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	Subject	17-0002R – Coordinated Agency Violence Reduction Strategy		

To: President and Members
of the City Council
c/o 409 City Hall

February 16, 2017

Council Bill 17-0002R – Coordinated Agency Violence Reduction Strategy requests specified agencies present to the Council on a coordinated violence reduction strategy. The Baltimore City Health Department (BCHD) believes that public health and public safety go hand in hand and takes a three-tiered approach to violence as a public health issue. Those three tiers include violence interruption, addiction and mental health, and upstream investment. BCHD supports this Council resolution, and appreciates the opportunity to discuss these programs.

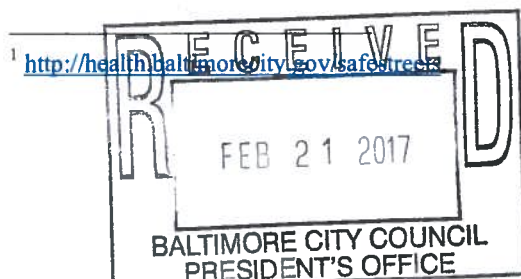
Tier 1: Violence Interruption. Safe Streets Baltimore was launched by BCHD in 2007 and is based on the national Cure Violence model. The evidence-based, public health initiative targets high-risk youth ages 14 to 25 and employs and trains outreach professionals to de-escalate and mediate disputes that might otherwise result in serious violence.

In partnership with community-based organizations at four designated Safe Streets sites, which are located in Cherry Hill, Park Heights, McElderry Park, and Sandtown-Winchester, Safe Streets employs ex-offenders and ex-gang members with trusted community relationships who canvass the target neighborhoods to identify and interrupt potentially violent conflicts. Safe Streets staff also connect at-risk youth to a wide variety of services to help them turn their lives around, including job training, education, mentorship, housing, and family support.

In 2015, Safe Streets interrupters staged 692 interventions, 77 percent of which were rated as likely or very likely to result in gun violence. Three Safe Streets sites have surpassed 365 consecutive days without a firearm homicide.¹ Program staff maintain up-to-date site-specific statistics on violence at each site at: <http://health.baltimorecity.gov/safestreets>.

When a shooting does occur within one of the designated neighborhoods, the relevant Safe Streets site responds by organizing community members to call attention to and speak out against the violence. This response occurs within 72 hours of a shooting – examples of past community activities of this kind include peace marches, midnight barbecues, vigils, and prayer sessions.

Adopting a public health approach to violence, as Safe Streets does, enables an upstream focus and interrupts the root causes of violence. For example, when shootings take place, Safe Streets workers galvanize community members to protest the impact of gun violence, in an effort to change the local norms of carrying and using guns.



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Furthermore, any operational costs are far outweighed by the cost savings associated with preventing a shooting. A single homicide is estimated to cost \$1.3 million in direct medical and productivity losses alone. The total societal cost for a single homicide is estimated at \$9 million. Preventing gun violence reduces healthcare costs for the entire City, and enables the health of future generations.

Tier 2: Addressing Addiction and Mental Health. Behavioral health and substance use are key factors in violence prevention: 8 out of 10 individuals in jail use illegal substances and 4 out of 10 have a diagnosed mental illness. Every \$1 invested in addiction treatment saves society \$12. BCHD has developed a comprehensive, 3-pillar strategy to combat opioid addiction that led the way in Maryland and that serves as a national model of innovation:

- 1) Prevent deaths from overdose and save lives.** In 2015, Commissioner Wen declared opioid overdose a public health emergency and the most critical part of BCHD's opioid overdose prevention campaign has been expanding access to naloxone – the lifesaving drug that reverses the effect of an opioid drug overdose. In October 2015, a new law went into effect that allowed Dr. Wen to issue a “standing order” and prescribe naloxone to the City's 620,000 residents. Baltimore City became the first jurisdiction in Maryland to expand access to naloxone using a standing order.

Since 2015, BCHD and partner organizations trained over 20,000 people at street markets, metro stops, jails, and neighborhood meetings on how to administer naloxone. BCHD assisted the Baltimore Police Department (BPD) to incorporate naloxone training into the police. Across the city, naloxone has saved over 800 lives, through administration by BPD Officers, first responders, health professionals, community members, and more. Baltimore City was also one of the first jurisdictions to require naloxone training as part of court-mandated time in Drug Treatment Court. We have trained federal, state and city legislators so that they can not only save lives, but also serve as ambassadors and champions to their constituents.

We use up-to-date epidemiological data to target our training to “hotspots,” taking naloxone directly into the most at-risk communities and putting it in the hands of those most in need. This was put into effect in 2015, when we saw that 39 people died from overdose to the opioid Fentanyl between January and March of 2015. Fentanyl is many times stronger than heroin, and individuals using heroin were not aware that the heroin had been laced with Fentanyl. To address this spike in fentanyl related deaths, BCHD launched a city-wide Fentanyl Taskforce, which includes representatives from local hospitals, the Baltimore City Police Department, the Baltimore City Fire Department, and more, to discuss ways to identify and prevent fentanyl-related deaths.

