



Center for Firearm Violence Prevention and Intervention

Preliminary State Plan for A Public Health Approach To Reducing Firearm Violence

JUNE 2025



Preliminary State Plan for a Public Health Approach to Reducing Firearm Violence

Reporting Note

Health General Article §13-5204(a)(3)(i) requires the Center for Firearm Violence Prevention and Intervention within the Maryland Department of Health to submit a preliminary State Plan for a Public Health Approach to Reducing Firearm Violence to guide the work of the Center to the Governor and the General Assembly.

This report is intended to satisfy these requirements.

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Background

Maryland is one of twelve states to create a state office of gun violence prevention. The state offices are housed within a variety of departments, including executive administrations, public safety, commerce, and public health. Maryland's Center for Firearm Violence Prevention and Intervention (the Center) was established within the Department of Health in October 2024 through legislation passed by the Maryland General Assembly. The creation of the new Center was spearheaded and championed by the Moore-Miller Administration as a part of its strategic state plan to create safer communities by addressing the firearm violence epidemic. Centering the new office in the health department demonstrates the State's commitment to utilize the public health approach to prevent gun violence.

The Center will serve as a hub to connect agencies, local health departments, law enforcement, community members, advocates, medical professionals, and others to assess the current landscape of gun violence prevention programs and campaigns. Through this statewide collaboration, the Center aims to identify and fill policy, implementation, and funding gaps.

The Center's mission, stipulated in the legislation, is to reduce firearm violence, harm from firearm violence, and misuse of firearms in the state by partnering with federal, state, and local agencies and affected communities to implement a public health approach to firearm violence reduction.¹

The new law requires the Center to “work in consultation with the Governor’s Office of Crime Prevention, Youth, and Victim Services or any successor agency, the Maryland State Police, and any other relevant state or local agency to ensure a multidepartmental approach to reducing gun violence”.² The Center is required to consider recommendations from impacted communities, public health experts, firearm safety and training experts, and other organizations as appropriate. Per legislation, the Center may also provide technical assistance, issue best practices, model policies for prevention and intervention strategies, share and receive data with agency partners, create public awareness campaigns, and promote the development of evidence-based firearm violence prevention initiatives in impacted communities across the state.³

In addition to the creation of the Preliminary State Plan for a Public Health Approach to Reducing Firearm Violence, the Center is required to create and submit a State Strategic Plan for Firearm Violence Reduction Using the Public Health Strategies to the Governor and Maryland General Assembly by May 1, 2029 and every four years thereafter.⁴

¹ Md. Code Ann., Health General §§ 13-1502

² Md. Code Ann., Health General §§ 13-1504

³ Md. Code Ann., Health General §§ 13-1504

⁴ Md. Code Ann., Health General §§ 13-1504

Since its establishment in October 2024, the Center has built a solid foundation and initiated several efforts and activities to support the state in its effort to reduce gun violence. The newly hired Center leadership developed an inventory of existing firearm violence prevention and intervention programs across state agencies. With this resource, the Center hopes to capture the scope of prevention and intervention efforts throughout Maryland and identify potential collaborations moving forward.

The Center has released \$1.6 million in grant funding opportunities based on the core pillars of prevention work, including prevention, intervention, and community healing. The grants will support community engagement, policy implementation, and community violence intervention programs. Additionally, the Center has collaborated with the Maryland Department of Health's Central Data Office to develop an in-depth firearm data dashboard. This dashboard centralizes the latest public health data on firearm-related homicides and suicides, non-fatal emergency department visits, and circumstances preceding homicides and suicides, allowing for informed decision-making and discussion. This resource will be made available on the MDH website to the public soon.

This preliminary plan is intended to build on this foundation and serve as a road map to guide the development of a long-term strategic plan and short-term goals and objectives for the Center. The Center will seek the insights and expertise of community members impacted by gun violence, agency leaders and key staff, and other key stakeholders to conduct thoughtful strategic planning and advance public health strategies to reduce gun violence.

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Executive Summary

The Center for Firearm Violence Prevention and Intervention frames its work within three pillars: **Prevention & Assessment**, **Intervention & Response**, and **Community Resilience & Healing**. Within the three pillars, the Center will focus on five preliminary goals to guide the creation of a long-term strategic plan.

- **Goal 1:** Conduct needs assessment and landscape analysis to build a long-term strategic plan and policy recommendations for State leaders.
- **Goal 2:** Enhance firearm-related data and analysis to inform and improve public health policies and programs.
- **Goal 3:** Improve coordination and trust between agencies and jurisdictions.
- **Goal 4:** Strengthen investment in evidence-informed gun violence prevention efforts.
- **Goal 5:** Advance education for effective gun violence prevention reduction strategies.

Framework



Gun violence exists in a larger ecosystem of social factors and causes. Therefore, the Center aims to develop and maintain holistic and comprehensive solutions at different stages by utilizing the public health approach. The Center is also committed to addressing the social determinants of health, aspiring to do meaningful, long-term, and sustainable community healing work that will address the root causes of gun violence; including, but not limited to, economic inequality and childhood trauma.

To ensure Maryland is effectively responding to this complex ecosystem, the Center is rooting its work in three pillars: 1) **Prevention and Assessment**, 2) **Intervention and Response**, and 3) **Community Resilience and Healing**.

