming in the traditional health care and financing systems would represent a critical inflection point in how the United States responds to community violence.

The need for CVI funding cannot be overstated. Like any public health concern, community violence has modifiable risk factors amenable to health system interventions. One study found 58% of injured patients had histories of trauma, with risk factors for repeat injury including

¹ Coupet E Jr., Karp D, Wiebe DJ, Kit Delgado M. Shift in U.S. payer responsibility for the acute care of violent injuries after the Affordable Care Act: implications for prevention. *Am J Emerg Med.* 2018;36(12):2192–2196.

substance abuse, carrying weapons, previous fights, and prior incarceration.² Furthermore, exposure to community violence increases the likelihood of becoming both a victim and a perpetrator of violence later in life.³⁴

Now is the time to adopt sustainable, long-term solutions to address community violence. Though just a first step, SB 350 is an important step toward helping our communities heal and attempt to break the cycle of violence.

For these reasons, we strongly urge a *favorable* report on SB 350.

For more information, please contact:
Brian Sims, Director, Quality & Health Improvement
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² Richardson JB, St Vil C, Sharpe T, Wagner M, Cooper C. Risk factors for recurrent violent injury among black men. *J Surg Res.* 2016;204(1):261–266

³ Gorman-Smith D, Feig L, Cosey-Gay F, Coeling M. Strengthening families and communities to prevent youth violence: a public health approach. *Child Legal Rts.* 2014;34(3):265–277.

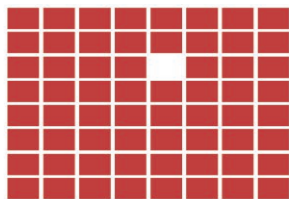
⁴ Papachristos A, Meares T, Fagan J. Why do criminals obey the law? The influence of legitimacy and social networks on active gun offenders. *J Crim Law Criminology.* 2012;102(2):397–440.

SB0350_FAV_MDACEP_MD Med. Ass. Prog. - Community V

Uploaded by: Danna Kauffman

Position: FAV

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Maryland Chapter AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Charles E. Sydnor, III

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise

DATE: February 22, 2022

RE: **SUPPORT** – Senate Bill 350 – *Maryland Medical Assistance Program – Community Violence Prevention Services*

The Maryland Chapter of the American College of Emergency Physicians (MDACEP) which represents the interests of emergency physicians and their patients throughout the State of Maryland **supports** Senate Bill 350. This bill requires the Medicaid Program to provide community violence prevention services to Program recipients. Program recipients qualify if they have been exposed to community violence or have a personal history of injury sustained because of an act of community violence and have been referred by a certified or licensed health care provider or social services provider to a certified violence prevention professional to receive community violence prevention services. As drafted, Senate Bill 350 outlines the process to become a certified violence prevention professional.

According to the Health Alliance for Violence Intervention, Medicaid is the largest public insurance program in the United States, making it ideal as an entry point for offering community violence prevention services. Research indicates that among victims of gunshot wounds, nearly two out of three patients are either on Medicaid or uninsured. A 2021 federal General Accounting Office report reported that initial gun injuries cost hospitals more than \$1 billion a year. When costs related to physician fees are included, the cost increases by another 20%.¹

With crime rates on the rise, especially those involving gun violence, it is imperative that the State begin to rethink how services can be delivered. Last year, the Centers for Medicare and Medicaid Services announced that violence prevention services can be added by state Medicaid agencies through a variety of existing authorities. We strongly urge the State to take advantage of this authority. Given the fact that Medicaid will ultimately pay for the tragic consequences of violent acts, it makes strong public policy to invest dollars in prevention. For these reasons, MDACEP urges a favorable vote.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
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¹ *Firearm Injuries. Health Care Service Needs and Tests. General Accounting Office. June 2021.*

