



Anne Arundel County Report of the Gun Violence Prevention Task Force

Submission to: Anne Arundel County Office of the County Executive

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EXECUTIVE SUMMARY

In 2019, under Anne Arundel County Executive Order 9¹, the Gun Violence Prevention Task Force (herein referred to as the Task Force) was formed. The Task Force was charged with researching and compiling data on crimes and suicide involving guns, and to recommend actions to help reduce gun violence in the county. The purpose of this Report is to summarize the work of the Task Force to date, with the objective of synthesizing seminal activities and recommendations to inform future action.

The Task Force consists of twenty appointed citizen members representing a broad spectrum of experience and expertise in public safety, emergency operations, behavioral health, public health, and community outreach. The Task Force also includes sixteen local government officials in ex-officio member capacity. Addressing gun violence has been a priority for County Executive Stuart Pittman since he committed to creating a Task Force early in his administration. Dr. Jennifer Purcell, Pittman's Chief of Staff, represents the County Executive on the Task Force.

Nationally, Maryland has the 35th highest rate of gun deaths². The rate of gun deaths in Maryland increased 6% from 2008 to 2017, compared to a 17% increase over this same time period nationwide³. Through national, state, and local data sources - public health, hospital admissions, police, medical examiner, and crime data - the Task Force looked to describe gun violence as it occurs in and impacts Anne Arundel County.

¹ <https://www.aacounty.org/departments/county-executive/executive-orders/steuart-pittman/SP-9.pdf>

² <https://everytownresearch.org/wp-content/uploads/2020/04/Every-State-Fact-Sheet-2.0-042720-Maryland.pdf>

³ <https://everytownresearch.org/wp-content/uploads/2020/04/Every-State-Fact-Sheet-2.0-042720-Maryland.pdf>

Cause of deaths from firearm were highest for suicide and homicide, with suicides accounting for the highest proportion of deaths during the time period from 2014 to 2018⁴. From 2014-2018, 16% of all suicides and attempted suicides involved a firearm⁵. However, it does appear that the type of death due to firearm is changing over time in Anne Arundel County. During this same time period, 2014-2018, the proportion of firearm deaths due to homicide (rather than suicide) had been steadily increasing and in 2018, the proportion of homicide and suicide deaths were nearly equivalent⁶.

Other impacts due to the use of firearms in Anne Arundel County were observed through hospitalization and crime data. From 2016-2018 there were 456 injuries due to firearms that resulted in either inpatient or emergency department hospitalization⁷. The cost of these injuries was nearly \$9.3 million and the majority were caused by accidental discharge of a firearm⁸. Crime data and police reporting notes that there were 1,688 gun-related violent crimes recorded in Anne Arundel County from 2014 to 2018⁹. For 2017 and 2018, the most common incidents involving a gun were due to a wear/carry/transport law violations that involved a gun, robbery, carjacking, or home invasion involving a gun¹⁰. These data highlight the scope, characteristics, and impacts of firearms in Anne Arundel County and provide context for the origin of the recommendations from the Task Force.

⁴ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/30/2020)

⁵ Anne Arundel Gun Related Violent Crime Summary. 2014-2018. <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/reports/aaco-gun-stats.pdf>

⁶ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/30/2020)

⁷ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/30/2020)

⁸ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/30/2020)

⁹ Anne Arundel Gun Related Violent Crime Summary. 2014-2018. <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/reports/aaco-gun-stats.pdf>

¹⁰ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

The work of the Task Force was conducted through a public health lens. Gun violence is not a result of a single event but an accumulation of life course disadvantages¹¹. As such, this Report defines the scope of gun violence as an urgent public health issue in Anne Arundel County, catalogues qualitative and quantitative data resources, assesses the public health burden, and organizes Task Force recommendations with a focus on evidence-based approaches. The Report provides a portfolio of current programs and organizational resources that support Anne Arundel County's efforts to mitigate gun violence; laying a foundation for future considerations of which recommendations to implement.

The Report organizes Task Force recommendations within the Social Ecological Model¹² which highlights risk and protective factors that contribute to and prevent gun violence at the society, community, relationship, and individual level. This multi-pronged approach provides a framework for examining vulnerability and resilience through socially determined factors influencing health outcomes across the implementation spectrum.

In summary, the Task Force made 55 recommendations. The recommendations have been organized according to theme. Eight recommendations were made that address statewide policy; 6 recommendations were made that address county policy; 8 recommendations were made that address data; 9 recommendations were made that address coordination/ collaboration; 7 recommendations were made that address general programming; 7 recommendations were made that address educational content; 4 recommendations were healthcare/ clinically focused; 3 recommendations were school-based; and 3 recommendations were law enforcement focused.

¹¹ <https://www.apa.org/pubs/info/reports/gun-violence-prevention>

¹² <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>

Broadly the Task Force centered recommendations around the mitigation of risk factors and the enhancement of protective factors. As examples, mitigation of risk factors included addressing lack of education for safe gun use, increasing mental health treatment access and supports, and refining laws to more strictly track gun sales and losses. Protective factor enhancement examples include increasing support for crisis response teams, refining who can purchase a firearm, and providing more comprehensive and more frequent opportunities to screen for gun possession and risk factors for gun violence. These recommendations are structured in a manner, through the Social Ecological Model, that highlights the need for a multi-modal approach to preventing gun violence in Anne Arundel County.

SCOPE OF PUBLIC HEALTH PROBLEM

Scope of Public Health Problem: National Burden of Gun Violence

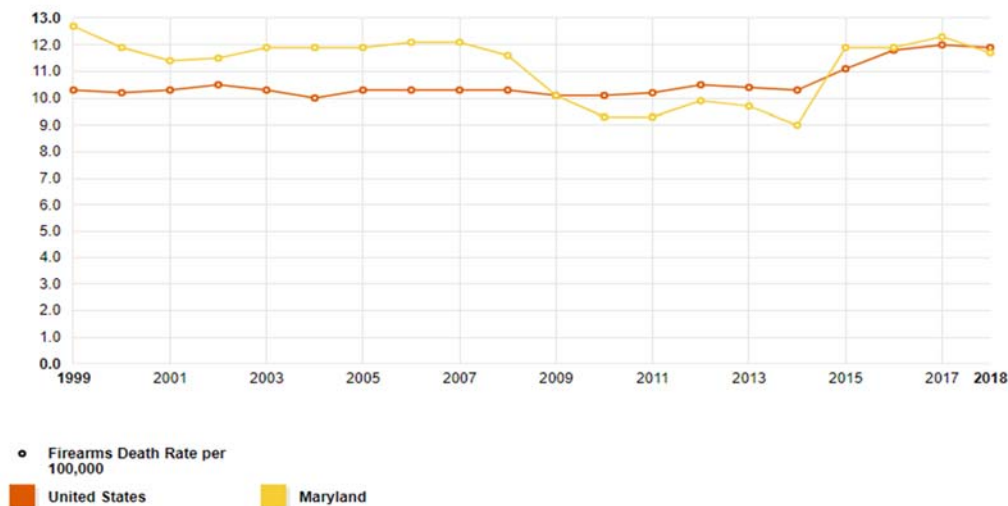
As cited by the American Public Health Association (APHA), guns have the potential to greatly amplify violence, as they can inflict serious and often deadly injuries on many people in a short time. In the United States, gun violence is a major public health problem and a leading cause of premature death. Nationally, each year, more than 39,000 people in the United States die as a result of gun violence¹³. In the United States, guns are the leading method of suicide in , accounting for half of all suicide deaths¹⁴. Attempts of suicide by firearm result in death 85% of the time, compared to just 3% for other methods such as drug overdose. This is significant because nearly 90% of people who survive an attempted suicide do not attempt a second time¹⁵.

¹³ https://www.apha.org/-/media/files/pdf/factsheets/200221_gun_violence_fact_sheet.ashx?la=en&hash=F18D18BB89294AE9EFAA2EB5C0B00B073C65863F

¹⁴ https://www.apha.org/-/media/files/pdf/factsheets/200221_gun_violence_fact_sheet.ashx?la=en&hash=F18D18BB89294AE9EFAA2EB5C0B00B073C65863F

¹⁵ https://www.apha.org/-/media/files/pdf/factsheets/200221_gun_violence_fact_sheet.ashx?la=en&hash=F18D18BB89294AE9EFAA2EB5C0B00B073C65863F

Nationally, Maryland has the 35th highest rate of gun deaths¹⁶. The rate of gun deaths in Maryland increased 6% from 2008 to 2017, compared to a 17% increase over this same time period nationwide¹⁷. When considering different demographics of Marylanders, firearms are the leading cause of death among children and teens in Maryland¹⁸. Intimate partner gun homicides disproportionately impact women in Maryland. From 2014 to 2018 intimate partner gun homicide killed 48 women, representing 83% of all intimate partner gun homicides in the state¹⁹. This is higher than the nationwide impact of intimate partner gun homicides on women, which was 80% for the same timeframe²⁰.



Kaiser Family Foundation. Number of deaths due gun injury per 100,000 (US and Maryland). 2018.

¹⁶ <https://everytownresearch.org/wp-content/uploads/2020/04/Every-State-Fact-Sheet-2.0-042720-Maryland.pdf>

¹⁷ <https://everytownresearch.org/wp-content/uploads/2020/04/Every-State-Fact-Sheet-2.0-042720-Maryland.pdf>

¹⁸ <https://everytownresearch.org/wp-content/uploads/2020/04/Every-State-Fact-Sheet-2.0-042720-Maryland.pdf>

¹⁹ <https://everytownresearch.org/wp-content/uploads/2020/04/Every-State-Fact-Sheet-2.0-042720-Maryland.pdf>

²⁰ <https://everytownresearch.org/wp-content/uploads/2020/04/Every-State-Fact-Sheet-2.0-042720-Maryland.pdf>

Examining and understanding data and trends in mass shootings is a critical part of understanding gun violence. The definition, nature, trauma, and impact of mass shootings are different than other forms of gun violence^{21, 22}. For the purpose of this Report, mass shootings are defined as an event in which four or more people are injured or killed²³. This definition does not include the shooter or differentiate victims based on circumstance. Nationally, between 2014 and 2019 there were 2,086 mass shooting incidents using this definition, with approximately one mass shooting occurring every day across the country between 2013 and 2018^{24, 25}. Much of the data on gun violence in Maryland does not differentiate between types of shootings, but research from the Gun Violence Archive reports there have been 68 mass shootings in Maryland since 2013²⁶.

Scope of Public Health Problem: Local Burden of Gun Violence

“Another year is coming to an end, and the shootings continue.”

--Capital Gazette Editorial Board, November 20, 2019

Gun violence impacts individuals, families, neighborhoods, communities, schools, faith institutions, and many other cornerstones of life in Anne Arundel County. The painful narratives and data behind deaths and injury due to firearms in the county are important in understanding the complexity and scope of the problem. The number of deaths due to firearms in Anne Arundel County has increased since 2013 and was at its highest in 2018 (the most recent year of data

²¹ <https://www.apa.org/monitor/2018/09/survivors>

²² <https://lawcenter.giffords.org/facts/gun-violence-statistics/>

²³ <https://www.gunviolencearchive.org/methodology>

²⁴ <https://www.gunviolencearchive.org>

²⁵ <https://lawcenter.giffords.org/facts/gun-violence-statistics/>

²⁶ <https://www.gunviolencearchive.org/congress/md>

available)²⁷. A further assessment of the local burden of gun violence is included in the Data and Assessment section later in the Report.