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Pillar 1: Prevention & Assessment

The Prevention and Assessment pillar focuses on stopping gun violence before it occurs. Examples of this pillar include, but are not limited to:

- **Violence Reduction Councils:** Violence reduction councils (also called fatality review boards) are review teams that include city or county leaders, health department staff, researchers, criminal justice and service providers, and community leaders. Review teams will evaluate aggregate data and firearm homicide case studies to develop an evidence-informed strategy to reduce gun violence.⁵
- **Protective Order Firearm Surrender Implementation:** Firearm surrender after the issuance of a protective order is a critical strategy to reducing gun homicides and suicides. The Center aims to analyze and support the implementation of both Extreme Risk Protective Orders (ERPO) and Domestic Violence Protective Orders (DVPO). This can be accomplished by: evaluating court data and implementation processes to inform recommended changes; assessing safe firearm surrender and storage processes; or by establishing, enhancing, or expanding ERPO navigator programs or related coordination services.
- **Safe Storage Practices and Education:** Safe storage is an important strategy to prevent young people and prohibited individuals from gaining access to firearms. Programs and processes to distribute safe storage devices and educational materials to community members are important strategies to help reduce Maryland's rates of gun homicides and suicides.
- **Lethal Means Safety Counseling:** Lethal Means Safety Counseling is training for clinicians and medical providers to assist them in engaging in crucial dialogues about their patients' access to firearms. This patient-centered strategy allows clinicians to support individuals struggling with a crisis who have easy access to deadly weapons.

Pillar 2: Intervention & Response

The Intervention and Response pillar focuses on responding to violence that has occurred and stopping the future recurrence of violence. Programs in this category are designed to interrupt the cycle of firearm violence, and/or support those at heightened risk of violence. Some examples of solutions are as follows:

- **Community Violence Interruption or Street Outreach:** Programs of this sort train credible messengers to engage with at-risk individuals to interrupt potential violence or retaliatory violence. Interruption models may also support those impacted by violence by connecting them to necessary social programs and wraparound services.

⁵ O'Brien, Mallory, Davis A., & Crifasi C. (2024). "[Violence Reduction Councils: A Community Approach to Saving Lives](#)". Johns Hopkins Bloomberg School of Public Health.

- **Group Violence Intervention or Focused Deterrence:** Maintaining the basis that most interpersonal violence is committed by a small number of individuals, this intervention focuses the majority of resources on communities with the highest rates of violence. Programs provide a 'call-in' to individuals at high-risk of experiencing or perpetrating community violence to offer deterrence options aside from the criminal justice path. Programs of this sort typically provide opportunities and wraparound services, such as job training and placement, to promote avenues for meaningful and sustainable growth and development for these individuals. These programs are often led by or partnered with law enforcement to provide space for the consideration of the heavy penalties of continued criminal behavior.
- **Cognitive Behavioral Approaches:** Cognitive behavioral theory and techniques can improve impulse control, problem-solving, and moral reasoning. These tools and programs could potentially help individuals who are at high risk of experiencing or perpetrating community violence escape the cycle of violence.⁶ These programs typically provide social and emotional skills, job training and placement, and other deterrence opportunities to individuals committed to the program.
- **Hospital Violence Intervention:** Commonly affiliated with a hospital or trauma center, these programs interrupt cycles of violence following a gunshot injury by offering follow-up care and services, mentoring, therapies, and crisis intervention to individuals at risk of violence. Program staff aspire to not only address physical injury, but mental and emotional injury as well. In addition to working to prevent retaliatory violence from the gunshot victim and the victim's friends and family, programs offer follow-up treatment to aid in the victim's recovery. They also offer support and services as individuals transition back to their homes and communities.
- **Crisis Intervention Teams:** Community partnerships between law enforcement, crisis intervention staff, and mental health professionals can improve interactions between first responders and those at risk of gun violence. Without community partnerships, individuals experiencing a life crisis or mental illness may not receive the services they need to prevent gun violence. These programs may also support those experiencing or perpetrating domestic violence or intimate partner violence. The goals ensure that law enforcement is adequately trained to coordinate interactions and engagement with those experiencing crisis through de-escalation techniques and trauma-informed care.

⁶ Lipsey, M. W., & Landenberger, N. A. (2007). Cognitive-behavioral Programs for Offenders. Campbell Systematic Reviews 3(1), pp. 1–27.

Pillar 3: Community Resilience & Healing

The Community Resilience and Healing pillar focuses on addressing root causes and the social determinants of health contributing to violence in our communities. These initiatives include:

- **Community Engagement:** Public health strategies need to be created alongside those with lived experience. A core aspect of the Center will be understanding the needs of those impacted by gun violence through coordinated listening sessions, meetings, convenings, and interviews. These efforts will inform the development of the Center's long-term strategic plan.
- **Victim and Survivor Support Services:** Gun violence has a long term impact. There are literal and figurative costs to families and communities experiencing violence, including medical bills and funeral costs as well as emotional and physical trauma. Whether in response to a mass shooting or daily shootings, victims, survivors, and families need financial and trauma support to move forward.
- **Environmental and Neighborhood Revitalization:** Evidence has shown that environmental factors, including vacant houses, limited quantities of quality parks and playgrounds, as well as areas filled with debris and trash, can increase the likelihood of gun violence.⁷ Investing in housing renovations, greenspacing and tree planting, and neighborhood revitalization can create safer environments, which can minimize the proliferation of violence.⁸

Public Health Approach

Historically, gun violence has been addressed through criminal justice and health care systems. While these systems are key components to reducing firearm violence, a public health approach to gun violence is a way to address the problem comprehensively at all levels of the social structure. The public health approach, at its core, is a strategy used to improve the overall health and well-being of the population at large – rather than the individual. In addition to preventative measures, policy development and systemic changes, this approach is rooted in evidence-based learning, and seeks to first assess issues, and then develop data-driven solutions that will minimize harm – in this instance, from gun violence. Data can help public health professionals identify areas of need, track trends over time, measure change and emphasize the role of societal factors. Examples of public health activities can

⁷ Bogar S, Beyer KM. Green Space, Violence, and Crime: A Systematic Review. Trauma Violence Abuse. 2016 Apr;17(2):160-71. doi: 10.1177/1524838015576412. Epub 2015 Mar 29. PMID: 25824659.

⁸ Bogar S, Beyer KM. Green Space, Violence, and Crime: A Systematic Review. Trauma Violence Abuse. 2016 Apr;17(2):160-71. doi: 10.1177/1524838015576412. Epub 2015 Mar 29. PMID: 25824659.

include research, health education, services to improve individual or community health, or policy change.

