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	Subject/ Position:	22-0111R – Informational Hearing – Addressing Youth Violence in Baltimore City <b>FAVORABLE</b>		

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

August 25, 2022

The Baltimore City Health Department (BCHD) is pleased to have the opportunity to review Council Bill #22-0111R, entitled *Informational Hearing—Addressing Youth Violence in Baltimore City*. The aim of this resolution is to invite representatives from various agencies to discuss the increase in violence affecting youth across the City, and the risk factors driving these incidents.

### **Diagnosing Youth Violence**

Widely understood as an issue of public health, violence affecting youth irrefutably arises as the direct result of environmental, political, social, and economic stressors. Violence can be contextualized as the negative health outcome that is the product of exposure to multiple risk factors.

The issue of violence affecting youth in Baltimore should be examined through a public health central framework, which places emphasis on prevention via addressing known factors in the built and social environments. Education status, housing status, transportation status, and employment status are all factors that can increase or decrease the likelihood of City youth perpetuating violence. Violence affecting youth is a symptom of the social determinants of health; which catapults health to the ideological center of intervention strategies to come. The City’s Child Fatality Review recognizes additional factors, themselves influenced by the social determinants of health and systemic racism that serve as a root cause of youth violence. Adverse childhood experiences (ACEs) (e.g., caregiver mental health condition, caregiver substance use, caregiver incarceration, neglect) can lead to toxic stress and high-risk behaviors (data on which can be found below).

When examining violence affecting youth through a public health lens, central to which is a trauma-informed approach, it becomes necessary to critically examine and address factors of the built environment—as well as the outcomes they produce in hopes of minimizing disparity. Beyond direct injury, exposure to violence increases the risk of engaging in high risk behaviors as well as other illnesses, including asthma, hypertension, and cancer.

While it is widely recognized that clinicians, nurses, and other healthcare workers play an

integral role in performing life saving measures for victims of violence in emergency departments, because effective health promotion in all aspects demand a multi-sectoral approach, every interaction a young person has with City services could be an opportunity to prevent the spread of violence. Nearly one-third of children in Baltimore City have two or more ACEs. A previous health department analysis found that virtually all youth victims and perpetrators of homicides and non-fatal shootings had contact with at least one child-serving agency (social services, education, or criminal justice). Focusing on trauma and fostering trauma-informed systems of care would support breaking the multigenerational cycle of violent victimization and perpetration.

Healthy People 2020 asserts that the key to violence prevention is understanding where and when it occurs, determining its causes and documenting what strategies are effective. The hope of this report is to enumerate in-depth the current BCHD youth violence prevention efforts, working to convey that if youth violence is to be mitigated in our communities, we have to acknowledge it is preventable.

## **Current Health Department Initiatives**

### *Utilizing the Life Course Approach to Violence Prevention*

The life course approach to health promotion refers to how an individual's physical and mental health and wellbeing are influenced throughout their life cycle by wider determinants of health. Reducing health disparities requires an understanding of the mechanisms that generate disparities—and intervention strategies can be implemented as early as pregnancy. Pregnancy and early childhood should be placed at the foundation of youth violence intervention strategies because this period lays the groundwork for so much developmentally. This includes exposure to ACEs, learning trajectory, and success in school.

B'more for Healthy Babies (BHB) is Baltimore City's strategy to prevent infant and maternal mortality and improve maternal and child health outcomes. Work to support families prenatally and in early childhood is the foundation of youth violence prevention work. BHB's centralized intake system for pregnant people and infants links families to resources that mitigate the impact of ACEs on children, such as mental health, substance use, and domestic violence services to parents and caregivers; address the social determinants of health, such as food pantries, tax preparation, and job resources; and provide early intervention for infants with developmental delays to reduce later problems in school. BHB's home-visiting programs, such as the Nurse-Family Partnership program, provide multi-year support to families with high needs, promote positive parenting, and work with parents to become economically self-sufficient. Nurse-Family Partnership is considered to be a well-supported evidence-based violence prevention strategy, showing that it is associated with a 59% reduction in youth arrests by age 15.

U Choose is part of the Youth Sexual Health Initiative (YoSHI), a social marketing campaign as well as a partnership with City Schools to provide comprehensive reproductive health education in middle and high school and ensure that all youth who desire it have access to effective contraception and education to make decisions about their health and reproduction. U

Choose/YoSHI is a part of B'more for Healthy Babies, which takes a life course approach to maternal and child health.