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Uploaded by: Donald Fry

Position: FAV



POSITION STATEMENT

TESTIMONY PRESENTED TO THE SENATE FINANCE COMMITTEE

**SENATE BILL 350 – MARYLAND MEDICAL ASSISTANCE PROGRAM –
COMMUNITY VIOLENCE PREVENTION SERVICES**

Sponsors – Senator Sydnor

February 22, 2022

DONALD C. FRY

PRESIDENT & CEO

GREATER BALTIMORE COMMITTEE

Position: Support

Senate Bill 350 requires the Maryland Medical Assistance Program to provide community violence prevention services for the purpose of promoting improved health outcomes and positive behavioral change, preventing injury recidivism, and reducing the likelihood that an individual who is the victim of community violence will commit or promote violence. Community violence prevention services is defined as evidence-based, trauma-informed, supportive, and nonpsychotherapeutic services provided by a certified violence prevention professional, within or outside a clinical setting. This includes peer support and counseling, mentorship, conflict mediation, crisis intervention, targeted case management referrals to certified or licensed health care professionals or social services providers, patient education, and screening services to victims of violence.

The level of violence in the state, and in particular Baltimore City, is unacceptable and substantive changes are required to improve public safety and ensure economic vitality and competitiveness. For these reasons, improving public safety has been identified by the Greater Baltimore Committee (GBC) as a key economic development and public safety issue that needs to be urgently addressed.

The GBC has recommended a two-pronged approach to reduce violent crime. The first prong addresses crime control through enhanced public safety programs focused on repeat violent offenders and better coordination among law enforcement agencies. The second prong - crime prevention - must be instituted simultaneously with crime control efforts. It is critically important to address the root societal causes of crime with programs that address poverty, lack of employment, need for job training programs, and an increase in after-school programs, etc. The GBC backs these types of initiatives with the same weight afforded crime control strategies.

Senate Bill 350 is consistent with the GBC's 2022 Legislative Strategy, which calls for policy solutions that address violent crime with a focus on repeat violent offenders and programs to address the root causes of criminal activity (poverty, education, job opportunities, etc.) Senate Bill 350, by proactively engaging in community violence prevention services, is an appropriate and important violence reduction strategy.

For these reasons, the Greater Baltimore Committee urges a favorable report on Senate Bill 350.

The Greater Baltimore Committee (GBC) is a non-partisan, independent, regional business advocacy organization comprised of hundreds of businesses -- large, medium and small -- educational institutions, nonprofit organizations and foundations located in Anne Arundel, Baltimore, Carroll, Harford, and Howard counties as well as Baltimore City. The GBC is a 67-year-old, private-sector membership organization with a rich legacy of working with government to find solutions to problems that negatively affect our competitiveness and viability.

GREATER BALTIMORE COMMITTEE

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SB0350 Sen Sydnor Testimony for Violence Preventio

Uploaded by: Eugene Clark

Position: FAV

CHARLES E. SYDNOR III, ESQ.
Legislative District 44
Baltimore City and Baltimore County

Judicial Proceedings Committee

Joint Committees

Children, Youth, and Families

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THE SENATE OF MARYLAND
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**Senator Charles E. Sydnor III Testimony Regarding SB 350:
Maryland Medical Assistance Program – Community Violence Prevention Services
Before the Finance Committee
February 22, 2022**

Good afternoon Chair Kelley, members of the Finance Committee,

Homicides in major American cities increased in the year 2021 and Baltimore unfortunately, was one of those cities. There were 337 homicides and more than 726 shootings in total last year. It was the seventh consecutive year that homicides surpassed the 300 mark.¹ Being exposed to this level of violence is traumatic not only for the victims, but for their families, friends and communities as well. Some may cower in fear, never feeling safe again in their environs, while others may feel the need to retaliate. Neither is an ideal scenario.

In April 2021, the Biden administration announced several investments in community violence intervention through the 2021 American Jobs Plan, Medicaid, and existing agency funds to develop local programs led by mediators who work with those most at risk of violence and connect them to wraparound services.² Community violence interventions are proven strategies for reducing gun violence in urban communities through tools other than incarceration. Because cities across the country are experiencing a historic spike in homicides, the Biden-Harris Administration is taking a number of steps to prioritize investment in community violence interventions. SB 350 aims to establish a permanent and reliable funding mechanism for violence prevention services, training and certification for violence professionals (“VP”) using Medicaid funding.

