



March 10, 2026

House Judiciary and Appropriation Committee

HOUSE BILL 987: Public Safety - Maryland Violence Intervention and Prevention Program Fund

**Position: Favorable**

Dear Chairs and Committee Members of Judiciary and Appropriations,

On behalf of LifeBridge Health's Center for Hope, thank you for the opportunity to provide testimony in support of House Bill 987 to increase and expand the success of Maryland's Violence Intervention and Prevention Program Fund. LifeBridge Health's Center for Hope is a comprehensive violence intervention and prevention program that, in 2025 provided trauma informed crisis intervention and prevention services to more than 5,700 survivors and caregivers impacted by child abuse, domestic violence, and homicide.

Center for Hope is a core part of Baltimore's community violence intervention (CVI) ecosystem. Over the past four years, our teams have operated CVI programs in six neighborhoods across Baltimore City. In four of those communities, we have accomplished more than a full year without a homicide, and two sites have achieved that milestone twice in the past three years. As of this writing, our Park Heights continues to be homicide free for over 420 days. These outcomes reflect the impact that consistent relationships, trauma-informed support, and credible, community-embedded work can have on reducing violence.

Even with only one fully staffed site, our CVI Safe Streets teams are conducting more conflict mediations across all neighborhoods, contributing to declines in shootings citywide. Violence interrupters routinely step into potentially lethal situations, often during off-hours, because the individuals involved are members of their own communities. Their work is direct, immediate, and often life-saving; in one instance, a supervisor safely disarmed an individual moments before a shooting and successfully brought both parties to the table to resolve their dispute. In another intervention, a participant said plainly, *"If you weren't here, I would have killed him for sure,"* underscoring the critical role interrupters play in preventing violence before it occurs.

Beyond averting shootings, our Safe Streets teams connect high-risk residents to stabilizing resources such as expungement clinics, job fairs, and food or energy assistance whenever possible. They are accomplishing this work despite limited staffing, and the progress to date reflects their dedication and effectiveness. It also illustrates the magnitude of what could be achieved with full staffing, adequate funding, and sustained support for CVI programs across the neighborhoods we serve.

CVI work supported by VIPP funds extends beyond neighborhood programs like Safe Streets and into our hospitals as well. Our hospital-based violence intervention teams at Grace Medical Center and Sinai Hospital, operating under the model put forth by the Health Alliance for Violence Intervention (The HAVI), continue to support individuals and families experiencing both the immediate and long-term effects of violence. In one neighborhood facing a persistent lack of access to healthy food, our hospital teams built a partnership with a food distribution agency and, over the past three months, have connected nearly 300 residents with nutritious food and additional stabilizing resources. Their work also extends deeply into individualized support: one patient, a pregnant mother facing unemployment, stalking, and severe trauma, received coordinated assistance that included financial support, help attending medical appointments, access to holiday resources, and encouragement to engage in therapy. With this sustained care, she ultimately secured stable housing out of state, felt safe returning to work, and entered the next chapter of her life with renewed confidence and safety. These outcomes illustrate the transformative impact that consistent, trauma-informed engagement can have during moments of acute vulnerability.

Utilizing VIPP funds and other Center for Hope resources our CVI teams have conducted targeted stabilization interventions designed to prevent retaliation, repeat injury, and destabilization after violence. Last year, the program delivered more than 100 intensive supports to individuals and families, addressing documented risk factors such as housing insecurity, food scarcity, and transportation disruption. In one case, a family facing severe financial strain after a violent incident received assistance with utilities and transportation, enabling them to maintain employment and avoid conditions that could increase the risk of further conflict. By reducing these immediate pressures, the likelihood of re-engagement in violence decreased significantly. These examples demonstrate why comprehensive support that continues beyond hospital discharge is essential to breaking cycles of harm and keeping families safe during their most vulnerable moments.

Our CVI teams through the support of VIPP funds provide critical support to survivors of homicide—individuals, including children, who have lost loved ones, witnessed violence, or survived violence themselves. Each month, survivors gather in a dedicated support group where they can share their stories, honor the people they lost, and grieve without judgment. It is a space defined by safety, understanding, and community: one where laughter and tears coexist, and where no one has to explain the depth of their pain. Participants consistently tell us that while the group cannot erase their grief, it helps them take meaningful steps toward healing by ensuring they do not face it alone. Programs like this create the conditions for long-term recovery and stability, especially for young people who are too often overlooked in the aftermath of violence.

This work is further reflected in cases like that of Ms. B., who lost her brother to gun violence in 2025 and suddenly became responsible for his three teenage children. Overwhelmed by her own trauma and the responsibility of stabilizing her family, she entered services feeling emotionally adrift. Through connection to the survivor support group, weekly therapy, and comprehensive

assistance, she regained stability and created a safer, more grounded environment for the teenagers in her care. As she shared, *“I appreciate all the supportive services provided... Without you, I would still be losing my mind.”* Her story illustrates a fundamental truth: healing after violence is not a path anyone should walk alone. With consistent, trauma-informed support, survivors can move from crisis toward resilience, and that is precisely why these programs remain so essential.

These neighborhood-level achievements mirror Baltimore’s broader progress. The city has experienced historic, year-after-year declines in homicides and non-fatal shootings, reaching levels not seen since 1970. In total, over the past five years, homicides are down 58.69% and nonfatal shootings are down 57.33%. At our Sinai Hospital, a Level II trauma center, we continue to see this progress reflected in our emergency department and trauma bay. Gunshot wound admissions are on pace to be 52% lower than the surges experienced in FY21 and FY22, and 43% lower than totals from a decade ago. These are not abstract statistics; they represent lives saved and families kept whole.

Despite these gains, the funding landscape for CVI work has become increasingly unstable. The temporary infusion of federal resources through ARPA and the Bipartisan Safer Communities Act (BSCA) provided much-needed support; however, ARPA dollars have expired, and the abrupt decision of the US Department of Justice in April 2025 to cease BSCA has created significant gaps. Our own organization experienced an abrupt loss of critical BSCA funding in April 2025 of \$1.2 million, a reflection of the millions of dollars lost and broader funding cliff affecting Baltimore’s CVI network. Sustaining the progress we have made requires predictable, ongoing investment.

Baltimore City has shown what is possible when a CVI infrastructure is consistently supported, and we recognize the importance of ensuring that Prince George’s County has access to similar tools and capacity. We appreciate efforts to recognize the effectiveness of CVI work and to ensure that multiple jurisdictions across Maryland can build and strengthen programs that meet the needs of their communities. Center for Hope stands ready to collaborate with partners across the state. Our teams are committed to sharing expertise, supporting program development, and helping expand CVI capacity wherever it is needed in Maryland.

Baltimore has come too far to allow this progress to slip backward. We remain focused on the long-term vision: driving our city’s homicide rate to zero and helping build a safer, healthier Maryland for all. Center for Hope supports HB987 and looks forward to working with the Committee, the bill sponsor, and other stakeholders to ensure that any final legislation strengthens the safety of our communities.

Respectfully submitted, Adam Rosenberg  
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