



HB1005 - Maryland Medical Assistance Program – Community Violence Prevention Services
House Health and Government Operations Committee – February 22, 2022
Testimony of Lisa Jones, Director of Violence Intervention, LifeBridge Health Center for Hope
Position: **SUPPORT**

HB1005 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 HB1005.

Contact:

Martha D. Nathanson, Esq., Vice President, Government Relations & Community Development, LifeBridge Health, mnathans@lifebridgehealth.org (443) 286-4812

Adam Rosenberg, Esq., Executive Director, Center for Hope, arosenberg@lifebridgehealth.org (410) 601-HOPE