Financial support for services focused on preventing violence, rather than treating its outcomes has not always been reliable; however modifications in policy, like what is contemplated under SB 350 intend to make funding more reliable. SB 350 seeks to expand some services hospitals and others are currently providing to those affected by violence. If this bill passes, Maryland would not be the first state to take advantage of the Federal government’s call to move in this direction; last year both Connecticut and Illinois committed Medicaid funding to violence prevention by directing their states’ Medicaid agencies to cover the costs of hospital-based violence intervention programs for beneficiaries. Additionally, the Center for Medicare and

¹ Residents call for action as Baltimore again records more than 300 homicides. WBAL-TV11, Dec. 31, 2021.

² US Department of Housing and Urban Development, PD&R Edge. “Fostering Positive Outcomes Through Community Violence Intervention.” Aug. 9, 2021.

Medicaid is ready to provide technical assistance to states who want to strengthen their violence prevention strategies.

Violence prevention programs have proven that they cannot only successfully prevent violence but can also save money. When a certified VP is expeditiously connected to someone who has experienced trauma, he or she becomes available to the victim to assist with a wide range of resources that play a key role in helping that person achieve their desires to stay safe.³ It is not just the physical wounds that need to heal, but psychological wounds need to be addressed as well. Being the victim of a violent act increases the odds of that person becoming a perpetrator himself,⁴ as hurt people hurt people. Certified VPs can address retribution to help prevent that from happening, which would result in crime reduction as well as a lower hospital recidivism rate.

Per the Centers for Disease Control and Prevention, homicide is the leading cause of death among Black males aged 10-19 and 20-44 and it is the second and third leading cause of death for Latino men aged 10-19 and 20-44, respectively.⁵ Gunshot injuries are said to be some of the most expensive to treat, costing the healthcare system over \$1 billion a year, according to a GAO report,⁶ and more than \$2.8 billion in emergency department and inpatient charges according to another.⁷ However, a recent systematic review demonstrated benefits ranging from increased service utilization to decreases in violent victimization for these programs. One cost-effectiveness study found these programs could potentially save the Medicaid program \$69 million annually in violent re-injury costs alone.⁸ For the aforementioned reasons, I ask that SB 350 be reported out favorably.

³ Chip Brownlee. The Trace. Hospital-Based Intervention Can Save Lives. A Growing Movement Is Betting On Medicaid To Fund IT. Aug. 19, 2021.

⁴ Bingenheimer JB, Brennan RT, Earls FJ. Firearm violence exposure and serious violent behavior. *Science*. 2005; 308: 1323-1326.

⁵ Centers for Disease Control and Prevention. Leading Causes of Death – Males – United States, 2017. 2020 <https://www.cdc.gov/healthequity/lcod/men/2017/index.html>

⁶ [GAO-21-515. FIREARM INJURIES: Health Care Service Needs and Costs.](#)

⁷ [Emergency Department Visits For Firearm-Related Injuries In The United States, 2006–14 \(healthaffairs.org\).](#)

⁸ Claudia Zavala, BA, Shani Buggs, PhD, MPH, Kyle R. Fischer, MD, MPH. States Should use Medicaid to Support Violence Intervention Efforts. (*Journal of Trauma and Acute Care Surgery*, Publish Ahead of Print)

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Position: FAV

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 9th 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.