On June 28, 2018 Anne Arundel County experienced a horrific mass shooting at the offices of the Capital Gazette. Five employees were shot and killed by a gunman. Two others were injured while trying to escape. During the shooting, survivors and victims moved to take refuge. According to victims, Wendi Winters, long time Capital Gazette reporter, confronted the gunman, enabling survivors to escape before she was killed.²⁸ While mass shootings occur nationally at an extraordinary rate²⁹, the impact of this event created substantial pain and abounding resilience to better understand gun violence in the community. The tragedy played a significant role in the formation of the Anne Arundel County Gun Violence Task Force.

The impacts of gun violence in Anne Arundel county have been a painful reality for some residents and communities prior to the formation of the Taskforce; demonstrating a history of local advocacy to address gun violence. The Robinwood neighborhood in Annapolis exemplifies struggles with gun violence and community resilience. In 2007 four teenagers were shot in the span of one week³⁰. Schools, community advocates, and government agencies worked to understand and quell the violence. The community harnessed the celebrity of local Robinwood success story, songwriter- singer Delray, and Grammy Award winning artist Grandmaster Melle Me, at a neighborhood meeting engaging youth to proactively end the violence. The Capital

²⁷ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

²⁸ <https://www.capitalgazette.com/news/crime/ac-cn-capital-gazette-trial-updates-20191028-kuhqs55b5a17aenqwangehbsa-story.html>

²⁹ <https://www.gunviolencearchive.org>

³⁰ <https://www.baltimoresun.com/news/bs-xpm-2007-02-27-0702270221-story.html>

Gazette Reporter, Wendi Winters, covered the meeting. Despite the intervening years, communities like Robinwood have continued to suffer disproportionately from gun violence.

BACKGROUND

Background: Executive Order

On April 5, 2019, Anne Arundel County Executive Steuart Pittman signed Executive Order 9 into law directing the creation of the Anne Arundel County Gun Violence Prevention Task Force. The Executive Order requires the Task Force to meet with a frequency it determined necessary to perform its functions under the Executive Order, meeting at least once per month. The Task Force was directed to consist of the following ex officio members or their designee: (1) Chief of Staff for Anne Arundel County Executive, (2) State's Attorney of Anne Arundel County, (3) Sheriff of Anne Arundel County, (4) Anne Arundel County Health Officer, (5) Executive Director of the Anne Arundel County Mental Health Agency, Inc., (6) Chief of the Anne Arundel County Police Department, (7) Director of the Office of Emergency Operations, (8) Director of the Emergency Operations Center for the City of Annapolis, (9) Military and Veterans Liaison for Anne Arundel County, (10) County Attorney for Anne Arundel County, (11) Chief of the Anne Arundel County Fire Department, (12) A Member of the House of Delegates representing a district in Anne Arundel County, (13) A Member of the State Senate representing a district in Anne Arundel County, (14) Two members from the Anne Arundel County Council, of which both may not be a member of the same political party, (15) A member of the Annapolis City Council, and (16) a member of the Anne Arundel County Board of Education. The County Executive was enabled with the discretion to appoint no more than eighteen (18) at-large members. The County Council was enabled to appoint two (2) at-large members.

The County Executive was charged with designating one member as Chair and no more than two members as Vice Chairs. The Chair of the Task Force is Bishop Charles E. Carroll, a faith leader and advocate with personal and tragic experience with gun violence. Bishop Carroll brings dedication and leadership to the Task Force, stating in the Preliminary Report, “During our inaugural task force meeting, Mr. Pittman challenged us to think differently in our search for creative ways to address gun violence in the county. The members of the task force took their work very seriously, and I thank them for their time, talent and contributions³¹.” The Task Force Vice Chairs are Andrea Chamblee and Maria Hiaasen, who are both widows of the Capital Gazette shooting. All three Task Force Leaders suffered great personal loss, and their contributions to this body of work were deeply evident during the course of the Task Force’s work.

Background: Task Force Purpose

The Task Force, as an advisory body, was charged with researching and compiling data related to gun violence in Anne Arundel County, including how many and what kind of acts of gun violence are observed in the county each year, what kind of guns are used and how are the guns obtained, and additional information the Task Force shall need to perform its duties. The Task Force was additionally charged with investigating the circumstances in which gun violence incidents in the county have occurred and how and why they happened.

Moreover, the Task Force was charged with researching how the public health system could be used to address individuals in need of behavioral health services who may be at risk to commit or be the victim of gun violence and produce actionable recommendations to reduce gun violence in Anne Arundel County. The Task Force produced a preliminary report to the County

³¹ <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/reports/final-preliminary-report-20191219.pdf>

Executive summarizing its progress and initial findings in December 2019. The Task Force is required to submit a final report to the County Executive in Spring 2020.

Background: Subcommittee Methods

The Task Force recommendations build on, strengthen, and expand current best practices available in Anne Arundel County, and state and national levels. The Task Force used data from law enforcement, Emergency Medical services (EMS), hospitals the state health information exchange (Chesapeake Regional Information System for our Patients - CRISP), the Centers for Disease Control and Prevention (CDC), and other local, state, and federal sources to define the scope of the problem and understand causes of gun violence.

The Task Force sought to identify factors that increase the risk of gun violence, such as behavioral health conditions, and those that protect against gun violence, such as crisis intervention. The recommendations developed by the Task Force encourage screenings, education tools, and policies to decrease risk factors and increase protective factors, with the objective of implementing widespread adoption of successful strategies.

Task Force methods reflect best practices from other jurisdictions and recognize the importance of collaborative public input from gun violence victims, public health professionals, firearm safety experts, healthcare providers, academic researchers, elected officials, gun owners, and members of the general public. The Task Force met nine times in 2019. Each meeting included community presentations, nationally recognized subject matter experts, and discussions to further understand their charge and identify recommendations. The Task Force meetings were governed by the Open Meetings Act, which is a Maryland statute that requires many state and local public bodies to hold their meetings in public, to give adequate notice of those meetings, and to allow the public to inspect meeting minutes. The Act's goals align with the Task Force's

commitment to the public's faith in the government; enhancing the public's ability to participate and be heard effectively. Additional information on presentations and minutes can be found on the Task Force website³². All Task Force meeting minutes are included in the Appendix.

- **May 16, 2019 Meeting:** County Executive Pittman framed the importance of gun violence as a public health and public safety issue. He charged the Task Force with developing actionable recommendations. The Task Force approved the following subcommittees: (1) Behavioral Health, chaired by Adrienne Mickler, (2) Youth/ Schools, chaired by Melissa Ellis, (3) Public Education/ Messaging, chaired by Dawn Stoltzfus, (4) Data/ County Statistics, chaired by Task Force Chair Bishop Carroll, (5) Laws/ Legal, chaired by Elizabeth Banach, (6) Victim Services/ Community Impact & Response, chaired by Dr. Jennifer Purcell, County Executive Chief of Staff. *Note: The Data subcommittee chair workgroup changed to Andrea Chamblee and the Victim Services/ Community Impact & Response subcommittee chair changed to Pete Smith at subsequent meetings.*
- **June 20, 2019 Meeting:** The second meeting of the Task Force watch a presentation by Anne Arundel Connecting Together (ACT) and the Don't Stand Idly By (DSIB) Campaign³³. The County Executive and Annapolis Mayor Gavin Buckley signed on to DSIB. Major Goodwin reported on violent crimes involving a gun over the past 5 years and presented on data collection challenges and solutions moving forward. The meeting included subcommittee breakout sessions and working time.
- **July 18, 2019 Meeting:** The Task Force voted on the definition of gun violence and discussed grant funding. Presentations included the Gun Bail Pre Arrest Diversion Platform

³² <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/meeting-documents/index.html>

³³ <http://donotstandidlyby.org/>

Technology and Dr. George Arlotto, Superintendent of Anne Arundel County Public Schools. Public comment period for reports was also discussed, along with the DNSIB Campaign. Victim Services, Data, and Laws subcommittees presented their reports and preliminary recommendations.

- **August 15, 2019 Meeting:** The Maryland Chapter of Moms Demand Action for Gun Sense in America presented BeSmart³⁴. The Be Smart campaign operates under 5 pillars to keep guns out of the hands of children: Secure, Model, Ask, Recognize, Tell. DC Witness³⁵, a non-partisan, non-advocacy organization dedicated to providing transparency to the DC justice system, presented data on gun-related homicides. The Behavioral Health, Youth/Schools, and Public Education/ Messaging subcommittees presented their reports and preliminary recommendations.
- **September 17, 2019 Meeting:** Senator Sarah Elfreth and Delegate Shaneka Henson (District 30A Delegation) reported on the Neighborhood Door Knocking Campaign. The Campaign canvassed 300 doors of community residents identified as most vulnerable to gun violence. The group focused on Robinwood, Eastport Terrace, and Harbour House communities. The Campaign promotes a message of keeping peace to prevent violence. The Johns Hopkins Bloomberg School of Public Health's Center for Gun Policy and Research³⁶ presented on gun violence prevention and policy, offering examples of community-based solutions as potential recommendations for the Task Force's consideration. The Task Force approved the establishment of an additional subcommittee,

³⁴ <https://besmartforkids.org>

³⁵ <http://dcwitness.org>

³⁶ <https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-policy-and-research/>

the Report Subcommittee, to ensure the Task Force Report includes all required components as directed by the Executive Order.

- **October 17, 2019 Meeting:** The Task Force watched a video from the Sandy Hook Promise³⁷, “Back to School Essentials.” Sandy Hook Promise honors all victims of gun violence through transformative programs and practices that protect children from gun violence. The Task Force heard from three victims of gun violence. Subcommittees then met to prioritize preliminary recommendations, determine if they were short-term versus long-term, and the budget needed to implement the recommendations. The Report Subcommittee was tasked with compiling this information from the breakout sessions in order to draft the preliminary report.
- **November 21, 2019 Meeting:** The Task Force had a presentation about Firearm Safety. The Task Force continued discussing the future direction of this body of work, including options such as continuing to meet as a full Task Force every other month or quarterly in 2020, meeting as subcommittees more regularly, making the full Task Force smaller, and continued inclusion of a firearms safety/ firearms owner members. The Task Force further considered oversight of the implementation of the recommendations. The County Executive requested the Task Force to give a presentation of the preliminary report at the December meeting.
- **December 19, 2019 Meeting:** The preliminary report was presented to the County Executive by Chair Bishop Carroll, Dr. Purcell, and Dr. Niles Kalyanaraman, Anne Arundel County’s Health Officer. The preliminary report, as referenced in the Appendix, included national and local gun violence data, with data on suicides, and homicides.

³⁷ <https://www.sandyhookpromise.org/>

Subcommittee recommendations were presented, and this Report workgroup was convened to look at short-term implementation and resource needs. The final report (Spring 2020) will have additional statistics, background information, and recommendations.

Background: Public Comment Process

The Task Force recognized the significant importance of gathering public input to inform its work throughout the process, provided several opportunities for the public to be engaged, and continues to allow the public to submit written comments on the Task Force website [HERE](#). Written testimony was accepted online, through email, and at public meetings since May 2019. Verbal testimony was scheduled during three of the regularly scheduled meetings, August through October, and at one meeting in September which was scheduled solely for the purpose of hearing from a wide range of stakeholders.

The task force received and reviewed 48 written comments and heard from 34 speakers in total. Three individuals spoke on multiple occasions; 27 were unique. In general, written comments supported the Task Force's work and offered more tangible solutions compared to the feedback received at regularly scheduled meetings. Comments supporting or critical of the Task Force's work were generally consistent across the meeting in September. Comments for the September 17th meeting were transcribed and are available upon request.