*The Youth Services Advocacy Project*

The Youth Services and Advocacy Project (YSAP) serves primary and secondary victims of violence ages 11-24. The project provides intensive case management, psycho-educational groups, and referrals for mental health and other support services to youth homicide survivors, victims of conventional crime, family violence, child maltreatment, victimization by peers and siblings, sexual victimization, witnessing and indirect victimization (including exposure to community violence and family violence), school violence and threats, and domestic and dating violence. The project provides transportation, emergency/transitional housing, and educational assistance, and works with the Baltimore City Victim Services Committee to connect clients to legal assistance and criminal injuries compensation.

In 2021, YSAP served 186 victims of crime throughout Baltimore City, providing services to a significant number of youth with multiple ACEs who are caught in a cycle of violence.

*Elijah Cummings Healing City Act (ECHCA)/ Trauma Informed Care Taskforce*

The Elijah Cummings Healing City Act (ECHCA), enacted February 2020, established a Trauma-Informed Care Task Force responsible for ensuring agencies across the City of Baltimore are engaging individuals in formal trauma-informed care training. BCHD is responsible for co-developing a formal training for trauma-informed care, including working sessions and additional technical advisory to support agencies where needed and BCHD contracted a third party, Sage Wellness Group LLC, to implement the scope of work, related training, data collection, monitoring, and evaluation.

*Child Fatality Review*

Baltimore City Child Fatality Review (CFR) is an action-oriented, collaborative process that brings key people and agencies together to study the circumstances leading to each child's death and our response to that death. The goal of CFR is to conduct comprehensive, multi-disciplinary reviews to better understand how and why children die and use the findings to prevent future deaths and improve the health and safety of all children in the community. CFR was established in Maryland by Senate Bill 464 of 1999, which created a state CFR Team and local CFR Teams in every jurisdiction which are operated by the local health department. The focus is future-oriented and on accountability, not blame, for identifying and rectifying gaps in the system that increase risk for fatalities.

<b>CFR recommendations for preventing youth violence</b>
Provide comprehensive intervention and wraparound services for youth victims of nonfatal shootings and stabbings and hospital-based intervention to reduce risk of violence
Study Baltimore's intergenerational drug trade and create a two-generation intervention for

**CFR recommendations for preventing youth violence**

involved families that utilizes highly credible staff
Provide enhanced care coordination for youth age 13 and younger charged in the juvenile system, with an emphasis on offering comprehensive supports for the youth’s family
Institute a consistent referral policy and robust minimum standard of support and intervention for Student Support Teams across City Schools, with an emphasis on intervening on attendance early in elementary school
Determine the number of youth in City Schools who have multiple school-based risk factors for fatality as a first step to determining the feasibility of identifying them and intervening early on a routine basis
Create an integrated data system across major child- and family-serving agencies (e.g., City Schools, DJS, BCDSS) with proper privacy controls that would alert agencies to youth with risk factors for fatality across systems
Strengthen the capacity of the Local Care Team and institute a consistent referral policy across member organizations for the Local Care Team, prioritizing youth risk factors identified by CFR and ensuring referrals for all families that initiate voluntary foster care placement even if they later rescind
Offer culturally responsive and trauma-informed individual and family therapy in addition to behaviorally oriented therapy, with trauma training for the city’s child- and family-serving behavioral health providers
Train and employ credible messengers (e.g., youth peer mental health educators) across child- and family-serving agencies to outreach and engage families, amending outreach practices and policies to keep cases open longer in order to build trust and encourage youth and family participation over time
Provide ongoing training across health and social service systems on evidence-based and best-practice approaches to working with caregivers with substance use disorders, ensuring that education includes information about the effects of stigma and bias on the outcomes of caregivers and their children
Integrate parenting education and support services into substance use disorder treatment, pediatric care, adult health care, and criminal justice settings (e.g., Baltimore Central Booking and Intake Center)

The CDC classifies youth violence as violence committed by offenders under the age of 25. Under the purview of the Child Fatality Review (CFR), however, youth violence refers to offenders under the age of 18—dismissing entirely that individuals under the age of 25 are still developing. To create meaningful, wide reaching and sustainable violence prevention programs, BCHD is also advocating to change the CFR cutoff age from 18 to 25. The impact of such would be vast. In 2020 for instance, there were 95 homicide victims under 25 vs. 17 in under 18 (CDC Wonder 2020).

