



Testimony in Support of SB561, Maryland Medical Assistance Program – Community Violence Prevention Services – Reimbursement and Provision of Services

Submitted by Kurtis Palermo, *Executive Vice President, Roca Maryland*
Senate Finance Committee
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My name is Kurtis Palermo, and I am the Executive Vice President of Roca in Maryland. Thank you, Chair Beidle, for the opportunity to testify in favor of Senate Bill 561, legislation that would support Medicaid reimbursement for community violence prevention and, in the doing so, enhance health equity and public safety, save taxpayer resources and, most importantly, reduce violence and the tragic loss of young lives.

For nearly 40 years, including the last eight in Baltimore, Roca has been working with the highest risk young men, those most likely to be victims or perpetrators of violence, and changing the trajectory of their lives. Our intervention model is rooted in relentless outreach and a focus on using brain science and a non-clinical version of cognitive behavioral therapy we call Rewire CBT to heal trauma and support long-term behavior change.

We are proud that the data confirms the effectiveness of our work. In FY25, Roca Baltimore served 354 of the highest-risk young men in the city: 87% had histories of arrests; 84% were drug involved; and 84% were street or gang involved. 98% of those engaged in the program for at least 18 months demonstrated improved behavioral health. Of those enrolled 24 months or longer, 84% had no new arrests and 93% had no new incarcerations. An independent evaluation by Abt Associates from 2019-2021 revealed that Roca participants recidivate 19% less than their peers in Maryland. The evidence is clear: evidence-based, outcome-driven community violence prevention programs, like Roca, work.

While we are enormously proud of the positive impact our team makes daily and gratified that some have asked whether Baltimore is experiencing a miracle in regard to a consistent and dramatic decrease in homicides during the last three years, we know all-too-well that the level of violence remains unacceptable.

To continue to stem the tide, we must do more. And we commend Senator Sydnor for his efforts to achieve that goal with the advancement of SB561.

In 2021, President Biden's administration encouraged states to consider expanding Medicaid to include violence prevention. Shortly thereafter, Maryland was one of the first states in the nation to authorize Medicaid reimbursement for community violence prevention services, demonstrating the state's commitment to treating violence prevention as the health intervention it truly is. However, as implemented, the existing law contains structural barriers that prevent community-based organizations from accessing this benefit.

SB561 is attempting to address those barriers and, in the process, support a full continuum of violence intervention services—including both hospital- AND community-based programs. Among the changes in SB561 that we believe to be most significant, and worthy of the Committee's support are:

- Elimination of requirement that that agencies employing or contracting with a certified violence professional to provide community violence prevention services be affiliated with a hospital or trauma center;
- Requiring Medicaid reimbursement for violence prevention services delivered outside of a hospital;
- Correcting a drafting error in the original legislation that required violence prevention professionals to complete an accredited training and certification program—no such accreditation exists for the field of community violence prevention; and
- Mandating that the state approves at least three programs approved to train and certify violence prevention professionals, rather than the single program required under current law. There are a host of entities with the expertise to provide this training and certification—including our Roca Impact Institute—and the field of community violence intervention will be strengthened by expanding the resources available to professionally train and certify those working on the front lines of community violence prevention.

As I noted earlier, beyond the human impact, this bill makes sound fiscal sense. Effective community violence intervention that prevents a shooting or a retaliation reduces emergency department visits, hospitalizations, incarcerations, and long-term trauma-related health costs, which are borne by taxpayers. In addition, expanding Medicaid reimbursement for violence prevention services provided by community-based organizations would bring additional federal matching funds to Maryland.

Maryland has already demonstrated its commitment to treating violence as a public health issue. Senate Bill 561 ensures that commitment extends to organizations on the very front lines of community-based violence prevention. Roca urges the Committee to advance this bill, as we believe our young men, and the communities they live in, are worthy of the support and the more robust continuum of violence prevention services that SB561 seeks to bolster.

Thank you for the opportunity to provide testimony on this important issue. Should you have any questions for me, I would be happy to address them. I can be reached via email at kurtis_palermo@rocainc.com.