Comments were reviewed for general themes. Some individual comments were categorized in multiple themes, while others stood alone, which resulted in a total number different than the number of commenters. A small number of comments were based on data and several reference materials were received as well. A more thorough analysis of public comments received is included in the Data and Assessment of the Problem section of the Report.

DATA AND ASSESSMENT OF PROBLEM

By understanding the scope and the severity of gun violence in Anne Arundel County through data, the Task Force established a working baseline which allows gun violence to be understood within the context of Anne Arundel County and provided an opportunity for future gun violence prevention efforts to be evaluated. The data subcommittee was charged with researching, gathering, and compiling data related to gun violence in Anne Arundel County.

To comprehend the issue of gun violence research was conducted at a national, state, and local level to:

- Investigate the common factors (risk and protective) that contribute to the occurrence of gun violence incidents in the United States³⁸.
- Identify and describe how public health departments and systems currently address behavioral health needs for those at risk of gun violence as victims or as perpetrators.

Further quantitative and qualitative data was sought at a state and local level to answer the following questions:

- What are the data sources available that describe gun violence in Anne Arundel County?
- What is the prevalence (how many) of acts of gun violence in Anne Arundel County annually?
- What types of acts of gun violence occur in Anne Arundel County?
- Where do acts of gun violence occur in Anne Arundel County?
- In acts of violence reported, what type of guns are used?

³⁸ Risk factors are things that make it more likely that people will experience violence. Things that make it less likely that people will experience violence or that increase their resilience when they are faced with risk factors are called protective factors.

Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

- How are guns used in acts of violence obtained?
- What is the prevalence (how many) of acts of violence occurring where either the offender, the victim, or both have a behavioral health condition?

National and state-level data on gun violence in the United States and Maryland provide context to the status and scope of gun violence in Anne Arundel County. It is important to note the data presented in this report does not distinguish between mass shootings and individual shootings. This approach was taken due to the nature in which the Maryland data is available. There is limited state data available on how many people are victims of gun violence per incident of gun violence³⁹. As such data sources included in this report do not discuss the nature of how many people are or were victims of gun violence in any one situation. This section briefly describes the national status of gun violence and orients to Maryland's present status of gun violence, with detailed consideration to available data sources focusing on quantitative gun violence data in Anne Arundel County.

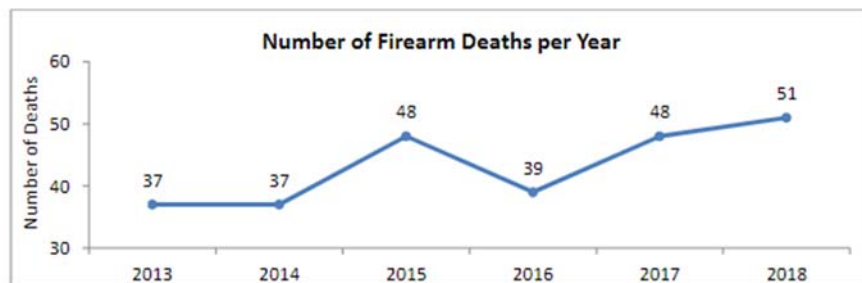
Data and Assessment of the Problem: Firearm Deaths in Anne Arundel County

To understand how Anne Arundel County's scope and severity of gun violence aligns with and differs from the state and the nation, it is important to discuss both the upward trend in gun related deaths in Maryland and that certain populations are at higher risk of death and injury due to gun violence. Assessing the distinct challenges of gun violence in Anne Arundel County further highlights how national and state level efforts can be supportive to Anne Arundel County's goals to prevent and reduce gun violence and, where more localized opportunities could be prioritized. All the information included below is reflective of Anne Arundel specific data.

³⁹ <https://www.gunviolencearchive.org/congress/md>

Firearm deaths in Anne Arundel County were at their highest in 2018 (the most recent year of data available)⁴⁰. The number of deaths due to firearms in Anne Arundel County has been increasing since 2016 and the three-year rate of firearm death per 1,000 deaths in Anne Arundel County has also increased over the past two three-year periods as shown in the table below. The graph below shows the crude count of deaths due to firearms in Anne Arundel County. The crude count has increased when comparing 2013 count to the count in 2018, as shown in the table below. While the rate of death due to firearms in Anne Arundel county remains below the National average rate per 100,000 population, the overall death rate from firearm in Anne Arundel County has been increasing since 2016^{41,42}.

Anne Arundel County, Firearm Deaths per Year⁴³



⁴⁰ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

⁴¹ CDC WONDER database

⁴² Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

⁴³ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/30/2020)

Anne Arundel County, Firearm Death Rate per Year⁴⁴

Year	Count of Firearm Death in Anne Arundel County	Count of Total Deaths in Anne Arundel County	Firearm Death Rate per 100,000 deaths
2014	37	4120	898.06
2015	48	4095	1165.05
2016	39	4380	952.38
2017	48	4461	1095.89
2018	51	4637	1143.24

From 2014 to 2018 in Anne Arundel County there were 223 deaths total for the five- year period from firearms⁴⁵. Suicides account for the highest proportion of deaths due to firearm in Anne Arundel County during this time period, with the average percentage over the five-year period being 63%⁴⁶. Recently, the proportion of firearm deaths due to homicide (rather than suicide) has been steadily increasing from about 22% in 2014 to nearly 50% in 2018 illustrating that the type of firearm deaths is changing over time in Anne Arundel County⁴⁷.

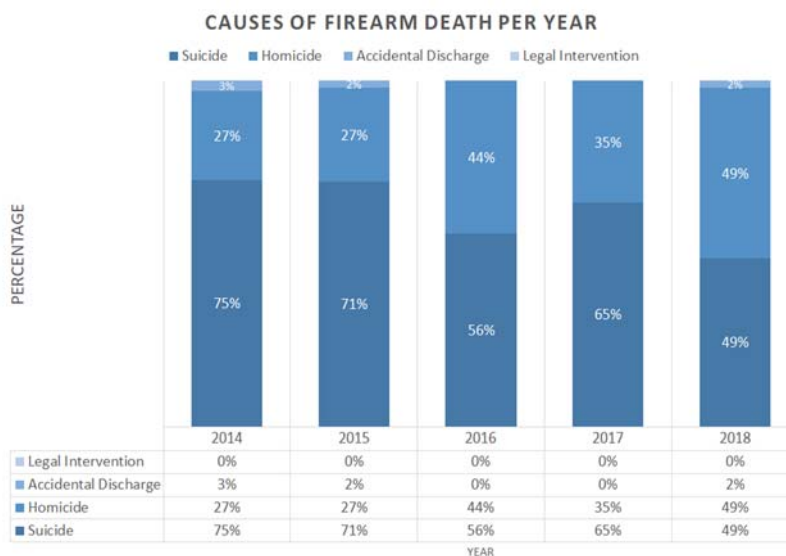
⁴⁴ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County.* (3/30/2020)

⁴⁵ Anne Arundel County Health Department. Office of Assessment and Planning. *Correspondence 4/29/2020.*

⁴⁶ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County.* (3/30/2020)

⁴⁷ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County.* (3/30/2020)

Anne Arundel Causes of Firearm Death by Year⁴⁸



Exploring the demographics related to suicide and homicides reveals that the rate of firearm suicides in White males is double that of Black males, and almost five times that of Hispanic males⁴⁹. For homicides, Black males have 11 times the rate of firearm homicide compared to White males and 8 times the rate of Hispanic males⁵⁰. The second highest rate of firearm homicide is among Hispanic females⁵¹. The mean age of those who die due to a firearm is much younger in homicides versus suicides (30 compared to 51.6)⁵². The below tables show the sex and race/ethnicity distribution for suicide by firearm and homicide by firearm, respectively⁵³.

⁴⁸ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/30/2020)

⁴⁹ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

⁵⁰ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

⁵¹ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

⁵² Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

⁵³ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

Anne Arundel County Homicide by Firearm, 2013-2018⁵⁴

Sex and Race/Ethnicity	Number	Percent	Mean Age of Victim (years)	Yearly Rate per 100,000 pop
Black Males	50	57%	27.6	18.6
White Males	20	23%	35.0	1.7
White Females	9	10%	38.4	0.7
Black Females	3	3%	23.3	1.1
Hispanic Males	3	3%	23.0	2.3
Hispanic Females	3	3%	31.0	2.5
Other	1	1%	**	0.4
Total Gun-Related Deaths	88		30.0	2.6

**Observations less than 3 are suppressed for the protection of victim identity.

Anne Arundel Suicide by Firearm, 2013-2018⁵⁵

Sex and Race/Ethnicity	Number	Percent	Mean Age of Victim (years)	Yearly rate per 100,000 pop
White Males	129	78%	52.6	11.0
White Females	17	10%	48.9	1.4
Black Males	13	8%	51.0	4.8
Black Females	3	2%	37.7	1.1
Hispanic Males	3	2%	44.0	2.3
Hispanic Females	0	--	--	--
Total Gun-Related Deaths	166		51.6	4.9

Anne Arundel County Police Department data additionally contributes to the picture of suicide and suicide attempts in Anne Arundel County from 2014-2018, showing that 16% of all

⁵⁴ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County.* (3/3/0/2020)

⁵⁵ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County.* (3/3/0/2020)

suicides and attempted suicides involved a gun⁵⁶. When refining this data to understand the number of total suicides that involved a gun, 41% of suicide and 3% of attempted suicide involved a gun⁵⁷. The discrepancy between attempted suicide and suicide is important to note because national statistics indicate attempts of suicide by firearm result in death 85% of the time. This is significant because nearly 90% of people who survive an attempted suicide do not attempt a second time⁵⁸.

As noted above, Anne Arundel County suicide with firearm makes up 41% of all suicides, while 3% of attempted suicides in Anne Arundel County occurred with a gun. This indicates those who survive attempted suicide generally (97% of the time) are not using a gun. This is further supported by the most recent Office of the Chief Medical Examiner's report from 2016. Their report found that firearms were the most common cause of homicide death (76%) and the most common classification of death for those who died via suicide was due to a firearm (43%). Trends prior to 2016 parallel this as well⁵⁹.

The occurrence of these deaths varies, even within zip codes, across Anne Arundel County of residence when considering the zip code of residency for victims⁶⁰. Analysis looking at death due to firearm and death due to suicide or homicide by census tract across a six-year period from

⁵⁶ Anne Arundel Gun Related Violent Crime Summary. 2014-2018. <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/reports/aaco-gun-stats.pdf>

⁵⁷ Anne Arundel Gun Related Violent Crime Summary. 2014-2018. <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/reports/aaco-gun-stats.pdf>

⁵⁸ https://www.apha.org/-/media/files/pdf/factsheets/200221_gun_violence_fact_sheet.ashx?la=en&hash=F18D18BB89294AE9EFAA2EB5C0B00B073C65863F

⁵⁹

<https://health.maryland.gov/ocme/SiteAssets/Pages/Reports/2016%20OCME%20Annual%20Report.pdf>

⁶⁰ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

2013 – 2018 in Anne Arundel County found the majority of census tracts demonstrate a primary cause of death from gun violence is due to suicide⁶¹.