(FINAL)Medicaid SB350.pdf

Uploaded by: Karen Herren

Position: FAV



**Testimony in Support of Maryland Medical Assistance Program -
Community Violence Prevention Services
SB 350/HB 1005
Legislative Director Karen Herren, JD
Marylanders to Prevent Gun Violence**

February 22, 2021

Dear Chair Kelley, Vice-Chair Feldman and Distinguished Members of the Committee,

Marylanders to Prevent Gun Violence is a statewide, grassroots organization dedicated to reducing gun deaths and injuries throughout the state of Maryland. MPGCV has a particular focus on reducing urban gun violence and gun suicide. **We urge the committee for a FAVORABLE report on SB 350 to require the Maryland Medical Assistance Program to provide community violence prevention services.**

We know that victims of gun violence are far more likely to either perpetuate more violence or ultimately die from gun violence. We also know that when victims get the care that they need, beyond the most immediate medical attention, that their odds of being able to go on to lead long and socially productive lives increase dramatically. Unfortunately, funding for many of these behavioral health and violence prevention services is not stable causing uncertainty in the system and gaps in the care available. Authorizing Medicaid funding for these wrap-around services will inject a stable source of funding and allow these programs to stabilize and grow thus extending the benefits to the community at large. Gun violence costs Maryland around \$6 billion each year, of which \$376 million is paid by taxpayers. Individual taxpayers in the state of Maryland pay about \$949 each year. Providing stable wraparound services for violence prevention services could save both lives and money.

MPGCV supports SB 350 and asks this committee for a Favorable report.

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Uploaded by: Kyle Fischer

Position: FAV



To: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Charles E. Sydnor, III

From: The Health Alliance for Violence Intervention

RE: **SUPPORT** – Senate Bill 350 – *Maryland Medical Assistance Program – Community Violence Prevention Services*

February 22, 2022

The Health Alliance for Violence Intervention (HAVI) is proud to support Senate Bill 350 to provide Medicaid coverage for violence prevention services. The HAVI represents 40 hospital-based and hospital-linked member programs and over 38 emerging violence intervention programs across the United States. We are proud to have the Shock Trauma Violence Intervention Program as one of our organization's founding members.

HAVI member programs provide services to violently injured patients in both the traditional health care setting as well as the community. Hospital-based violence intervention programs (HVIPs) vary in the specifics of their design and scope, but typically include immediate intervention in the hospital or emergency department after an injury, followed by intensive, community-based care for approximately one year after discharge.

Without intervention, these patients are at high risk for future repeat injuries, retaliatory violence, and mental health consequences, such as post-traumatic stress disorder. Research shows HVIPs are effective in reducing patients' risk of repeat injury, as well as addressing critical needs such as mental health, alcohol and substance misuse, and a variety of other patient-centered outcomes. A randomized control trial of patients in the Shock Trauma program found that participants were 84% less likely to return to the hospital with a repeat injury and four times less likely to be convicted of a violent crime.

HVIPs serve violently injured victims who may be disconnected from traditional institutions and are thus difficult to reach. A distinguishing feature of the model is the role of violence prevention professionals, specially trained and certified intervention workers. These individuals, who often come from the communities they serve, provide trauma-informed crisis intervention, links to community-based services, mentoring,



home visits, and long-term case management. They are a critical component of any comprehensive system to break the cycle of violence in our communities.

Unfortunately, funding for HVIPs has not kept up with the need. The result is that this approach is understaffed and underutilized, allowing violence to continue in our communities. Beyond the personal tragedy of each injury, community violence places a significant burden on the state's budget. It is estimated that Maryland taxpayers spend \$376 million annually on gun violence. For health care costs, Medicaid is the largest payer.

Since Medicaid bears the financial responsibility for caring for the medical costs associated with violent injuries, SB0350 offers a smart and proactive approach to address community violence. Given the narrow scope of the bill and the state's 56% federal match for Medicaid services, the fiscal investment is modest.

With that in mind, SB350 is likely to result in net savings for the state Medicaid program. With the cost of treating a critically ill gunshot wound patient estimated at \$43,200, this bill would save the state money if just a small number of shootings are prevented. With or without action, Maryland's Medicaid program is expected to remain the single largest payer for emergency department charges following violent injuries, highlighting the importance of implementing a preventive strategy.

For these reasons, the HAVI respectfully asks for your support of SB350 – Maryland Medical Assistance Program – Community Violence Prevention Services.

