

TO: The Honorable Pamela Beidle Name, Chair
Senate Finance Committee

SB561

FROM: Zakk Arciaga
Assistant Director, Trauma Program/Break the Cycle Violence Intervention

Favorable

DATE: February 24, 2026

RE: SB561 Maryland Medical Assistance Program - Community Violence Prevention Services - Reimbursement and Provision of Services

Johns Hopkins **supports SB561 Maryland Medical Assistance Program - Community Violence Prevention Services - Reimbursement and Provision of Services**. This bill expands reimbursement and delivery options for community violence prevention services.

Johns Hopkins Healthsystem has the Break the Cycle Program, which is a hospital based violence intervention program, that helps victims of violence cope with deep psychological and emotional trauma. The Break the Cycle team integrates healthcare and social support services to break cycles of violence and support survivors of traumatic injuries. Through collaborative efforts and evidence-based practices, we address the immediate and long-term needs of patients affected by violence, striving to reduce trauma and promote safety within our community.

Break the Cycle has begun to cover multiple hospitals and has experienced significant growth, with closed cases increasing approximately fourfold from FY25 to FY26 while engaged clients increased from roughly 50 per quarter to nearly 200, demonstrating both rising demand and improved engagement efficiency. The majority of patients served are ages 15–35 and are injured within Baltimore City, with assaults representing roughly half to two-thirds of cases across sites and recent increases in underdeveloped Victim Service areas, such as Baltimore County, Montgomery County, and Anne Arundel County gunshot wound volume.

One of the components of the bill is to allow community violence prevention services to be allowed to be delivered through telehealth. Virtual connection, telehealth, has become a critical engagement tool, allowing continued contact with patients facing transportation, safety, work, or housing barriers. additionally helps keep our staff safe from high-risk engagements. Expansion of telehealth-supported violence intervention is directly associated with improved follow-up success and continuity of care. Johns Hopkins is very supportive of this component of the legislation.

We also appreciate the expansion of allowing community violence prevention services through programs that are not only associated with hospitals. Johns Hopkins has seen incredible value in our violence intervention program and believe that more programs with the goal of reducing trauma and promoting safety within our communities would be beneficial.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on SB561.