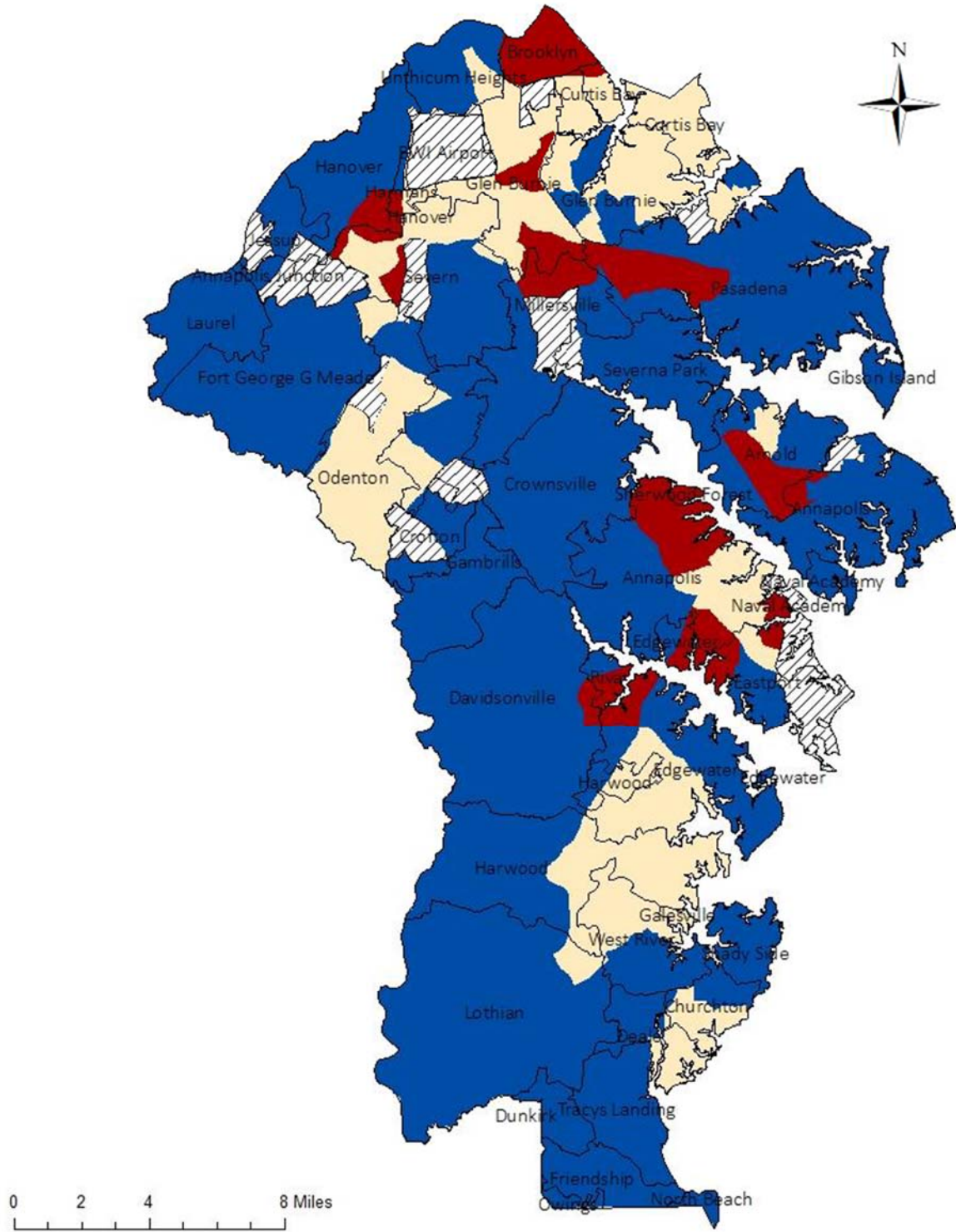
In particular, areas where there was a higher percentage of suicide were more widespread across Anne Arundel County as compared to homicide⁶². It is important to note that interventions related to interrupting and reducing homicide and suicide are distinct and therefore in census tracts where homicide is higher than suicide, demonstrating the need that specific interventions will be required that may differ from areas where suicide is higher than homicide⁶³.

⁶¹ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

⁶² Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

⁶³ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

Firearm Deaths by Suicide vs Homicide, Anne Arundel County, 2013-2018



Key: Blue = majority suicide; Red = majority homicide; Beige = equal suicide/ homicide

Data and Assessment of Problem: Injury Due to Firearm in Anne Arundel County

When considering the health system's perspective and interaction with gun violence, from 2016-2018 there were 456 injuries due to firearms that resulted in either inpatient or emergency department hospitalization and cost nearly \$9.3 million⁶⁴. Accidental discharge of a firearm (52%) was the leading cause of these hospital admissions over the three-year period and was followed by assault (41%)⁶⁵. Suicide attempts were the next leading cause and made up four percent (4%) of all firearm related hospital admissions over the same timeframe⁶⁶.

Looking at demographics related to firearm injury, as opposed to death, the demographic information highlights disparities among the population hospitalized for firearm related injury. Black males had 11 times the rate of firearm injury than White males⁶⁷. While White males comprised nearly one quarter of the total firearm injuries, Hispanic males had the second highest injury rate after Black males⁶⁸.

⁶⁴ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

⁶⁵ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

⁶⁶ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

⁶⁷ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

⁶⁸ Anne Arundel County Health Department. Office of Assessment and Planning. *Violent Injuries and Deaths, Anne Arundel County*. (3/3/0/2020)

**Anne Arundel County Inpatient and Emergency Department Visits for Firearm Injury
by Demographic, 2016 - 2018⁶⁹**

Sex and Race/Ethnicity	Total Injuries (Percent)	Yearly rate per 100,000 pop
Black Male	261 (57%)	194.1
White Male	103 (23%)	17.6
White Female	23 (5%)	3.9
Black Female	30 (6%)	21.4
Hispanic Male	16 (4%)	24.8
Other/Hispanic Female	23 (5%)	13.1
Total	456	26.9

Data and Assessment of the Problem: Crimes Involving a Firearm in Anne Arundel County

From 2014 to 2018 there were 1,688 gun-related violent crimes recorded in Anne Arundel County⁷⁰. These gun-related violent crimes made up 18% of all violent crimes across Anne Arundel County for this timeframe according to ARS/RMS Data, the Anne Arundel Police Department’s report writing system⁷¹. From a prevalence perspective, the majority of these gun-related crimes were robberies and assaults using a gun (939 and 693 respectively)⁷².

Comparing firearm fatality between Anne Arundel and other counties in Maryland, Anne Arundel ranks fourth out of the 24 jurisdictions for the highest count of firearm fatalities for the time period of 2014-2018⁷³. This is less than firearm fatalities in Baltimore County,

⁶⁹ Maryland Health Services Cost Review Commission and Chesapeake Regional Information System for Patients.

⁷⁰ Anne Arundel Gun Related Violent Crime Summary. 2014-2018. <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/reports/aaco-gun-stats.pdf>

⁷¹ Anne Arundel Gun Related Violent Crime Summary. 2014-2018. <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/reports/aaco-gun-stats.pdf>

⁷² Anne Arundel Gun Related Violent Crime Summary. 2014-2018. <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/reports/aaco-gun-stats.pdf>

⁷³ County Health Rankings, 2020. <https://www.countyhealthrankings.org/app/maryland/2020/measure/factors/148/data?sort=sc-0>

Baltimore City, Montgomery, and Prince George’s County and approximately four times as many fatalities when compared to neighboring Calvert and Howard Counties⁷⁴.

When looking at the percentage of violent crime in Anne Arundel County that was conducted using a gun, 18% of total violent crime across the County was conducted using a gun⁷⁵. When examining the distinct categories of gun related crime - assault, robbery, attempted murder, murder, rape, contact shootings, and police shootings - it is found that for the categories of murder, attempted murder, robbery, non-fatal contact shootings, and assault contact shootings, 50% or more of these types of violent crime occurred with the use of a gun for the period from 2014-2018⁷⁶. More crimes were conducted with a gun than without⁷⁷.

Understanding police interactions as they relate to crime offers perspective into societal behaviors as they relate to use and community experience with guns. According to ARS/RMS Data, for 2017 and 2018, the most common incidents involving a gun were due to a wear/carry/transport law violation involving a gun or a robbery, carjacking, or home invasion involving a gun, followed by threat only and assault⁷⁸. These data parallel previous trends which note robbery and assault as common violent crimes occurring with a gun⁷⁹. It is important to note that these data are not mutually exclusive, an assault with a firearm could also involve a gun that

⁷⁴ County Health Rankings, 2020.

<https://www.countyhealthrankings.org/app/maryland/2020/measure/factors/148/data?sort=sc-0>

⁷⁵ Anne Arundel Gun Related Violent Crime Summary. 2014-2018. <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/reports/aaco-gun-stats.pdf>

⁷⁶ Anne Arundel Gun Related Violent Crime Summary. 2014-2018. <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/reports/aaco-gun-stats.pdf>

⁷⁷ Anne Arundel Gun Related Violent Crime Summary. 2014-2018. <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/reports/aaco-gun-stats.pdf>

⁷⁸ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

⁷⁹ Anne Arundel Gun Related Violent Crime Summary. 2014-2018. <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/reports/aaco-gun-stats.pdf>

is in violation of the law for a particular reason and therefore the incident with one gun would be counted twice, once for assault and once for transport law violation.

For the majority of criminal incidents involving a gun between 2017 and 2018 there was no injury⁸⁰. However, 8.6% did result in injury. These data examine gun-related incidents through the lens of days of the week, time of day, as well as gender (sex), age, and race/ethnicity of the offender⁸¹. Gun-related incidents predominately happen between 1-4am and 1-8pm. The majority of offenders are male and about 24% are repeat offenders of incidents involving a gun⁸². While the majority are adults it is important to note that 14% of offenders of gun-related incidents are juveniles and that about 24% are unknown⁸³. The majority of individuals committing an offense with a gun are residents within Anne Arundel County, but it should be noted there is a large percentage (40.6%) whose county of residence is unknown⁸⁴. Days of the week are unremarkable as far as showing a majority or minority of crimes involving a gun occurring on a particular day of the week⁸⁵.

When looking at the data of those who are victims of the gun-related incident in 2018, the highest count are for males (48.6%), the majority are adults (64.2%), the majority hold residency within Anne Arundel County (60.6%), and 15.1% have been a victim more than once⁸⁶. The data notes that the most common race/ethnicity of the offender of a gun-related incident is black (45%) and the most common race/ethnicity of the victim was white (43.1%)⁸⁷. There was no analysis

⁸⁰ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

⁸¹ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

⁸² Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

⁸³ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

⁸⁴ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

⁸⁵ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

⁸⁶ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

⁸⁷ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

matching the combination of offender to victim so as to assess whether the pairing of offender to victim had a particular pattern or trend.

Data and Assessment of Problem: Type of Firearm Used in Anne Arundel County

Data indicates that 60.3% of gun-related incidents were conducted with a handgun⁸⁸. Data is also collected to determine if the incident was conducted with a shotgun, replica, rifle, or if the use of a gun was implied⁸⁹. Of note, the use of a shotgun, replica, and rifle occurred a similar percentage of the time during 2018⁹⁰. 12.8% of gun-related incidents involve more than one gun and a very small percentage of gun-related incidents are conducted with a known stolen gun. For 39.2% of gun-related incidents in 2018 it was unknown whether the gun was stolen or not⁹¹. In 2018, 12.6% of gun-related incidents are school related, 12.9% are domestic violence related, and a small percentage are gang and drug related⁹².