Sincerely,

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

SB350 Maryland Medical Assistance Program.Testimon

Uploaded by: Lisa Jones

Position: FAV



SB350 - Maryland Medical Assistance Program – Community Violence Prevention Services

Senate Finance Committee – February 22, 2022

Testimony of Lisa Jones, Director of Violence Intervention, LifeBridge Health Center for Hope

Position: **SUPPORT**

SB350 requires the Maryland Medical Assistance Program to provide community violence prevention services and establish requirements for prevention professionals seeking certified violence prevention professional certification all to increase availability of these the services these individuals provide to victims of violence. Enabling organizations throughout the community to provide these necessary and life-changing services to victims is critical not only to the health outcomes of victims but also to breaking the cycle of violence.

Center for Hope, a subsidiary of LifeBridge Health, provides trauma-informed crisis intervention for all forms of interpersonal and community violence throughout the lifespan through forensic interviews, medical exams, mental health, wraparound case management, and workforce development. Center for Hope's mission of advancing hope, healing, and resilience for those impacted by trauma, abuse, and violence through comprehensive response, treatment, education, and prevention for over 5,000 citizens annually impacted by violence will be greatly augmented by Maryland's adoption of this new model of support and funding.

Center for Hope's community violence prevention services include:

- **Hospital Violence Response Teams** at West Baltimore's Grace Medical Center and Northwest Baltimore's Sinai Hospital guide participants away from the violence which initially hospitalized them and towards reducing violence and obtaining and maintaining a job. Clients learn options beyond remaining in their neighborhoods or blocks and develop social and practical skills to foster future employment and interact successfully outside their existing social circles and experiences.
- **Safe Streets** utilizes the evidence-based Cure Violence method to eradicate violence in communities with trained violence responders and outreach workers. This model is a public health strategy aimed at reducing gun violence. Target populations are individuals at high risk of involvement in shootings and killings. Center for Hope's Belvedere site and Woodbourne-McCabe Site are 2 of 10 in Baltimore City that interrupt potential violence by mediating conflicts and preventing retaliation by changing behaviors and norms at those of highest risk of shooting or killing, reducing shootings and murders in our community.

These experts build relationships with individuals at the greatest risk of becoming a victim or a perpetrator of violence. The credibility and lived experience of these staff enables them to connect with the highest risk individuals, mediate conflicts peacefully, and successfully engage

participants in supportive resources. Community sites work in concert with Hospital Responders to provide wraparound support to violent injury patients. Hospital Responders connect with patients arriving in a hospital's emergency department, provide case management support, and assist community violence prevention professionals in preventing retaliation and reinjury as the patient transitions back home.

This fiscal year to date (July 1, 2021 – January 31, 2022) Center for Hope's community and hospital violence teams met with 207 patients in the hospital and mediated 140 high risk conflicts. These clients each benefitted from trained violence prevention professionals in our clinical settings preventing recidivism of injury while promoting positive behavioral changes. These teams utilize a variety of tools they have been trained in, along with care management and referrals to improve all client outcomes. Responding to the public health threat that is community violence employs the same strategies as health responses in the hospital for more traditional disease and illness. Yet, while those traditional conditions have the benefit of reimbursement of services via medical assistance, analogous services to help heal and prevent future injury from a shooting or stabbing and improve a patient's outcome are unable to receive financial support. These lifesaving programs are dependent on grant funding or philanthropy to continue. Available funds for community violence prevention services through medical assistance will enable these programs to sustain and ultimately grow in their response; ultimately, strong stable community violence services will dramatically reduce future incidents of violence.

As one of the nation's few comprehensive violence intervention programs that responds to both community violence (typically shooting, stabbing, and "street level violence") as well as interpersonal violence (child abuse and domestic violence), it is noteworthy to point out SB350 only provides support for community violence. Center for Hope supports the efforts in SB350 to stabilize and professionalize the community violence assistance field and hopes in future legislation similar efforts can support for the equally important, and equally costly, work of interpersonal violence response.