In 2024, then U.S. Surgeon General Vivek Murthy declared gun violence a public health crisis.⁹ Applying the public health approach in Maryland is essential to reducing and preventing firearm violence. The Centers for Disease Control (CDC) defines the public health approach to gun violence in four steps of a continuous cycle.¹⁰



1. **Define and monitor the problem.** It is important to collect and analyze both quantitative and qualitative data to understand the full scope of the issue. Data is used to identify communities, neighborhoods, and individuals who are most at risk for experiencing violence. The Maryland Department of Health will soon release its Firearm Violence Data Dashboard. The dashboard includes several public health data sources that show the extent of firearm violence in Maryland, including homicide and suicide, as well as firearm injuries treated in hospitals.
2. **Identify risk and protective factors.** Risk factors are conditions that make an individual more susceptible to poor health outcomes. Protective factors, on the other hand, are conditions that prevent negative health outcomes and help people experience healthier and safer lives. Risk and protective factors include the social determinants of health, such as the environment, access to education, jobs, and healthcare, economic stability, and availability of safe food and water.¹¹ Risk factors for gun violence include, but are not limited to, weak policies and laws that allow easy access to firearms, systemic poverty, lack of employment opportunities, and alcohol

⁹ United States. Public Health Service. Office of the Surgeon General. (2024). [Firearm Violence: A Public Health Crisis in America. The Surgeon General's Advisory](#). U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General.

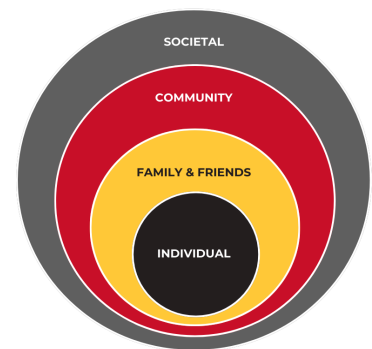
¹⁰ Centers for Disease Control and Prevention. The National Center for Injury Prevention and Control, Division of Violence Prevention. [The Public Health Approach to Violence Prevention](#).

¹¹ Centers for Disease Control and Prevention. The National Center for Injury Prevention and Control, Division of Violence Prevention. [The Public Health Approach to Violence Prevention](#).

misuse or alcohol outlet density. Some groups are exposed to more risk factors than others, often due to the inequitable distribution of community conditions and environments. Gun violence can be reduced by mitigating risk and increasing protective factors. The Center educates policymakers and state leaders on the risk and protective factors experienced by Marylanders to help inform effective policy. The Center also engages in cross-sectoral collaboration with state agencies and community partners to address risk and protective factors in innovative ways.

3. **Develop prevention strategies.** Once an understanding of the scope of the problem and characteristics that allow for healthier outcomes have been developed, then programs and policies are needed to implement strategies that will stop the spread of violence and related health issues. Evidence-informed policies and programs are identified through research and practice to reduce firearm violence. In Maryland, these policies and programs are carried out by organizations and agencies in a variety of sectors, such as non-profit, criminal justice, and health settings. The Center supports, funds, and promotes prevention strategies through its three-pillar framework.
4. **Conduct research and evaluation and scale up what works.** Public health professionals must evaluate the solutions to assess if strategies are having the desired effect on the problem. Public health is an iterative process, always striving for better and more effective results to improve lives. By collecting and analyzing data on firearm violence prevention policies and programs, public health experts are able to identify what saves lives to scale and expand that work. The Center serves as a convener to amplify what works with community leaders, to inform future plans in areas impacted by gun violence.

SOCIO-ECOLOGICAL MODEL



Implementing a public health approach in the area of gun violence can provide proven and promising strategies at all levels in the greater Maryland landscape to prevent further gun deaths and injuries. Public health, as a discipline, aims to address issues through a socio-ecological model, ensuring that meaningful change happens through interventions at the individual, family, community, and social levels.¹²

At the individual and family levels, this could mean programming related to safe storage and lethal means safety counseling. At the community level, cities could develop violence intervention programs, like Baltimore City has done with programs like Safe Streets. At the societal level, state leaders can create systemic change by enacting and implementing gun policy. Public health provides an opportunity to develop a variety of programs and laws to create change in our state.

¹² Centers for Disease Control and Prevention. The National Center for Injury Prevention and Control, Division of Violence Prevention. [About Violence Prevention](#).

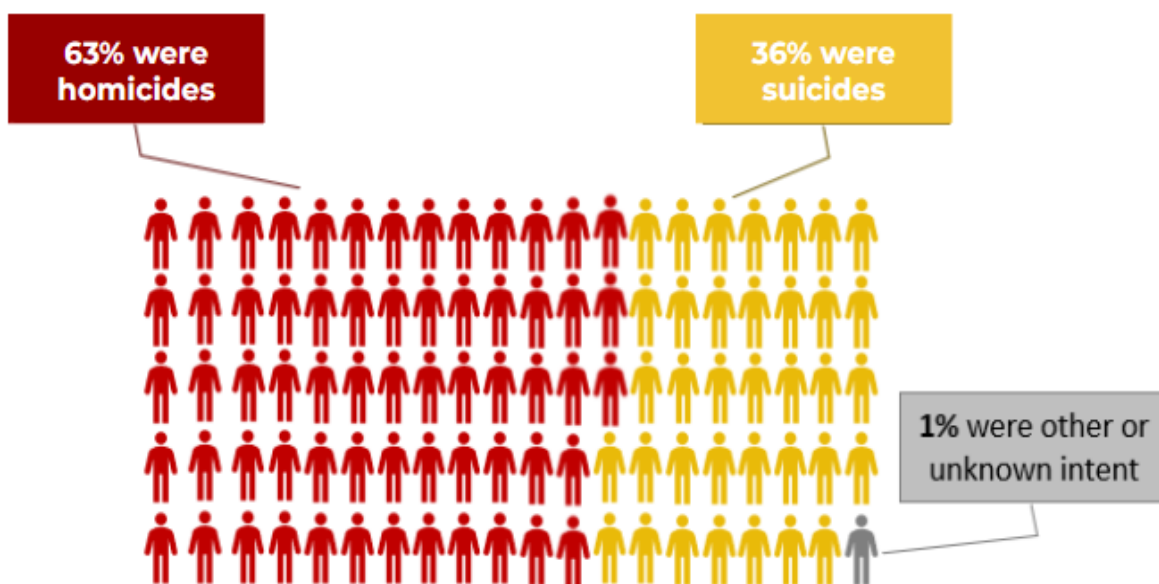
Gun Violence in Maryland

Understanding the key data and statistics of firearm violence fatalities allows public health professionals and state leaders to better understand the evolving epidemic of gun violence and create data-driven solutions. It is important to remember that each statistic is a life. Each tragedy is a family and community traumatized. The Center seeks to analyze this data to support effective strategies to prevent gun violence and save lives.