Data and Assessment of the Problem: Gun Violence Prevention in Anne Arundel County

Better understanding of the legal tools that the Anne Arundel Police Department has used to prevent gun violence enlightens what data is available to specifically assess the scope of gun violence prevention. Since October 2018, the Anne Arundel Police Department (AACPD) has petitioned for 86 Extreme Risk Protective Orders (ERPO) - when a judge deems that the evidence warrants temporarily removing guns from the individual - and have seized 161 guns under the Red Flag laws in Maryland. AACPD leads the state in the Red Flag law. An Extreme Risk Protective Order (ERPO) is a court-issued civil order temporarily requiring a person to: surrender any firearms or ammunition to law enforcement; and not purchase or possess firearms or

⁸⁸ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

⁸⁹ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

⁹⁰ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

⁹¹ Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

⁹² Gun Violence Prevention Task Force 2018 data, updated 8/9/19. Sourced from ARS/RMS data.

ammunition. The Red Flag law, which not all states have, allows authorities to take guns from people who may pose a threat to themselves or others.

Data and Assessment of the Problem: Data Sources for Gun Violence - National, State, Local

A number of sources of data work together to describe a robust perspective on gun violence in Anne Arundel County. Data gathered by the Data Subcommittee was sourced from national, state, and county agencies and organizations.

At a national level, there is data available from the following data sources:

- **National Violent Death Reporting System**⁹³: The National Violent Death Reporting System links information about the “who, when, where, and how” from data on violent deaths and provides insights about “why” they occurred at a state-level. The NVDRS state-level surveillance system covers all types of violent deaths – including homicides and suicides – in all settings for all age groups. NVDRS collects facts from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports into one anonymous database. Data elements collected provide valuable context about violent deaths, such as relationship problems, mental health conditions and treatment, toxicology results, and life stressors, including recent money- or work-related problems or physical health problems. In Maryland, NVDRS is coordinated and managed by the Maryland Department of Health’s Public Health Services. It is housed within the Prevention and Health Promotion Administration in the Environmental Health Bureau.
- **CDC Wonder Database**⁹⁴: The Center for Disease Control and Prevention (CDC) Wonder Database manages nearly 20 collections of public-use data for U.S. births,

⁹³ <https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html>

⁹⁴ <https://wonder.cdc.gov/>

deaths, cancer diagnoses, tuberculosis cases, vaccinations, environmental exposures, and population estimates, among many other topics. These data collections are available as online databases, which provide public access to ad hoc queries, summary statistics, maps, charts, and data extracts. Most of the data are updated annually; some collections are updated monthly or weekly. For the purposes of gun violence, this database is used to query death and injury related information due to firearms.

- **CDC WISQARS (Web-based Inquiry Statistics Query and Reporting System)**⁹⁵
This is an interactive, online database that provides fatal and nonfatal injury, violent death, and cost of injury data from a variety of trusted sources. Researchers, the media, public health professionals, and the public use WISQARS™ data to learn more about the public health and economic burden associated with unintentional and violence-related injury in the United States.

At a State and County level, data are available from the following data sources:

- **Governor's Office of Crime Prevention, Youth, and Victim Services and Governor's Office of Crime Control and Prevention (GOCCP)**⁹⁶: These offices collectively partner with MD iMAP and the Maryland Statistical Analysis Center (MSAC) - the research, development, and evaluation component of the Governor's Office of Crime Control and Prevention - to annually update data related to crime and the criminal justice systems of Maryland. All data is available on the Maryland Open Data Portal (i.e., MD iMAP).

⁹⁵ <https://www.cdc.gov/injury/wisqars/index.html>

⁹⁶ <http://goccp.maryland.gov/crime-statistics/>

- **Maryland Department of Health Vital Statistics**⁹⁷: The Maryland Department of Health's Vital Statistics Administration is the repository for birth and death data related to Marylanders. Annually, the Administration issues a comprehensive report of mortality including counts by age, race/ethnicity, and sex for death due to self-harm by firearm (suicide), homicide by firearm, legal intervention due to firearm, discharge of firearm (event of undetermined intent), and injury by firearm⁹⁸. Data on deaths come from the Vital Statistics Administration of the Maryland Department of Health Public Health Services death certificate data files from 2013-2018. These data include all deaths of Anne Arundel County residents regardless of the place of occurrence.
- **Health Service Cost Review Commission (HSCRC)**⁹⁹: The HSCRC is the agency responsible for rate setting of hospital services across the state of Maryland. Annually they collect data on hospital inpatient and emergency department utilization called the Outpatient Discharge and Inpatient Admissions data file. The most recent data is available from 2018 and identifies the count, annual rate, and cost of firearm injury. This data can be broken down by race/ethnicity, sex, type of admission - inpatient or emergency, and by specific cause of firearm injury. It is important to note that HSCRC data is defined based only on zip code and not county of residence. Anne Arundel shares zip codes with Baltimore City, Howard County, and Calvert County and therefore some of the admissions in the shared zip codes may not be Anne Arundel

⁹⁷ <https://health.maryland.gov/vsa/Pages/Home.aspx>

⁹⁸

https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2018annual_re v3.pdf

⁹⁹ <https://hscrc.maryland.gov/Pages/About-Us.aspx>

County residents. This leads to an overestimation of the number of injuries that are specifically for Anne Arundel residents, but the overall trends are representative.

- **Chesapeake Regional Information System for our Patients (CRISP)**¹⁰⁰: CRISP is the state designated health information exchange which allows patient-level electronic medical record data to be shared between eligible healthcare providers at hospitals across the State of Maryland to ensure continuity of care. Other initiatives promoted by CRISP include population level reporting and quality of care reporting.
- **The Office of the Chief Medical Examiner (OCME)**¹⁰¹: The OCME is the statewide agency that investigates deaths from injury, homicide, suicide, under unusual or suspicious circumstances, or when a person is not attended by a physician. The most recent report is from 2016.
- **Uniform Crime Report (UCR)**¹⁰²: Managed by the State Police, the Uniform Crime Report annually is required by State Law to be submitted to the Legislature. The report collates statistics of crime and criminal activities that are known and reported to law enforcement during the year of interest. The most recent UCR is from 2018.
- **ARS/RSM**: ARS/RSM system is the Anne Arundel Police Department’s report writing system. This data system does not analyze data. Currently, the Crime Analysis Unit at the Police Department collates the data from these reports. ARS/RSM reports an average of 300 reports a month. Beginning in July 2019, officers began filling out a Google Form titled “Gun Incident Data Collection” for each response to a violent

¹⁰⁰ <https://www.crisphealth.org/about/>

¹⁰¹ <https://health.maryland.gov/ocme/Pages/Home.aspx>

¹⁰²

<https://mdsp.maryland.gov/Document%20Downloads/Crime%20in%20Maryland%202018%20Uniform%20Crime%20Report.pdf>

crime that involved a gun. The information collected on these forms is analyzed at an aggregate level.

- **Mark 43**: This is the new Records Management System (RMS)/Field Report Writing System that will replace the ARS/RMS system in 2021 for the Anne Arundel Police Department.

Data and Assessment of Problem: Public Comment Qualitative Summary

Qualitative data was collected through a Public Comment Period through email and at public meetings since the May 2019. Verbal testimony was scheduled during three of the regularly scheduled meetings, August through October, and at one meeting in September which was scheduled solely for the purpose of hearing from a wide range of stakeholders. Public comments continue to be accepted online. Through this period members of the public could write and submit comments to the Task Force. The public was also invited to provide verbal comments at Task Force meetings. In person public comments can be seen in their completeness in online¹⁰³. In total there were 48 written comments and 34 verbal comments submitted. Commenters were identified by name alone and not residency.

Those who expressed concerns about stricter laws or regulations typically focused on the need to address larger societal issues. Several suggested that the Task Force expand to consider recommendations to decrease overall violence and not just gun violence. There were also several requests to change the composition of the Task Force to include members of gun clubs or those trained in firearm safety. Potential solutions, some from self-identified gun owners, included:

- Supporting a national ban on assault weapons
- Notifying police about employee terminations

¹⁰³ <https://www.aacounty.org/boards-and-commissions/gun-violence-task-force/contact-form/>

- Universal background checks
- Taxes or fees
- Research
- Life sentences and greater accountability
- Buy-back programs
- Training and mandatory locks

Other commenters suggested supporting research, advocacy groups, and other organizations that are conducting robust gun violence prevention efforts. Organizations such as Moms Demand Action, NSSF (Fire Arms Industry Trade Association) partnership with the American Foundation for Suicide Prevention, the violence prevention program in Oakland, California, and research from a number of sources were offered up as considerations to be made by the Task Force.

Data and Assessment of the Problem: Data Considerations and Recommendations of the Data Subcommittee

The Data Subcommittee was charged with both understanding the available data on gun violence occurrences, details in Anne Arundel County, and identifying gaps in the data and opportunities for data to provide additional insight in telling the gun violence story in Anne Arundel County. The Data Subcommittee noted gaps in the availability of data in Anne Arundel County that limits the perspective on gun violence in the County. Further detail on their recommendations along with the composite recommendations of the entire Task Force can be found in the Recommendations Section.

Data and Assessment of the Problem: Data Limitations

Data is a result of who is collecting the data and the systems that digest the data - both those interpreting the data and the mathematical models that calculate the data. There is an inherent

level of bias (design and opinion that favors a perspective) that influence both the collection and interpretation of the data. It is important to not interpret one source of data in isolation. Rather, data should be corroborated through multiple sources, combining qualitative and quantitative data, understanding the history and context of different kinds of data collection, and interpreting data within the parameters of its collection.

For this accounting of firearm related deaths in Anne Arundel County the majority of the data is collected from the Anne Arundel County Health Department and the Anne Arundel County Police Department. It is important to note that definitions and denominators vary between these two entities as does the timeframe in which data is collected. For example, data related to firearm incidents is generally reported from 2014-2018 whereas data related to firearm deaths is from prior to 2014. Data reported here is in alignment with the information that the Task Force has access to.

In addition to police and death related data, hospitalization data was gathered from the Health Service Cost Review Commission. This data is unique because it is collected by zip code rather than location of residence of the individual and therefore is inclusive of the zip codes that Anne Arundel shares with Calvert County, Howard County, and Baltimore City. Similarly, police data is collected based on location of incident rather than residency of victim or offender. These elements are important to keep in mind for the interpretation and application of the data.