*Youth Trauma and Gun Violence*

Baltimore City experiences some of the highest homicide rates across the U.S. Excess levels of gun violence continue to persist into 2022. This year, the city surpassed 200 homicides as of August 11, 2022.

Gun violence and victimization has a high prevalence among young males of color. It is important to highlight the need to integrate culturally relevant practices when developing frameworks and applications for integrated services. The United States Office of Justice Programs released Vision 21 in 2013 and laid a new foundation for approaches to supporting male survivors of violence. The framework examined the role of the crime victims’ field in the overall response to crime and criminal behavior, building capacity, and identifying and addressing emerging challenges in the crime victim’s field. It highlighted that male survivors of violence, and particularly young males of color, often do not receive the support they need to fully recover from trauma and a life of criminal behavior. Transforming the victims’ services field to include perpetrators and examine the lens in which we evaluate services and funding, was initiated.

The ideal goal is to address and mitigate the link between youth trauma and violent victimization by:

- Supporting effective community-based, trauma-focused treatment
- Establishing a continuum of accessible, trauma-informed, culturally relevant support services
- Supporting the community in developing its capacity to increase and sustain a values-based, trauma-informed, multi-disciplinary community network

Collaborative efforts across agencies and community-based service providers is essential to ensuring adequate information and data sharing regarding children and youth. Solutions expanding usage and sharing among agencies, support early intervention protocols, including addressing trauma as a result of exposure or victimization of domestic violence and gun violence. With this approach, we are able to integrate a shared data system with a framework for collaboration to divert youth from incarceration toward culturally relevant, trauma-responsive support services. We can build on shared values, share data, inform policy and focus on shared outcomes.

<b>Recommendations:</b>
Expand data sharing agreements to support comprehensive, effective data sharing practices and transfer of viable information of juvenile mental, criminal, family, and behavioral history from Department of Juvenile Service caseworkers
Explore correlations and relationship between domestic violence victimization and/or perpetration with gun violence victimization to inform effective interventions among <u>youth</u> supervision clients.

## *Youth Trauma and Opioids*

Researchers have observed increases in substance use and drug overdoses in the U.S. since the COVID-19 pandemic was declared. Baltimore City has one of the highest fatal drug overdose death rates among major cities. Supporting youth and children impacted by the opioid epidemic, within Baltimore City, provides an active opportunity to identify youth, potentially at-risk for substance use and violent victimization.

The ideal goal is to address and mitigate the link between youth trauma and substance use/misuse by:

- Observing and implementing community-oriented and evidence-based practices
- Delivering core direct services and other identified supports
- Coordinating a continuum of care to support the urgent needs of children and their families
- Promoting overall healing and well-being

Collaborative efforts across multidisciplinary teams enhances our collective ability to use existing feedback structures and systems to further identify, understand, and coordinate resources. With existing partners, we can address potential increases among vulnerable populations as well as gaps in services to LGBTQ+ children and youth experiencing homelessness, and who may be at a higher risk for exposure to substance use and re-victimization. Integrating adequate mental health/substance use treatment services increases access to a continuum of care and rehabilitation.

### **Recommendations**

Explore evidence-based practices and effective use of risk-needs assessments that support strategies to address child and adolescent trauma, PTSD and adverse childhood experiences.

Expand policies that govern and inform how agencies collect and share opioid-related data and youth exposure to opioid overdoses.

## *Strengthening home and school-based violence prevention programs*

Violence in our communities and in our schools have a significant impact on our nation's youth. Nearly two-thirds of children in the United States have been exposed to trauma and violence in their homes, schools, or communities. Such exposure may cause youth and families significant physical, mental, and emotional harm, with long-term, lasting effects. To adequately address violence within schools, support is needed for the social, emotional, and behavioral needs of all students.

The ideal goal is to address and mitigate Adverse Childhood Experiences (ACEs) among school-aged children and youth by:

- Supporting the development and expansion of strategies that increase school-based violence prevention, education and mediation
- Increasing the number of students participating in school-based violence prevention programs
- Increase the number of students accessing mental health services, employment and housing services
- Increase the number of students accessing effective, culturally-responsive case management

**Recommendations:**

Enhance and expand school partnerships with local community-based organizations that have a specific skill set in effective strategies that address the root causes of violence.

Establish tools and practical techniques for working across different disciplines to facilitate information sharing, communication, and coordination between schools and collaborating Baltimore city agencies, institutions and community-based youth mental/behavioral health service providers.

For the reasons noted above, BCHD urges a **favorable** report on Council Bill #22-0111R.