All data in the following section were accessed, unless otherwise stated, through the Centers for Disease Control and Prevention's database, Web-based Injury Statistics Query and Reporting System (WISQARS) in April 2025.

According to 2023 data from the Centers for Disease Control and Prevention (CDC), Maryland experienced 734 firearm deaths. Of these, 63% were firearm homicides and 36% were firearm suicides.

Firearm Fatalities in 2023, by Intent



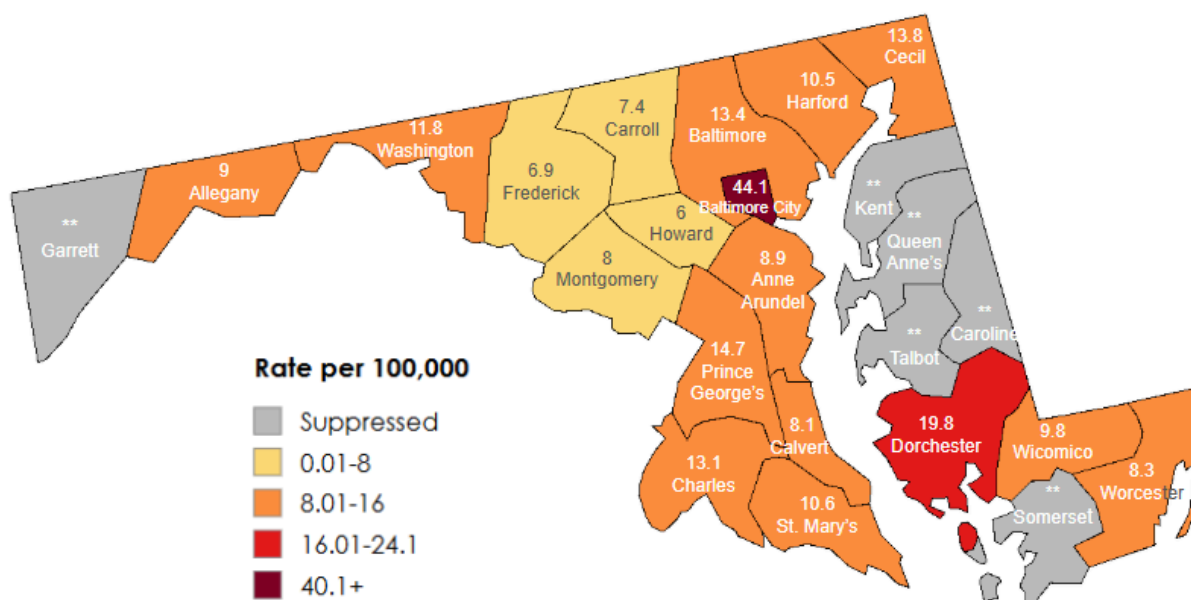
Firearm Violence by Geography

The five-year average rate of firearm deaths between 2019-2023 in Maryland was 13.4 per 100,000 people, ranking Maryland with the 17th lowest firearm fatality rate. Maryland's rate is just below the national average of 13.7 per 100,000 people. Homicide accounts for the majority

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of the state's gun deaths, contributing to the five-year average firearm homicide rate of 9.2 per 100,000 people, ranking Maryland with the **10th highest** rate.

Firearm-Related Fatalities by Jurisdiction 5-Year Rate (2019-2023)



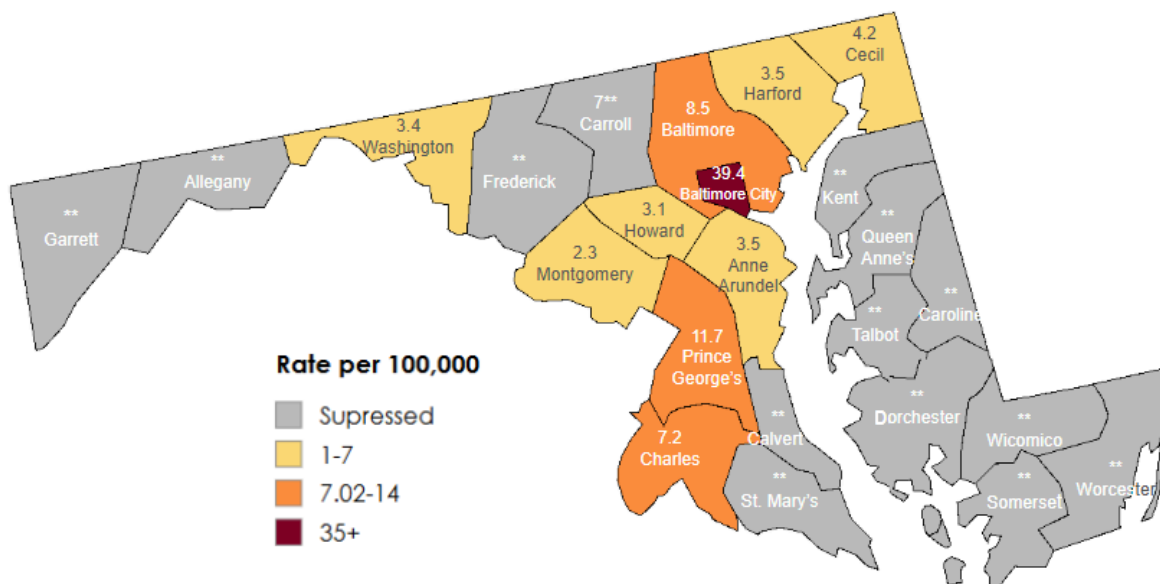
When comparing jurisdictions during this five-year period, Baltimore City and Dorchester County have the two highest rates of gun violence. Howard County experiences the lowest rate when compared to other jurisdictions without suppressed rates. While Baltimore City's high rate of gun violence is striking, it is important to note that the city has seen a 24% reduction in its rate of firearm fatalities from 2021-2023.¹³