RECOMMENDATIONS

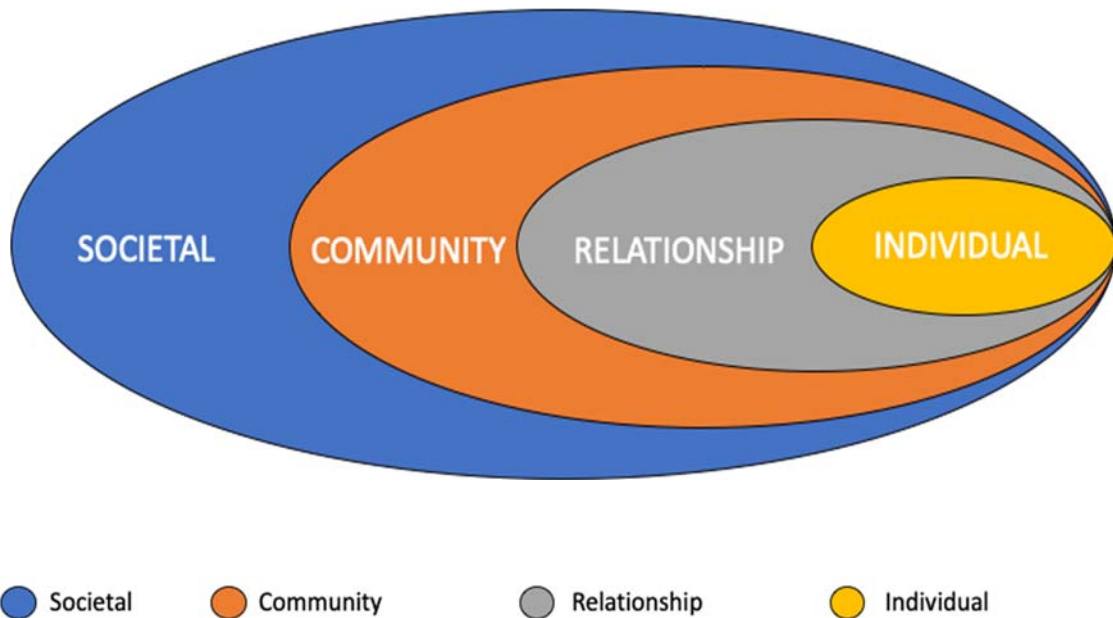
Recommendations were submitted through each of the Task Force's Subcommittees and are further filtered through the public health lens of the Social Ecological Model¹⁰⁴ which highlights risk and protective factors that contribute to and prevent gun violence at the society,

¹⁰⁴ <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>

community, relationship, and individual level. This multi-pronged approach provides a framework for examining vulnerability and resilience through socially determined factors influencing health outcomes across the implementation spectrum. As such the report organizes recommendations by these themes and not by Subcommittee. Of note, the recommendations are not assessed for priority, feasibility, or impact. Anne Arundel County Department of Health (AACDOH) will conduct this critical work as it continues to meet and study the implementation of the recommendations.

In order to organize all of the Task Force's recommendations, first each recommendation was documented and grouped based on logical themes. This was done iteratively to allow the recommendations to naturally be grouped based on what kind of activity (policy, intervention, education, etc.) the recommendation promoted and any target audience the recommendation particularly addressed. As a result there were nine (9) themes that emerged: Statewide Policy, County Policy, Data, Coordination/Collaboration, General Programming, Educational Content, School-based Programs, Healthcare/Clinical, and Law Enforcement. These themes are not listed in any form of priority or preference. Each theme was then organized into the Social Ecological Framework, also known as the Social Ecological Model for Violence Prevention.

Social Ecological Model for Violence Prevention¹⁰⁵



Note: The color key indicated above is used throughout the recommendations to indicate the SEM level (e.g., orange indicates a community-level recommendation).

Recommendations: Social Ecological Model Framework

The Social Ecological Model framework was used to organize the themes into four levels - individual, relationship, community, and societal - based on which level the recommendation targets through policy, intervention, data, etc. When examining the recommendations within each theme, this framework operationally captures the interdependency and interplay between the individual, relationships, community, and societal factors that address gun violence prevention. It further helps to articulate how factors that address gun violence at one level, for example the individual level, can influence factors that address gun violence at another level, such as the community level.

¹⁰⁵ <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>

The Social Ecological Model levels are not mutually exclusive, meaning that many recommendations will address multiple levels of the model. For the purposes of holistically representing the recommendations, each recommendation is placed based on what level the recommendation addresses rather than the outcome it might yield. For example, the recommendation to promote firearm safety courses is conducted at the community level, while its immediate result might impact an individual who has been educated by a firearm safety course. If viewing online, each recommendation in the catalog is hyperlinked to where it appears within this Report.

In addition, risk factors and/or protective factors offer perspective on whether the recommendation is addressing a factor that makes it more likely that Anne Arundel County residents or the community will experience violence (risk factor) or whether it is addressing a factor which makes it less likely that people will experience violence (protective factors). In the following sections each theme is named in **bold** and color-coded with a circle to the corresponding levels of the Social Ecological Model shown on the previous page (38). Recommendations are then briefly described to highlight the general sentiment of the recommendations within each theme.



Society (State) Level Recommendations: General

These recommendations seek to introduce new or amend current state-level policy as a means to preventing gun violence. These recommendations are implemented at a societal level, can have impacts at an individual, relationship, and community level, and address both risk and protective factors of gun violence. The recommendations are:

- Implementing gun purchasing restrictions in the form of: restricting the purchase of firearms for individuals who are convicted of alcohol related offenses, history of violence, individuals charged or convicted of intimate partner violence.
- Requiring criminal background checks for all firearm purchases.
- Ensuring that gun purchasers have a gun purchasing license.
- Expanding the education, implementation, and evaluation of the Red Flag Gun Law.
- Requiring prior proficiency testing as a prerequisite for 100% of gun purchases.
- Require the report of lost or stolen guns within 48 hours (the current Maryland State law allows for a 72-hour reporting period) in Anne Arundel County.
- Require unattended guns/firearms to be secured with a child safety lock.
- Incorporate teaching on firearm safety and gun violence into the medical education curriculum for medical students and behavioral health professionals.



Community Level Recommendations: General

These are recommendations that are implemented at a county or community level. They range from new policies to county funding opportunities and organizational memberships. Primarily these recommendations focus on factors that work to protect against gun violence occurring in the first place, or protective factors. The recommendations are:

- Declare gun violence a public health crisis in Anne Arundel County.
- Enact policy to require gun and pawn shops maintain ammunition logs each time an ammunition sale is made. Logs should be accessible and reportable to Anne Arundel County Police Department.
- Join the National Gun Safety Consortium for support with advocacy efforts for the productions of guns/firearms with safety features.

- Implement a later school start time in order to increase sleep for adolescents as prevention for gun violence risk factors.
- Establish funding for a Firearms Examiner position within Anne Arundel County Police Department and a firearms lab.
- Invest funding strategically to communities impacted by gun violence.

Community Level Recommendations: Data and Reporting

These recommendations have overlap between society and community given that they address data infrastructure, collection, and reporting activities for furthering understanding of the problem of gun violence and enhance targeted interventions and policy at the community, relationship, and individual level. It is important to note that many of these recommendations are documented in the Data Section of this Report. These recommendations are:

- Fund and implement an all-in-one records management, data collection, and case management system for the Anne Arundel County Police Department to replace the current ARS/RMS system which documents current gun-related activities.
- Establish a central repository of gun violence data which collects data related to gun violence and its risk and protective factors from currently disparate systems (education, racial/ethnic disparities, police, National Violent Death Reporting System, etc.).
- Establish a gun violence data report with baseline data and established evaluation metrics. Leverage this baseline data and evaluation metrics for understanding the impact of recommendations from the Task Force.
- Aggregate and report routinely on gun-related deaths and injuries.

Community Level Recommendations: Coordination and Collaboration

These recommend partnerships and stakeholder engagement activities address gun violence and further the implementation of the Task Force’s recommendations. These recommendations

are focused at the community level and focus on protective factors, risk factors, and partnerships that work towards the implementation of programming and policy. The recommendations are:

- Establish a collaborative body of government and non-government agencies to coordinate gun violence initiatives within Anne Arundel County and to implement the recommendations of the Task Force.
- Forge a partnership with gun sellers, gun safety advocacy organizations, and agencies working to prevent domestic violence and suicide.
- Organize a consortium to address the role of racial and economic disparities in gun violence. Charge the consortium with recommending the development and implementation of specific recommendations focused on deploying police resources, gun safety initiatives, and community outreach.
- Ensure that the Anne Arundel Emergency Operations Plan is well coordinated between health and human service agencies and departments, specifically, the elements that apply to gun violence response and prevention.
- Engage responsible gun owners/enthusiasts in developing programs to advance community awareness, establish community-based programs, and common-sense policies for prevention of firearm injury.
- Engage local communities in developing responses that are developed in conjunction with local demographics, community folkways, and the unique issues that shape the overall life of the community. The issues of each community, while sharing some common threads with other places, are unique and therefore efforts should be uniquely tailored to the fabric of individual communities. *Note: Folkways is a sociology term*

*meaning informal rules and norms that, while not offensive to violate, are expected to follow.*¹⁰⁶

- Mobilize hospitals and health care systems to engage in partnerships with the local community to develop strategies for education and program development designed to reduce firearm violence. This engagement must include hospitals partnering with local communities to identify and respond to the social determinants of health, especially those which contribute to structural causes of violent behavior in underserved communities.



Community Level Recommendations: Programming

These recommendations focus on activities and communication that support gun violence prevention. They focus on implementation at the community level to influence individual action towards preventing gun violence. The recommendations are:

- Establish a precedent for implementing evidence-based programs focused on gun violence prevention across communities and schools.
- Support gun violence prevention/interruption programs that leverage a trusted and credible community individual who works with the community and individuals to interrupt violence.
- Create a Victim Response Team that is similar in structure to the Crisis Intervention Team, for establishing community-based wraparound services for victims of gun violence.

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[https://socialsci.libretexts.org/Bookshelves/Sociology/Book%3A_Sociology_\(Boundless\)/03%3A_Culture/3.02%3A_The_Symbolic_Nature_of_Culture/3.2J%3A_Folkways_and_Mores](https://socialsci.libretexts.org/Bookshelves/Sociology/Book%3A_Sociology_(Boundless)/03%3A_Culture/3.02%3A_The_Symbolic_Nature_of_Culture/3.2J%3A_Folkways_and_Mores)

- Focus on programming that identifies violence and trauma early and provide in-kind interventions.
- Continue the Anne Arundel County Safe Stations program. Established in April 2017, Safe Stations refers to the use of fire and police stations as access hubs for entry into the substance use disorder (SUD) treatment system, with 24 hours a day, seven days a week access for individuals seeking treatment for a substance use disorder.
- Create a safe place, other than Emergency Departments, for individuals in a mental health crisis to go on an emergency basis to be connected to an appropriate level of care.
- Develop a gun ownership program to focus on responsible gun ownership.
- Embrace focused deterrence programs. Work with law enforcement to identify the most violent offenders and invest resources in mental health counseling, such as Cognitive Behavioral Therapy (CBT), to help individuals avoid violent interactions.
- Extend focused deterrence to the neighborhood environment through such strategies as “cleaning and greening” dilapidated buildings and vacant lots.

 ***Community Level Recommendations: Educational Content***

These recommendations include communication initiatives as well as print, digital, and web-based media to deliver educational and promotional content to the community. Messaging and medium recommendations target both risk and protective factors. The recommendations are:

- Compile a list of community resources available for public outreach that address gun violence victims and risk factors that lead to gun violence.

- Develop and deploy a packaged marketing guide to be used by County Agencies. This should include social media messaging, personal stories, public service announcements and (PSAs).
- Advertise and promote social marketing campaigns that center voices and experiences of those affected by gun violence.
- Establish and promote a speaking program about gun violence and its prevention.
- Promote firearm safety courses across Anne Arundel County.
- Develop, maintain, and promote a centralized website that documents interventions, educational content, and gun violence prevention activities.
- Create a strategic communications plan which includes a public outreach calendar.



Community Level Recommendation: Law Enforcement

Recommendations in this category target activities taken by law enforcement to implement or receive training and programming that focus on the de-escalation of gun violence and the prevention of gun violence. The recommendations are:

- Law enforcement initiative to deploy public health awareness programming.
- Deploy firearm safety training.
- Expand the existing Crisis Team to address incidents of gun violence.