Community violence prevention services save lives and reduces health care costs through avoidance of emergency room, intensive care, rehabilitation, behavioral health and other types of care currently provided to victims. Funding and overall professional standards are necessary to continue this work to treat and cure violence in our communities. We urge a **FAVORABLE** report on SB350.

Contact:

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Uploaded by: Martha Nathanson

Position: FAV



CARE BRAVELY

SB350 Maryland Medical Assistance Program – Community Violence Prevention Services

Senate Finance Committee – February 22, 2022

Testimony of Martha Nathanson, Vice President, Government Relations and Community Development

Position: **SUPPORT**

I am pleased to **SUPPORT** SB350 which requires the Maryland Medical Assistance Program to provide community violence prevention services to victims of violent crime. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

Meeting Community Health Needs. Enabling organizations throughout the community to provide these necessary and life-changing services to victims is critical not only to the health outcomes of victims but also to breaking the cycle of violence. Every three years, hospitals conduct Community Health Needs Assessments to glean their communities' priorities for health care. Beginning in 2015, feedback from our communities indicated that violence was a key concern and that exposure to violence challenged their ability to achieve optimum health outcomes. Through its network of hospitals, clinics, physician offices and other provider settings, LifeBridge Health already treated victims of violence, but as a result of this feedback, LifeBridge Health expanded existing programs addressing violence and established new programs, growing from 36 employees to 85 employees preventing and responding to violence.

Violence Is A Health Care Issue. Center for Hope, our violence intervention and prevention "center of excellence," operates Hospital Violence Interrupter programs and two Safe Streets sites that work together to provide wraparound support to violent injury patients. Hospital Responders approach patients arriving in a hospital's emergency department, provide case management, and assist community violence prevention professionals in preventing retaliation and reinjury upon discharge. These teams coordinate with hospital care management for referrals to resources. Responding to the public health threat that is community violence employs the same strategies as health responses in the hospital for more traditional disease and illness. Yet, while traditional conditions are reimbursed via Medical Assistance, analogous services to help heal from a shooting or stabbing and improve a patient's outcome are not. Medical Assistance funding for community violence prevention services through medical assistance will enable these programs to sustain and grow in their response.

Community violence prevention services save lives and reduces health care costs through avoidance of emergency room, intensive care, rehabilitation, behavioral health and other types of care currently provided to victims. Funding and professional standards are necessary to continue this work to treat and cure violence in our communities. For all of the above reasons, we urge a **FAVORABLE** report on SB350.

Contact: Martha D. Nathanson, Esq., Vice President, Government Relations & Community Development, LifeBridge Health
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SB 350 - Maryland Medical Assistance Program - Com

Uploaded by: Michele Martz

Position: FAV



UPMC Western Maryland

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February 21, 2022

The Honorable Delores Kelley, Chair
Senate Finance Committee
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Miller Senate Office Building
Annapolis, MD 21401

Re: SB 350 – Maryland Medical Assistance Program – Community Violence Prevention Services

Dear Madam Chair:

UPMC Western Maryland appreciates this opportunity to express our support for the abovementioned legislation aimed at enhancing community violence prevention services for victims throughout Maryland.

Since early 2020, UPMC Western Maryland has navigated the many challenges resulting from the COVID-19 pandemic. Our hospital expanded critical care capacity, managed staffing to meet the needs of our unprecedented inpatient census, and hosted vaccine clinics for employees and the general public. Throughout the pandemic, our hospital and its nearly 2,100 employees continued to provide high-quality care for all patients, regardless of their ability to pay. In fiscal year 2021, UPMC Western Maryland provided \$14 million in charity care (free health care) to patients who were unable to pay.

The services that we provide for our rural part of the state include confidential, compassionate care for individuals of all ages who may be victims of domestic or sexual violence, elder abuse, or physical/sexual assault. These services are available 24 hours a day, 365 days a year. Additionally, our Domestic and Sexual Violence Services Department helps health care providers prepare to respond to domestic or sexual violence cases.