A Note on Rates: A rate measures the number of incidences (e.g., firearm fatalities) based on the population level. A rate provides perspective on how likely it is for a person in a given location to experience firearm violence. For instance, two cities may experience the same number of deaths, but one city has a much larger population. The city with the lower population would have a higher rate because the deaths make up a larger percentage of the people in the community. The higher rate means that it is more likely for someone in the smaller city to die from firearm violence. When calculating rates for individual jurisdictions, the rates with fatality counts under 20 are "suppressed" (which means they are not visible) to prevent identification of victims and poor reliability.

¹³ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

When breaking firearm violence down by suicide or homicide, the impacts across the state look different.

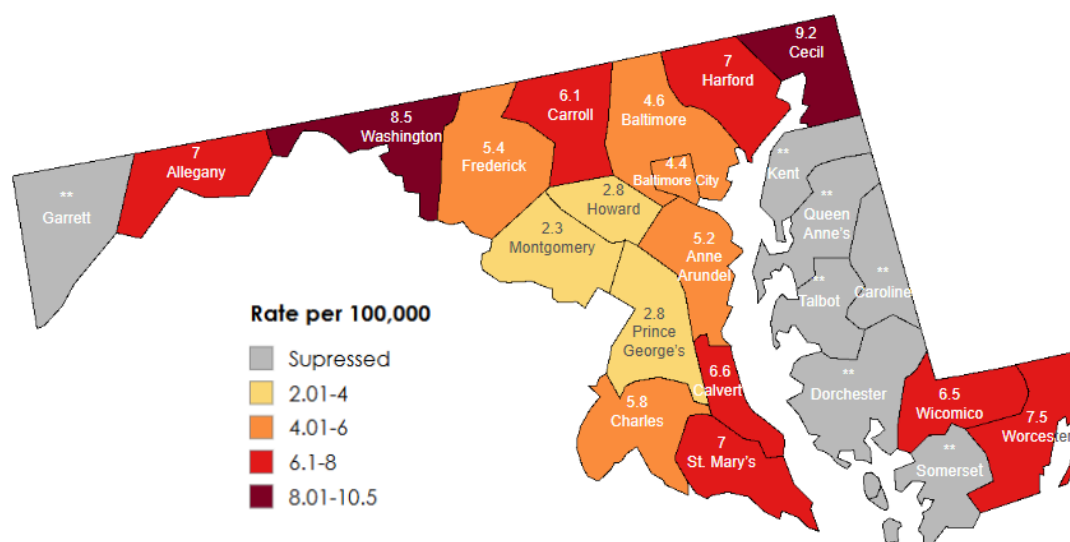
Firearm-Related Fatalities by Homicides 5-Year Rate (2019-2023)



Baltimore City, Baltimore County, and Prince George's County experience the highest rates of firearm homicide. Montgomery, Howard, and Washington Counties experience the lowest rates of firearm homicide when compared to jurisdictions without suppressed rates.¹⁴

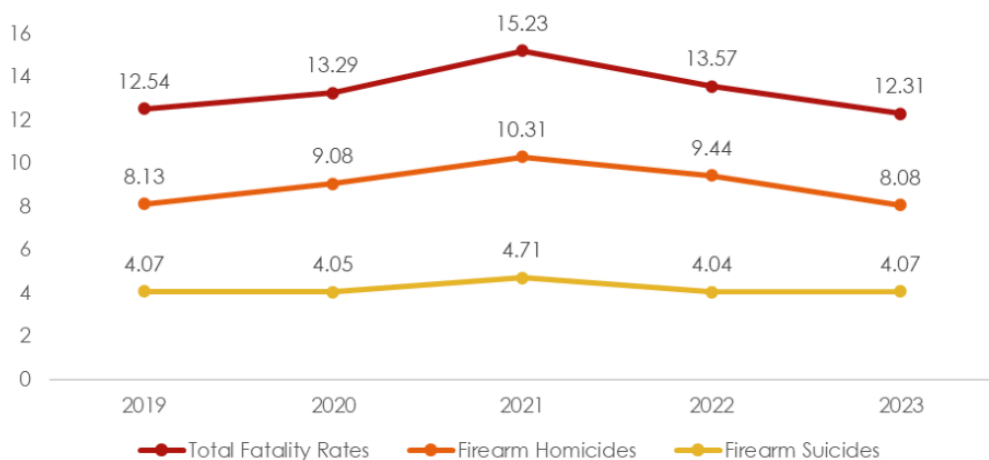
¹⁴ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Firearm-Related Suicides by County 5-Year Rate (2019-2023)



Cecil, Washington, and Worcester counties experience the highest rates of firearm suicide. Montgomery, Prince George's, and Howard counties experience the lowest rates of firearm suicide when compared to jurisdictions without suppressed rates.¹⁵