- 2) Increasing access to on-demand treatment and long-term recovery support.** Preventing overdose is only the first step in addressing addiction. To adequately treat people with substance use disorders, we must ensure there is adequate access to on-demand treatment. Nationwide, only 11 percent of patients with addiction get the treatment they need. In collaboration with Behavioral Health Systems Baltimore, the local behavioral health authority, BCHD has already taken several actions to ensure access to treatment, including:

- Created a 24/7 Crisis, Information and Referral phone line for anyone with addiction and mental health concerns that receives nearly 1,000 calls each year for crisis services and referral to appointments;
 - Secured \$3.6M in capital funds to build a stabilization center which will be the first step towards creating a 24/7 emergency room for behavioral health;
 - Hired community-based peer recovery specialists and piloted universal addiction screening in our hospitals;
 - Implementing the Law Enforcement Assisted Diversion Program (LEAD) with City partners, to establish criteria for police officers to identify and connect individuals to services such as drug treatment and housing, rather than to central booking for arrest.
- 3) Provide education to reduce stigma and prevent addiction.** In addition to treating patients, the dialogue around substance use disorder must also change and BCHD has been at the forefront of changing public perception of addiction so those in need are not ashamed to seek treatment. BCHD is leading a city-wide effort to educate the public and providers on the nature of addiction: that it is a disease, recovery is possible, and we all must play a role in preventing addiction and saving lives. Key activities include:
- A public education campaign, “DontDie.org”, that educates citizens that addiction is a chronic disease and to encourage individuals to seek treatment;
 - Conversations with emergency doctors across the City to create awareness about best approaches to prescribing opioid medication;
 - Educational programs for doctors and providers of all specialties around careful prescribing of opioid medications and need for training in anti-overdose medication naloxone.

Baltimore City was the first jurisdiction in Maryland to take this proactive approach to address addiction and has one of the most ambitious overdose response and addiction treatment programs in the country. The U.S. Senate and House of Representatives, the White House, and the Surgeon General have all highlighted BCHD’s innovative approaches to address the opioid epidemic as a national best practice.

In addition to addiction treatment, we also address the trauma and mental health challenges that can perpetuate violence. Generations of exposure to poverty, racism, violent crime and domestic violence has resulted in extremely high levels of traumatic stress for individuals, families and communities across the City. Recognizing that trauma is a major underlying factor of behavioral health issues and violence, BCHD has launched a trauma-informed care training initiative across city government, which has already reached more than 1,200 city employees including police officers and other front-line city workers.

Recently, BCHD was awarded a five year, \$5 million grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) for the Resiliency in Communities after Stress and Trauma program. The goal of ReCAST is to reduce the impact of trauma and build resilience in Central West Baltimore communities adversely impacted by the April 2015 unrest. The program empowers community organizations from West Baltimore to implement high-quality, trauma-informed services to promote connectedness and resilience in youth. The grant is also complemented by \$2.3 million received from the U.S. Department of Education for Promoting Student Resilience, which will significantly expand mental health services in schools located in those same communities.

Tier 3: Upstream Investment. Finally, BCHD promotes upstream investment in evidence-based public health interventions that help address the root causes of violence. One example of this is B'More for Healthy Babies, which began in 2009 as an effort to reduce the rate of infant mortality in Baltimore. Since BHB came on line, Baltimore has experienced a 38 percent drop in its infant mortality rate, and the disparity gap for black babies and white babies shrunk by 50 percent. The program's success equates to 50 babies saved each year, and home visiting for pregnant women saves \$5.70 for every \$1 spent.²

Similarly, BCHD, the Baltimore City Public School System (BCPSS), Johns Hopkins University, non-profit provider Vision To Learn (VTL), and Warby Parker have launched "Vision for Baltimore," an innovative citywide strategy to ensure that students across Baltimore City elementary and middle schools have universal access to glasses, an essential learning tool, in an effort to improve performance, engagement, and opportunity. Vision for Baltimore is also a core component of the BCHD's Youth Health and Wellness Strategy, a comprehensive 5-year plan to reduce economic, social, and racial disparities among Baltimore City's children and youth that includes violence prevention.

Also included in that Youth Health and Wellness Strategy is lead poisoning prevention. BCHD seeks to reduce lead poisoning in the City through primary prevention and aggressive enforcement of the city's lead laws. More than 56,000 children under age 6 are at risk for lead poisoning in Baltimore. Lead poisoning can cause permanent brain damage that serves as a risk factor for violence. BCHD educates and strongly encourages families and providers to test children ages 1 and 2 for lead levels, outreach to pregnant women to evaluate potential lead hazards, and with numerous partners, including Baltimore City Housing, conducts home visits and develops strategies to reduce lead paint hazards in homes. Lead abatement programs save between \$17 and \$221 per \$1 spent.

We must go deeper than public safety and break the cycle of violence by addressing upstream risk factors. We must also look not just at the cost of the program but the cost of doing nothing. And finally, we should view people as solutions. BCHD takes a comprehensive public health approach to violence prevention through violence interruption programs such as Safe Streets, the treatment of addiction as a disease, and investing upstream in evidence-based, public health interventions -- all of are built upon these principles and enable us to truly break the cycle of violence.

We support this resolution and will be present at the hearing to answer any questions the Council may have on this matter.



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Commissioner of Health
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² <http://www.healthybabiesbaltimore.com/about-bhb/infant-mortality-statistics-and-research>