Substance abuse, which continues to have a devastating impact on the health of our community, is intimately linked to domestic violence, and, unfortunately, substance abuse often becomes a shared affliction between domestic violence perpetrators and the victims.

^(a)According to the American Psychological Association, heavy use of drugs or alcohol increases a person's chances of becoming abusive, and the mental anguish resulting from the domestic violence causes many victims to turn to dangerous substances in order to ease the strain of the repeated abuse—resulting in the victim also becoming an abuser.

(a) <https://www.gov1.com/public-health/articles>

February 21, 2022

The proposed legislation will not only complement existing violence prevention services, it will help establish a unified, consistent, and sustainable statewide process for Maryland hospitals, government agencies, and community-based violence intervention programs. This coordinated approach will enable UPMC Western Maryland and community agencies to generate, share, and benefit from evidence-based data to develop best practices in serving the victims and preventing further violence.

For these reasons, I respectfully request that the Senate Finance Committee give a **favorable report** to SB 350. Thank you.

Sincerely,



Michele R. Martz

President

cc: Senate Finance Committee Members

Senator George Edwards
Delegate Wendell Beitzel
Delegate Jason Buckel
Delegate Mike McKay
Maryland Hospital Association
Nicole Fedeli, UPMC
JR Reith, RWL

2022 LCPCM SB 350 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 350

Title: Maryland Medical Assistance Program – Community Violence Prevention Services

Hearing Date: February 22, 2022

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 350 – Maryland Medical Assistance Program – Community Violence Prevention Services*.

The federal government has recently announced an effort to promote evidence-based responses to community violence. One of these responses is the use of violence prevention professionals to connect people at risk of experiencing violence to needed resources and services. There is growing evidence that these programs improve the health and safety of our communities. Medicaid funding would provide the needed stream of funding to expand these services into more communities across the state.

We ask for a favorable report. If we can provide any further information, please contact Scott Tiffin at stiffin@policypartners.net.

2022 MNA Senate Bill 350 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV



Committee: Senate Finance Committee
Bill Number: Senate Bill 350
Title: Maryland Medical Assistance Program – Community Violence Prevention Services
Hearing Date: February 22, 2022
Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 350 – Maryland Medical Assistance Program – Community Violence Prevention*. The bill would provide for Medicaid reimbursement for evidence-based violence prevention programs.

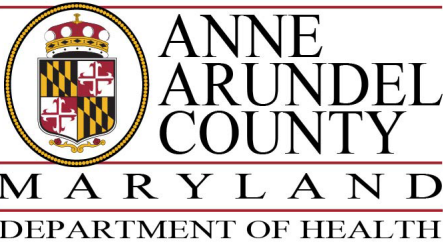
There is a growing body of research showing that community violence can be prevented using public health interventions. Violence prevention specialists work to identify people who may be at risk of experiencing or participating in community violence and then the prevention specialist connects individuals to services and resources that reduce the risk of violence. These services may include counseling, employment resources, or a variety of other important supports. Nurses treat victims of violence every day and we see the ways violence can spread in a community. This bill will insure consistent funding for evidence-based public responses to community violence.

We need to use every tool available to keep people healthy and safe. We ask you for a favorable vote on this legislation. If we can provide any additional support, please contact Scott Tiffin at stiffin@policypartners.net.

SB350 Letter of Information (1) (1).pdf

Uploaded by: Christina Shaklee

Position: INFO



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Nilesh Kalyanaraman, MD, FACP
Health Officer

2022 SESSION
Written Testimony

BILL NO: SB0350
COMMITTEE: Finance
POSITION: Letter of Information
TITLE: Maryland Medical Assistance Program – Community Violence Prevention Services

BILL ANALYSIS:

SB0350 will broaden statewide community violence prevention services to support victims of violence. The proposed bill requires that the Maryland Medical Assistance Program establish a certifying body for violence prevention professionals. Certified violence prevention professionals would be required to fulfill initial training hours and continued education hours in trauma-informed care and evidence-based strategies and advocacy practices on or prior to January 1, 2023.