Firearm Fatality Rates, Yearly Rates 2019-2023



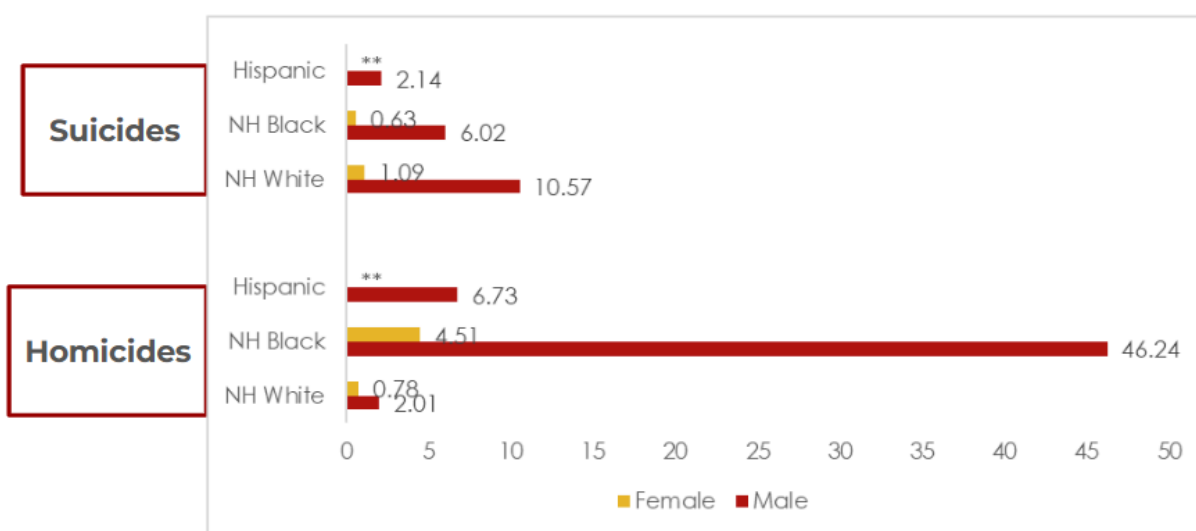
¹⁵ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

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To develop policies and programs effectively, it is important to evaluate the trends over time. While gun fatality rates have decreased slightly in Maryland between 2019 and 2023, the gun death rates in Maryland rose sharply from 2020 to 2021. Since that time, rates have steadily fallen. Total firearms death rates decreased by 19% since the peak in 2021 to 2023. The decrease in overall gun deaths has been driven by the decrease in homicides, and firearm homicide fatality rates decreased by 22% during the same time frame. Meanwhile, firearm suicide rates have stayed rather static from 2019-2023, with a slight increase in 2021.

Firearm Violence by Demographics

**Firearm-Related Suicides and Homicides
5-Year Rate by Demographic Breakdown (2019-2023)**

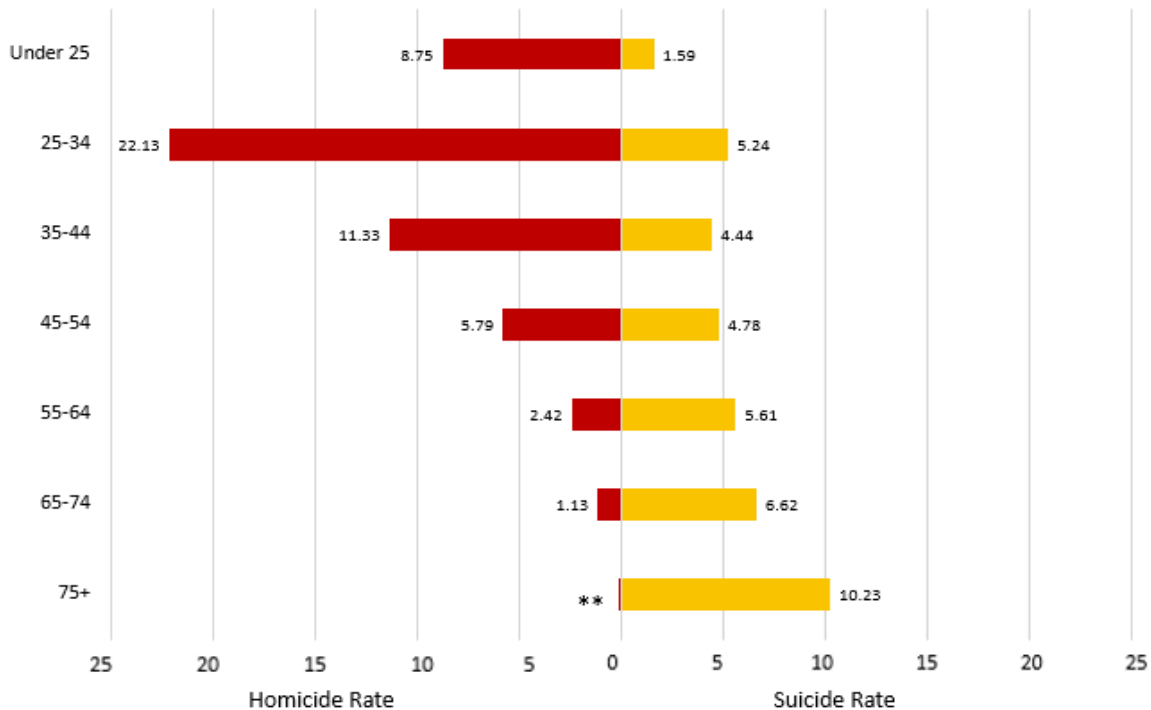


The graph above illustrates the stark racial differences of those impacted by firearm homicide and firearm suicide. Firearm related homicide rates are highest among non-Hispanic Black males. Rates for non-Hispanic Black males are 23 times higher than non-Hispanic white males. Conversely, firearm related suicide rates are highest among non-Hispanic white males. The rates for the five-year firearm related suicide rate are almost twice as high than non-Hispanic Black males.