Relationship Level Recommendations: Healthcare/Clinical Interventions

These are interventions that either take place in a healthcare setting and/or provide training on healthcare related topics such as mental health and behavioral health. These recommendations are implemented at an individual level and address risk and protective factors. The recommendations are:

- Establish protocols for screening individuals for gun safety practices in their homes during primary care visits. Empower healthcare providers to meaningfully screen for “high-risk” situations including depression, substance abuse disorder, the presence of intimate-partner violence, risks associated with geriatric populations including dementia, and to have developed protocols in place to provide interventions to support patients and families.
- Deploy mental health first aid training. Mental Health First Aid is a national program to teach the skills to respond to the signs of mental illness and substance use.
- Train behavioral health and medical providers in lethal means reduction, which is a strategy to decrease the lethality of those who have suicidal risk factors.
- Provide training to mental health professionals in threat assessment (including suicide) and educate them about the protocols to follow when a patient exceeds a threshold of risk.



Relationship Level Recommendations: School-Based Programming

These are recommendations that are implemented and apply to the school or education setting. They occur at a school-community level and impact both policy and programs. The recommendations are:

- Implement violence prevention and reduction programs in school settings.
- Improve procedures for students reporting incidents affecting school and individual safety. These would be inclusive of incidents involving a gun.
- Increase in-school, after-school, and community activities and programs that serve families in K-12 and Community College.

Individual Recommendations: General



While there are no recommendation themes that focus solely at an individual level, many of the recommendations have individual-level impacts. The Appendix includes a catalog of the recommendations in their entirety. Each recommendation is nested within its theme, and is then further categorized by both the level of the Social Ecological Model that the recommendation targets, as well as whether the recommendation addresses a risk or a protective factor of gun violence.

DISCUSSION

The Task Force's recommendations were delivered prior to the COVID-19 public health emergency. Since this time, numerous intersections have emerged between the pandemic and the gun violence crisis in the United States. Nationally, the number of first-time gun buyers has increased during a time when safety courses are being canceled due to public health protections for COVID-19, and requirements for training prior to permit application are being waived in certain circumstances. More people will be armed in the US without access to safe use and storage training.¹⁰⁷

Many of the Task Force's recommendations apply to the social and structural issues that are being highlighted during this pandemic, which are deepening the consequences of inequalities. Moreover, increased social isolation and interpersonal violence are risk factors of the pandemic and are particularly concerning given the relationships between isolation, depression, and decreased access to care and preventative support during this unprecedented time. These risk factors are highlighted through the Task Force's recommendations to increase

¹⁰⁷ <https://www.amnestyusa.org/wp-content/uploads/2020/03/200327-COVIDEGV-Final.pdf>

supports and programming through schools, the police department, and the focus on mental and behavioral health interventions.

The contexts and locations where gun violence occur are noteworthy during this time as well. To date, there has not been a school shooting since the closure of schools. While seemingly obvious, this does highlight the impact that location has on the occurrence of gun violence. Moreover, more young children may be at home with unsecured guns.¹⁰⁸

Finally, as noted by the Task Force's research and recommendations, supervising access and education around firearm purchasing is paramount to the prevention of gun violence. Given that gun sales during COVID-19 have reached an all-time high¹⁰⁹, the risk factors associated with purchasing a firearm may be noted as increasing the potential of gun violence.

CONCLUSION

This report represents the collation of the Task Force's efforts, expertise, and recommendations to address gun violence in Anne Arundel County. The Task Force's exploratory and data gathering process looked to identify risk and protective factors that apply to the context of Anne Arundel County. Through this they were able to understand and show the impact of gun violence and firearm injury on Anne Arundel County residents, institutions, and the community fabric. To address these learnings, the Task Force generated recommendations that leveraged existing gun violence prevention efforts in Anne Arundel County and enhanced them through new insights and potential solutions.

Broadly the Task Force centered recommendations around the mitigation of risk factors and the enhancement of protective factors. As examples, mitigation of risk factors included

¹⁰⁸ <https://www.amnestyusa.org/wp-content/uploads/2020/03/200327-COVIDEGV-Final.pdf>

¹⁰⁹ <https://www.barrons.com/articles/coronavirus-is-causing-gun-sales-to-boom-these-2-stocks-could-benefit-51587636001>

addressing lack of education of safe gun use, increasing mental health treatment access and supports, and refining laws to more strictly track gun sales and losses. Protective factor enhancement examples include increasing support for crisis response teams, refining who can purchase a firearm, and providing more comprehensive and more frequent opportunities to screen for gun possession and risk factors for gun violence. These recommendations are structured in a manner, through the Social Ecological Model, that highlights the need for a multi-modal approach to preventing gun violence in Anne Arundel County.

In summary, the Task Force made 55 recommendations. The recommendations have been organized according to theme. Eight recommendations were made that address statewide policy; 6 recommendations were made that address county policy; 8 recommendations were made that address data; 9 recommendations were made that address coordination/ collaboration; 7 recommendations were made that address general programming; 7 recommendations were made that address educational content; 4 recommendations were healthcare/ clinically focused; 3 recommendations were school-based; and 3 recommendations were law enforcement focused.

The Task Force recommends this work be continued through Anne Arundel County Department of Health, in partnerships with community stakeholders, the Task Force, and academic partners including the Johns Hopkins Bloomberg School of Public Health Center for Gun Violence. This work may include identifying key tasks, prioritizing work based on feasibility and cost, defining SMART objectives¹¹⁰, and mapping out coordinated project plans that continue to engage stakeholders. LUMA Health Consulting, LLC¹¹¹, an independent public health consulting firm, has written this Report based on Task Force work to date and will be

¹¹⁰ https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html

¹¹¹ <https://lumahealthconsulting.com>

preparing a memorandum of topline recommendations including an assessment for feasibility and impact, to support the objectives of the Task Force and the AACDOH.

As Executive Order 9 states, “the most sacred obligation of government is the protection of the communities it serves.”¹¹² Almost every day for the past five years in Anne Arundel County a gun has been used to commit an act of violence, resulting in 57 murders, 106 suicides, and 936 robberies¹¹³. The issue of gun violence is complex and deeply rooted in culture, and requires the public health approach taken by the Task Force to mobilize collective impact. Anne Arundel County’s mission is *The Best Place for All*. The recommendations and findings of the Task Force support this mission in their goal of reducing gun violence and creating a safer Anne Arundel County for all.

¹¹² <https://www.aacounty.org/departments/county-executive/executive-orders/steuart-pittman/SP-9.pdf>

¹¹³ <https://www.aacounty.org/departments/county-executive/executive-orders/steuart-pittman/SP-9.pdf>

APPENDIX A: Task Force Meeting Minutes and Presentations

APPENDIX B: Preliminary Report

APPENDIX C: Social Ecological Matrix of Task Force recommendations



M A R Y L A N D

**Office of County Executive
Steuart Pittman**

Gun Violence Prevention Task Force

May 16, 2019

6:00 p.m. - 8:00 p.m.

Maryland Hall, 801 Chase Street, Room 308, Annapolis, MD

Meeting Minutes

Members in Attendance:

Bishop Carroll, Chair, Andrea Chamblee, Co-Chair, Maria Hiaason, Co-Chair, Sharon Blugis, Christina Cornwall (for Kevin Aftung), Katie Goodwin (for Tim Altomare), Elizabeth Banach, Sandy Bartlett, Victoria Bayless, Pam Beidle, Mackenzie Boughey, Melissa Ellis, Jen Gilbert (for Jim Fredericks), Stacy Korbelak, Iris Krasnow, Anne Colt Leitess, Adrienne Mickler, Tim Mikules (for Trisha Wolford), Chris Moore, Billie Penley, Allison Pickard, Jennifer Purcell, Elizabeth Ruddy, Kevin Simmons, Jennifer Sowers, Dawn Stoltzfus, Hamilton Tyler (for Greg Swain), Steven Thomas, Sara Gannon (for Nathan Volke), Sue Ward

Members Absent: James Spearman, Jacqueline Allsup, Bob Bates, Jamie Benoit, Alba Reyes, Pete Smith, and Lt. Brian Andre

Guest Speakers: County Executive Pittman

Visitors: 11 members of the press and public signed the attendance sheet.

Call to Order

Bishop Charles Carroll (BC), Task Force Chair, called the meeting to order at 6:05 p.m. A quorum was present.

Opening Remarks by County Executive Steuart Pittman

The County Executive stated that he has been looking forward to this first meeting and recognized the amount of work that needs to be done. He values the importance of having law enforcement at the table. Mental health is not the only approach to gun violence; many people are starting to view gun violence as a public health issue. Gun violence is a public safety issue as well, and he charged task force members with

considering any ideas they wish, thinking about what would actually reduce gun violence, and worrying about the politics later. He requested actionable recommendations and believes the right people are part of this process. He wrapped up by thanking everyone for attending.

Overview of Open Meetings Act / Ground Rules

Bishop Carroll discussed the importance of ground rules and asked everyone to respect each other. The task force agreed. He stated the need to look really hard at the numbers and at what is happening in the county. The goal is to find solutions.

Jennifer Purcell reviewed the purpose of the Open Meetings Act and regulations regarding public attendance. "Except in instances when the public body expressly invites public testimony, questions, comments or other forms of public participation, no member of the public attending an open session may participate in the session." The first meeting was observation only. Public input is important and may be requested at future meetings. In the interim, all public feedback can be provided to her directly at expurc99@aacounty.org. Business cards were distributed.

Overview of Executive Order Number 9

The Executive Order was read by the County Executive.

Introductions

Bishop Carroll asked everyone to introduce themselves and state what they want to get out of this process. Each member spoke briefly and highlighted their specific relationship to gun violence or area of expertise.

New Business: Establishing Subcommittees

The group brainstormed topics for sub-groups and engaged in related discussion. J. Purcell noted topics on a white board.

Ideas/comments included:

- Youth
- Schools
- Unintended access to a gun
- Need for a PIO to disseminate things we learn – public campaign???
- Mental health and welfare

- Social determinants
- Behavioral health – substance use impact on violence
- Someone always knew about violent behavior ... how to recognize and take action
- Examine current laws – what’s working and what’s not
- Types of guns used, where obtained – county statistics
- Victim Services
- Domestic violence
- Gun dealers – how are they getting illegal guns

Discussion

Major Goodwin explained how extreme risk order to remove firearms works.

A member asked how much time passes to which she responded that from complaint/request to removal ... it’s pretty quick. It’s an immediate response due to “imminent danger.” 38 complaints so far this year.

Anne Colt Leitess noted there are still holes ... the burden is on the petitioner to show the respondent has weapons ... you must prove you know they have weapons and imminent danger. A good first start ... but limited in scope. Any gun is included ... even a 2nd home in the county. Judge has no authority to remove guns with a peace order.

Allison Pickard described the toxic public discourse around this topic. Concern about social media How do we talk about this . How do we message ... to breakdown walls. Issue is complex and tentacles in all areas of society. Dialogue has to change.

The group discussed educating the public using statistics and the need to change the tone of discussion. Creating a unified statement of what we are doing was recommended.

One member noted that 90% agrees with us and it isn’t worth the time to engage the other 10% and suggested the Dawn Stoltzfus write a statement/policy. Dawn agreed that how we talk is important and to include responsible gun owners. There was a reference to the recent AACo polling on gun safety.

Bishop Carroll reminded the group that the task force is not dealing with the 2nd Amendment, then asked for closing thoughts before finalizing subgroups.