POSITION RATIONALE:

The Anne Arundel County Department of Health agrees the establishment of a statewide accredited certification and recertification requirements for violence prevention professionals under the Maryland Medical Assistance Program would be beneficial if the following issues were addressed:

1. There are many challenges moving nonclinical services into a fee for service reimbursable rate. How will the State address these challenges?

2. Will the State develop or assign a credentialing body that can determine who can employ these specific positions for reimbursement and payment?

Outside of the questions around the funding and reimbursement piece, a certified body of professionals would significantly advance community violence interventions with positive local implications. This bill would join other states in applying Medicaid funding towards violence intervention professional certification and programming.

The bill's requirements would introduce evidence-based principles of trauma-informed care, crisis intervention and conflict mediation proven into the certification curriculum. They would also include peer support, counseling, and screening protocols that are highly successful in existing Anne Arundel County behavioral health programs. This bill is an opportunity for Public Health to address violence prevention through the use of evidence based strategies and solve multi-layer violence issues.

The Department of Health leads the Anne Arundel County Gun Violence Intervention Team, a coalition of municipal partners with members from over two dozen agencies. Driven by local data and best practice of proven gun violence intervention programs, the coalition is implementing strategies to prevent and reduce gun violence countywide. Through local tracking of non-fatal gun injuries, the coalition has identified that our county rate of 26.3 individuals per 100,000 residents matches the national rate. This indicates a critical need for local violence prevention professionals to support victims and interventions to deter future violence.

Sources

[Hospital-Based Intervention Can Save Lives. A Growing Movement Is Betting on Medicaid to Fund It](#), The Trace

[An Act Concerning the Availability of Community Violence Prevention Services Under Medicaid](#), Connecticut General Assembly.

MPA Testimony 2022 - Letter of Information - SB350

Uploaded by: Pat Savage

Position: INFO



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February 22, 2022

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3 East, Miller Senate Office Building

Annapolis, MD 21401

RE: Senate Bill 350 – Maryland Medical Assistance Program – Community Violence Prevention Services

Position: Letter of concern

Dear Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, is writing to express our **concerns**, for **Senate Bill 350 – Maryland Medical Assistance Program – Community Violence Prevention Services** – which would provide community violence prevention services. We applaud the intent but have serious concerns about the implementation of the bill as written.

Section 15–141.3 B 2 requires a clinician to make a risk assessment for potentially being a victim by an unknown person. Making risk-assessment determinations for potential perpetrators of violence is difficult and limited by unpredictable dynamic (i.e. ever-changing factors) and the time-limited nature of predictions. Most determinations are limited to short term predictions for committing future violent acts. Therefore, it is very unclear how a clinician is to determine if a person is at elevated risk (compared to who/what) of being injured by an unknown person(s) and within what time frame (1 day, 1 week, 1 month). There are serious concerns about this reliance on clinical judgement about an unknown person's behavior upon a potential client/patient.

In addition, the section also says these assessments will be completed by licensed healthcare professionals and does not specify what types of licensed healthcare providers. For example, can these assessments be administered by providers outside of mental health? And, are there any specific training requirements or criteria for the licensed healthcare providers to ensure they have the specialized training/knowledge to provide these assessments?

Lastly, it is a concern that a reliance on these type of assessments without more clarity might make qualification for these very important services to be extremely limited. This would mean that these services may be underutilized.

For these reasons, MPA urges the committee to consider our concerns before providing a favorable report on **Senate Bill 350 – Maryland Medical Assistance Program – Community Violence Prevention Services**. If we can provide any additional information or be of any assistance, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or exec@marylandpsychology.org.

Respectfully submitted,

Sincerely,

Linda McGhee

Linda McGhee, Psy.D., J.D.

President

R. Patrick Savage, Jr.

R. Patrick Savage, Jr., Ph.D.

Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs