

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-5677

AN ACT CONCERNING THE AVAILABILITY OF COMMUNITY VIOLENCE

**Title:** PREVENTION SERVICES UNDER MEDICAID.

**Vote Date:** 3/26/2021

**Vote Action:** Joint Favorable

**PH Date:** 3/24/2021

**File No.:** 427

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## **SPONSORS OF BILL:**

Public Health Committee  
Rep. Ritter, Rep. Gilchrest & Rep. Hall

## **REASONS FOR BILL:**

This bill addresses the issue of Medicaid coverage for community violence prevention services. The bill also specifies the requirements for qualification as a violence prevention professional.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

### **Commissioner Deidre S. Gifford, MD, MPH, Connecticut Department of Public Health**

While the Department appreciates this concept and is not opposed to defining the certification requirements for a violence prevention professional, we typically rely on national professional organizations that have studied evidence-based criteria for certification that are developed with individuals actively involved in the particular profession.

Upon further review, the Department has determined that the Health Alliance for Violence Intervention does not currently have a certification program. As of now, no such accrediting bodies exist, and DPH would be unable to fulfill this obligation. If defining the certification requirement evolves into a recommendation to license, certify, or provide other regulatory oversight of this profession, the Department will be unable to do so within existing resources.

### **Connecticut Department of Social Services**

The Department commends the goals of this legislation and agrees with the concept of the bill. DSS supports efforts to reduce community violence and the subsequent emergency department visits and will review the literature and evidence from other state programs and

locally. However, because these services are not included in the Governor's recommended budget, the Department cannot support this bill.

**Matthew Ritter, Speaker of the House, Connecticut General Assembly**

In the wake of yet another mass-shooting, I implore the Public Health Committee to support community violence prevention programs whose work serves victims of violent crimes by providing traumainformed case management and referrals to critical services like mental health treatment, housing, and other basic needs.

The bill contemplates the expansion of programs already in operation in Philadelphia and in development state-wide in California. By recognizing and subsequently licensing these providers through DPH, we will enable the leveraging of federal Medicaid dollars to better support this work.

Undoubtedly, these programs serve victims first and foremost. But the committee should also consider their value in preventing future acts of violence on our criminal justice and health care systems, and all our communities.

**NATURE AND SOURCES OF SUPPORT:**

**Connecticut Hospital Association**

Connecticut hospitals have been collaborating with community partners for years to advance trauma-informed case management services to victims of violence, with the common goals of starting the healing process, supporting victims and their families, and preventing further violence.

Violence prevention professionals often make an initial connection with victims while they are still in the hospital. They are available to victims and their families to coordinate victim assistance services under the Victims of Crime Act, connect victims with mental health services, including brief trauma-focused therapy, coordinate post-discharge medical follow-up for the treatment of injuries, connect victims with opportunities for employment and educational advancement, and coordinate referrals to community-based services for food, clothing, and legal advocacy.

HB 5677 will establish a unified, consistent, and sustainable statewide process for Connecticut hospitals, government agencies, and community-based violence intervention programs to deliver targeted case management services to victims of violence and their families. This coordinated approach will also enable these partners to generate, share, and benefit from evidence-based data to develop best practices.

**Kevin Borrup, Executive Director of the Injury Prevention Center, Connecticut Children's Medical Center**

10% of children's overall health and well-being is determined by the health care services they receive while 80 to 90% of our desired outcomes for children are driven by social, environmental, and behavioral factors.

Connecticut Children's along with many of our hospital and community-based partners who are testifying today are currently working together to strengthen existing hospital-based

violence intervention programs (HVIPs) and to build new programs and partnerships where they do not exist already.

By authorizing Medicaid coverage for these services, hospital-based programs will be strengthened in their capacity to support individuals, families, and communities impacted by violence.

**James Dodington, Pediatric Emergency Physician, Medical Director of the Center for Injury and Violence Prevention, Yale New Haven Hospital.**

Through this legislation, we have the opportunity to advance care for victims of violence in Connecticut and prevent further injuries and needless loss of life.

Violence intervention programs across the state are in need of consistent funding to support the community-based, collaborative outreach that is the core of programmatic success, in short, the work of violence prevention professionals.

HB 5677 will provide the momentum needed to grow violence intervention programs across our state and provide services to victims throughout CT.

**Kelly McConney Moore, Interim Senior Policy Counsel, American Civil Liberties Union of Connecticut (ACLU-CT)**

Police violence cannot be effectively addressed without reducing the role, responsibilities, and presence of police. This means diverting funds from policing to instead build safe and healthy communities.

Community-based programming that prevents or interrupts violence without police intervention is one incredibly important component of building safe communities, addressing and treating root causes of violence, and, eventually, moving away from reliance on police. House Bill 5677 creates a framework for prioritizing and funding violence prevention services and, in doing so, supports new models of community safety.

**Fatimah Loren Dreier, Executive Director, The Health Alliance for Violence Intervention**

Hospital-based violence intervention programs (HVIPs) vary in the specifics of their design and scope, but typically include a brief intervention in the hospital followed by intensive community-based case management services in the months following the injury. HVIPs serve violently injured victims who may be disconnected from traditional institutions and are thus difficult to reach.

Violence prevention professionals provide trauma-informed crisis intervention, links to community-based services, mentoring, home visits, and long-term case management. Unfortunately, funding for HVIPs has not kept up with the need. The result is that this approach is understaffed and underutilized, allowing violence to continue in our communities.

H.B. 5677 offers a smart and proactive approach to address community violence. With or without action, Connecticut's Medicaid program is expected to remain the single largest payer for emergency department charges following violent injuries, highlighting the importance of implementing a preventive strategy.

**Additional Sources of Support include:**

Amy Bieniek, Moms Demand Action, West Hartford

Laura Kabel Bridgeport

Jeremy Stein Executive Director CT Against Gun Violence

Carl Hardrick, Violence Prevention Professional (VPP), Wilson Gray YMCA

Jewish Community Relations Council

Ari Cruz, Case Manager, Hartford Care Response Team

**NATURE AND SOURCES OF OPPOSITION:**

There was no testimony in opposition to this bill

**Reported by: David Rackliffe**

**Date: April 17, 2021**