A Note on Demographics: *This report utilizes demographic categories based on those developed by the CDC.*

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Firearm Related Homicides and Suicides by Age Group 5-Year Average (2019-2023)

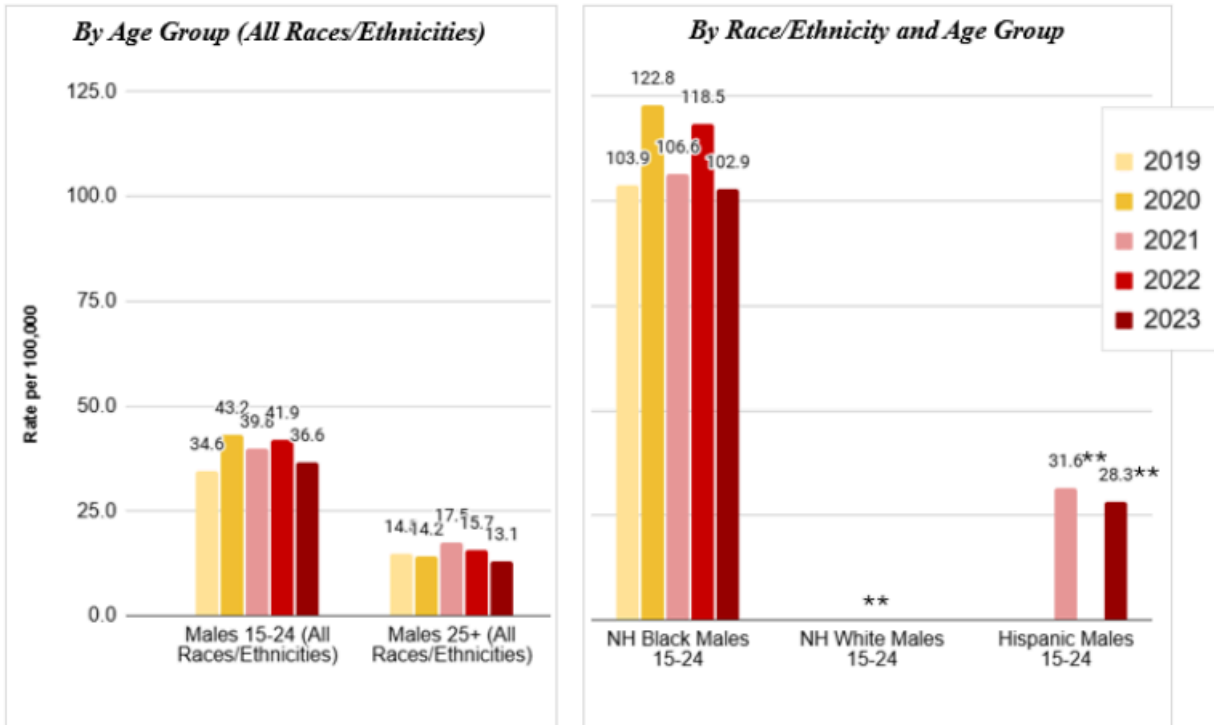


Age plays an important role in identifying risk factors. For the five-year average between 2019-2023, firearm related homicide rates are highest among 25-34 year olds. When looking at gun violence fatality numbers, this age group makes up 35% of all gun homicides during the same time period. while firearm related suicide rates are highest among those 75 and over.

Firearm related suicide rates are highest among those 75 and above. As the risk for gun homicides decrease as one ages, the risk for firearm suicide increases.

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Firearm Related Homicides Among Males 2019-2023



**Rates are unreliable due to yearly counts <20, Data Source: WISQARS Fatal Injury Reports, 2019-2023, Maryland, Males, Intent=Homicide, Mechanism=Firearm

While firearm-related homicide rates are highest among those aged 25–34 of males and females combined, the leading cause of death in that group is unintentional injury. Since firearm-related homicide disproportionately impacts males, it's important to investigate the impacts to this specific demographic group. Among males under 25, **homicide is the leading cause of death**. The risk of firearm homicide is greatest for males between the ages of 15-24.

Racial disparities are also overwhelmingly apparent within this age-group. For non-Hispanic Black males aged 15–24 specifically, firearm homicide is the top cause of death, while unintentional injury is the top cause for non-Hispanic white males in the same age group. The chart above illustrates annual high rates of firearm homicide for non-Hispanic Black males but low, suppressed rates for non-Hispanic white males.

In 2023, there were 153 homicides among males aged 15–24; 142 (93%) involved firearms, and 122 of those firearm-related deaths (86%) were among non-Hispanic Black males. Firearm related homicide rates for this age and racial group are consistently much higher than for other male demographic groups.

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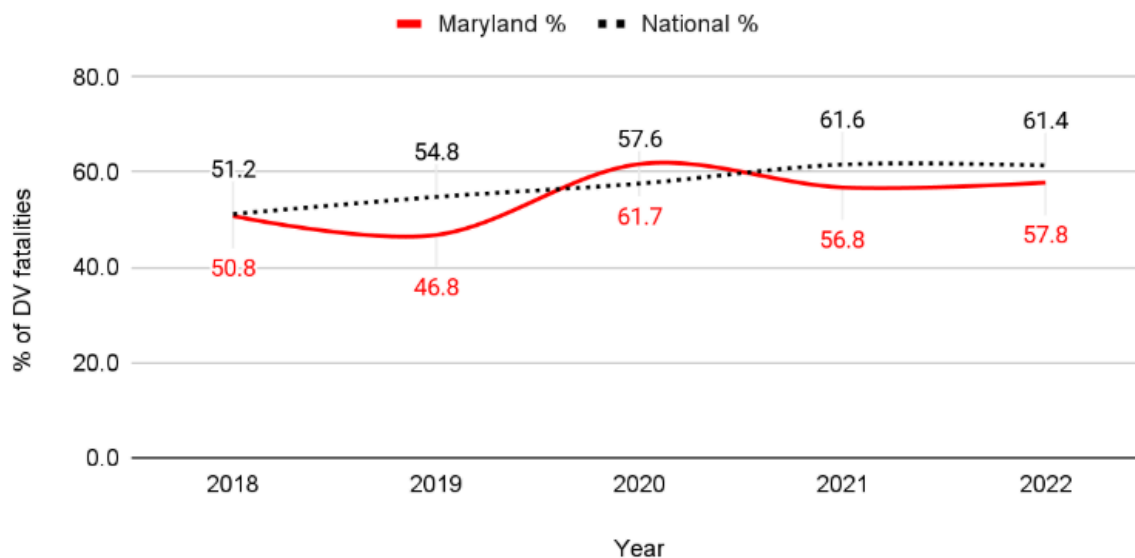
Firearm Related Homicides Among Males 15-24 Years Old 5-Year Average (2019-2023)

	NH Black Males 15-24	NH White Males 15-24	Hispanic Males 15-24
Avg. Rate per 100,000	110.9	3.3	20.8

When comparing five-year averages (2019-2023), the rate for non-Hispanic black males between the ages of 15-24 is 33 times higher than that of non-Hispanic white males in the same age range.

Percent of Domestic Violence Fatalities Attributed to Firearms

Includes intimate partner violence and other domestic violence fatalities



***Data from the National Violent Death Reporting System (NVDRS)*

Evidence also supports a deadly intersection between domestic violence and firearms. There were at least 345 domestically related homicides in Maryland between 2018-2022. Domestic violence fatalities include both intimate partners and related family members. On average, about 56% of the homicides were committed with a firearm. Additionally, the percent of incidences in Maryland where a firearm was used in 2022 is 14% more than it was in 2018. As illustrated in the graph, the national level follows a similar pattern of an increase in the use of firearms of domestic violence homicides.¹⁶

¹⁶ Web-based Injury Statistics Query and Reporting System (WISQARS) National Violence Death Reporting System (NVDRS) (2003-2023). Retrieved March 2025. <https://wisqars.cdc.gov/nvdrs>.

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Strategic Goals and Objectives

The preliminary goals and objectives below are intended to serve as a road map to develop a long-term strategic plan over the next two years through collaboration with community members and organizations, representatives from state agencies, public health researchers, gun safety experts, and other key implementers of firearm laws across the state. The Center will engage through surveys, listening sessions, meetings, issue-specific working group convenings, and statewide summits.

Goal 1:

Conduct Needs Assessment and Landscape Analysis to Build Long-Term Strategic Plan and Policy Recommendations for State Leaders

- **Objective 1.1:** Engage with community members, survivors, state leaders, gun owners, gun safety experts, and violence intervention program leadership to solicit feedback and insights from those impacted by gun violence to develop a long-term strategic plan.
- **Objective 1.2:** Collaborate with researchers and experts at academic institutions to ensure the best evidence-informed practices are being incorporated into Center efforts.
- **Objective 1.4:** Conduct a statewide analysis of domestic violence firearm protective order surrender processes to develop recommendations to improve the implementation of firearm removal laws.

Goal 2:

Enhance Firearm-Related Data and Analysis to Inform and Improve Public Health Policies and Programs

- **Objective 2.1:** Develop, update, and disseminate a comprehensive state firearm data dashboard to provide public health professionals, researchers, policymakers, and state leaders with timely and accurate statistics to respond to emerging trends across the state.
- **Objective 2.2:** Create resources and data products on firearm violence issues facing our state, such as community violence and suicide prevention.
- **Objective 2.3:** Identify needs and opportunities for in-depth analysis of firearm-related data and the intersection with key risk and protective factors.

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- **Objective 2.4:** Evaluate public health and safety data to identify gaps in state gun laws and provide policymakers and state leaders with data-driven reforms to reduce firearm-related deaths and injuries.

Goal 3:

Improve Coordination and Trust Between Agencies and Jurisdictions

- **Objective 3.1:** Establish and lead a working group of state agency representatives and key state leaders to collaborate and improve alignment on state and local programmatic efforts that aim to reduce gun violence and address root causes.
- **Objective 3.2:** Host regular round tables with violence prevention staffers at local health departments to share best practices, resources, and new research and develop coordinated or regional approaches.
- **Objective 3.3:** Build relationships with law enforcement, state's attorneys, and victim/survivor services in different jurisdictions to better understand promising practices and recommendations of firearm law enforcement and implementation.

Goal 4:

Strengthen Investment in Evidence-Informed Gun Violence Prevention Efforts

- **Objective 4.1:** Develop a dynamic and user-friendly grantmaking program based on the Center's Three Pillar framework.
- **Objective 4.2:** Assess Maryland grantmaking programs, including local, state, federal, and private philanthropy, that support violence prevention and other root cause issues, such as poverty, food insecurity, and housing to improve coordination and alignment, and avoid duplication.
- **Objective 4.3:** Seek and effectively manage state, federal, and private philanthropy funds to diversify funding streams of Center priorities.
- **Objective 4.4:** Create performance monitoring and evaluation strategies for funded programs based on measurable data points.
- **Objective 4.5:** Develop the grant program's long-term strategy, goals, and evaluation processes informed by community members, practitioners, researchers, agency representatives, and private funders.

Goal 5:

Advance Education for Effective Gun Violence Prevention Reduction Strategies

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- **Objective 5.1:** Develop regular educational training, presentations, and outreach to support state leaders, policymakers, public health professionals, community members, and advocates on timely and relevant data and research to improve prevention and intervention strategies across the state.
- **Objective 5.2:** Support local health departments, state leaders, and community organizations with best practice resources and educational outreach toolkits on essential gun violence prevention topics and important data.
- **Objective 5.3:** Create a statewide communications and media plan to raise awareness of gun violence prevention public health strategies, programs, and data, while ensuring that the voices of those impacted are centered.

Conclusion

One of the most important aspects of the public health approach is the belief in prevention. Diseases, injuries, and violence can all be prevented and the lives of the State's most vulnerable persons can be healthier and safer. The Center for Firearm Violence Prevention and Intervention will utilize this road map to foster statewide collaboration, invest in evidence-informed solutions in communities most impacted by gun violence and its resulting traumas, and support state leaders with timely and relevant data to improve our response to the gun violence crisis.

The Center has built a strong foundation since its establishment in 2024. The strategies and goals outlined in this report will help ensure that the state enhances its ability to reduce gun deaths and injuries in all communities affected. By promoting and upholding public health strategies, we can address violence prevention and root causes that allow gun violence to persist, and promote safer communities.

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health.maryland.gov/violence-prevention