Questions and discussion included:

- What causes an individual to detach from society?
- General discussion on mental health, social determinants and treatment.
- A suggestion that messaging can be separate group or part of all groups
- Workplace violence
- Conflict resolution

J. Purcell identified a final sub-group list based on Sandy Bartlett's recommendations. An "Other" category was created to list those topics that did not fit neatly within a sub-group and how to address them will be considered at the next meeting. The group agreed that topics and sub-groups can be added as they are identified during the research process.

The group approved the following sub-groups and members of the task force volunteer to chair each as noted in parentheses below:

- Behavioral Health (Adrienne Mickler)
- Youth / Schools (Melissa Ellis)
- Public Education / Messaging (Dawn Stoltzfus)
- Data / County Statistics (Bishop Carroll)
- Laws / Legal (Elizabeth Banach)
- Victim Services / Community Impact & Response (Jennifer Purcell)

All task force members were asked to list their top three subcommittee preferences on the back of their name tent. These were collected by the staff.

Next Steps / Wrap Up

J. Purcell stated that the CE staff is here to help. A Google Drive will be created to share all information.

Subcommittees will be identified next week and emailed to the task force along with expectations for the second meeting. Subcommittees shall schedule their own meetings, and will be asked to make brief reports at upcoming task force meetings. Details will follow.

Bishop Carroll reminded the group to review the GVPTF Objectives document (distributed during meeting) and to refer to them often and make sure each group stays on task.

J. Purcell asked subcommittees to focus on data collection and identifying relevant questions the first month. At the next meeting, the group will compile resources and discuss challenges. Restructuring can occur based on challenges.

Dawn Stoltzfus agreed to draft a mission statement by the second meeting using context from the Executive Order.

Adjournment

Bishop Carroll made a motion to adjourn the meeting at 7:45 p.m. All voted in favor.

The next meeting is June 20, 2019 at AACC.

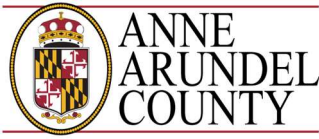
Anne Arundel County Community College

101 College Parkway

John A Cade Center for Fine Arts - Rm 219

Arnold, MD 21012

SUBMITTED BY: Sharon Blugis



M A R Y L A N D
Office of County Executive
Steuart Pittman

Gun Violence Prevention Task Force
June 20, 2019
6:00 p.m. - 8:00 p.m.
Anne Arundel Community College

Meeting Minutes

Members in Attendance:

Bishop Carroll, Chair, Andrea Chamblee, Co-Chair, Maria Hiaason, Co-Chair, Kevin Aftung, Jacqueline Allsup, Lt. Brian Andre (also for Jim Fredericks), Sharon Blugis, Katie Goodwin (for Tim Altomare), Elizabeth Banach, Sandy Bartlett, Jamie Benoit, Lawrence Martin (for Rhonda Pindell Charles), Brian Marsh (for Anne Colt Leitess), Adrienne Mickler, Chris Moore, Billie Penley, Allison Pickard, Jennifer Purcell, Elizabeth Ruddy, Kevin Simmons, Pete Smith, Jennifer Sowers, James Spearman, Dawn Stoltzfus, Greg Swain, Steven Thomas, Nathan Volke, and Tim Mikules (for Trisha Wolford)

Members Absent: Bob Bates, Pam Beidle, Mackenzie Boughey, Melissa Ellis, Stacy Korbela, Iris Krasnow, David Moller, Alba Reyes, and Sue Ward

Visitors: 5 members of the press and public signed the attendance sheet. Approximately 6 visitors did not sign in.

Call to Order

Bishop Charles Carroll (BC), Task Force Chair, called the meeting to order at 6:10 p.m. A quorum was present. Minutes from the June meeting were approved.

Current Events

Bishop Carroll asked for a moment of silence for those who have died from gun violence.

A handout highlighted current events was distributed and Bishop Carroll shared a list of gun-related events that had happened since the last meeting.

Linda Mundy from Anne Arundel Connecting Together (ACT) and co-chair of ACT's Gun Violence Reduction Team spoke about the organization and its participation in the national Don't Stand Idly By (DSIB) campaign.

ACT is a non-partisan group that trains leaders and helps connect and empower people to work with county. 531 people attended the last ACT meeting including 25 groups (churches, mosque, synagogue), nonprofits and NAACP. The group has met with the County Executive (CE), Sheriff's office, AACo Police Dept and Mayor regarding the DSIB. They've asked leaders across the country to join the campaign to ask gun companies to invest in safer technology and better vet their dealers. They are asking local municipalities to collect data and pay attention to gun dealers and crimes with guns. The CE and Mayor have signed on to the DSIB campaign. The next ask is to join a "consortium" member organization.

Housekeeping

J. Purcell announced the Safe City Summit and distributed the agenda. All GVPTF members were invited to attend.

J. Purcell asked subcommittees if they were having any issues with Google Docs and if they needed any assistance from the staff. No issues were reported.

Anne Arundel County Data

Major Goodwin presented a report on the number of violent crimes involving a gun over the past 5 years. Handouts were distributed (and will be posted on the GVPTF website). Rates have been similar each year.

Major Goodwin then described the department's antiquated report writing system which works well for writing reports, but provides no analytical data. Personnel is culling through paper files by hand to compile the information.

Beginning July 1st, the department will begin collecting specific gun-related data using a Google Form. It is a temporary fix.

The department is also collating past data through a manual search of approximately 300 reports a month. Five months have been completed.

Items included in the Google Form include:

- Date, time (4 hour blocks), incident type (rape, DM, etc), location by city and zip.
- Offender gender, offender race, age (juvenile/ adult), offender residency, prohibited possessor, arrest made or charges filed, and if there were multiple offenders.
- Victim gender, race, age, residency, and if there were multiple victims, if it involved a stolen gun, and injury type.
- Other items include if the incident was :School related. y/n., Domestic related y/n, Gang related y/n, or Drug related y/n. Gun type, make/model will also be recorded.
- Questions and Discussion
 1. Opinion of rank and file about doing extra paperwork
 2. Suggestion to look into the criminal justice program at AACC to see if they are interested in helping with analyzing data.
 3. Is there a question for no firearm recovered? Why not? Major Goodwin will take back to analysts to ask.
 4. Question about gender – transgender? Officers ask how a person identifies.
 5. Will city of Annapolis work with you on this? We've made calls , but no response.

Several members of the audience asked questions.

At the end of the presentation, J. Purcell reminded members of the public of Open Meeting Act regulations. Members of the public are not permitted to participate in the conversation unless formally invited to speak by the task force. She invited all members of the public to send inquiries and feedback to her for distribution to the task force.

New Business: Review Proposed Task Force Timeline

J. Purcell distributed and reviewed the proposed timeline, then asked for feedback. Timeline created by backtracking from report due date. September would be the first preliminary set of subcommittee recommendations to allow time for feedback from the full task force and prepare the report draft for review. S. Bartlett agreed the timeline was aggressive, but reasonable. No further comments.

J. Purcell asked the group to offer recommendations for guest presentations.

New Business: Define Gun Violence

Bishop Carroll asked J. Purcell to facilitate the discussion. The group reviewed definitions from other organizations and discussed adding intentional and unintentional, or building from the categories that are used in police department reporting. It was suggested to take a little from all the definitions. Another member suggested that the definition be led by the administration. J. Purcell stated that the CE would like the definition to be as broad as possible. She will fine tune the definition and send options to all members.

NOTE (added after the meeting): Due to Open Meetings Act requirements, business cannot be conducted by the full task force via email. Therefore, the task force will vote on the definition at the meeting in July.

5 minute break

Subcommittee Breakout Sessions

Subcommittees met to discuss and prioritize their questions, report on work completed thus far, and develop a plan for moving forward. This “working” portion of the meeting ended at 7:50.

At the conclusion of the breakout sessions, each subcommittee chair gave a brief report of their discussion to the full task force.

NOTE: Pete Smith agreed to serve as Chair of the Victim Services subcommittee, replacing J. Purcell. Updates to the subcommittee list will be made to all documents.

Announcements

J. Purcell requested that sub-committee reports (July and August) be limited to 10 minutes each. The purpose is to share information, identify areas of duplication, and get feedback from the full group.

Adjournment

Bishop Carroll made a motion to adjourn the meeting at 8:01 p.m. All voted in favor.

The next meeting is July 18, 2019 at Anne Arundel Medical Center in the Belcher Pavilion.

SUBMITTED BY: Jennifer Purcell / Sharon Blugis / Kristy Alvarez



M A R Y L A N D

**Office of County Executive
Steuart Pittman**

Gun Violence Prevention Task Force

July 18, 2019

6:00 p.m. - 8:00 p.m.

Anne Arundel Medical Center
Belcher Pavilion

Meeting Minutes

Members in Attendance: Lt. Brian Andre, Tim Altomare, Elizabeth Banach, Bob Bates, Pam Beidle, Jamie Benoit, Mackenzie Boughey, Bishop Carroll, Chair, Rhonda Pindell Charles, Christina Cornwell, Melissa Ellis, Roz Hamlett, Anne Colt Leitess, Adrienne Mickler, David Moller, Billie Penley, Allison Pickard, Jennifer Purcell, Kevin Simmons, Pete Smith, James Spearman, Dawn Stoltzfus, Lt. Steven Thomas, Hamilton Tyler (representing Greg Swain), Sue Ward and Trisha Wolford.

Members Absent: Jacqueline Allsup, Sandy Bartlett, Andrea Chamblee, Co-Chair, Maria Hiaason, Co-Chair, Stacy Korbela, Iris Krasnow, Chris Moore, Alba Reyes, Elizabeth Ruddy, Jennifer Sowers, and Nathan Volke.

Visitors: 16 members of the press and public signed the attendance sheet.

Call to Order

Bishop Charles Carroll (BC), Task Force Chair, called the meeting to order at 6:03 p.m. A quorum was present.

M. Boughey and B. Bates requested changes to the June minutes to reflect their attendance. Minutes were approved with those two changes.

Bishop Carroll congratulated the police department on their great work.

Old Business

- Vote on the definition of Gun Violence

Thirteen members voted for the first definition. Eight members voted for the second definition. One member voted for the first definition via email proxy prior to the meeting.

The approved definition is as follows:

“Gun violence refers to any use of a firearm directed at, or affecting, another person or oneself, whether intentional or unintentional.”

Current Events

- Grant Announcement by Anne Colt Leitess - The State’s Attorney’s Office was recently awarded a \$100K prosecution grant for gun violence. Funds will be used to pay salary and benefits for one prosecutor to concentrate on gun violence cases. Goals are to 1. Identify repeat, violent offenders. 2. Identify minor or first offenders involved in cases where they are with a group, but is not the direct perpetrator. The Division of Parole and Probation (state agency) in AACo will help provide identified youthful offenders with extra attention to try to prevent further crimes or violence.

Kathy Anthony - previously in the City of Baltimore. Started about a week ago.

Looking for partners - various programs offenders can be referred to.

A similar grant was received in 2014 for one year. This one runs July 1, 2019 to June 30, 2020. Stats will be made public and reported to the state.

Guest Speaker/Presentation

- Gun Bail Pre Arrest Diversion Platform Technology

Bishop Carroll introduced Mr. Raul Edwards. The group had reached out to Bishop Carroll when he first became chair of the task force. The mission of the program is to find a way to reduce gun violence in the country. It was described as 21st century policing tool. The program incentivizes offenders to turn in their firearms in exchange for arrest, bail or prosecution.

Introduced Mr. Trevor Brooks, developer of the app technology, who described the program as a deflection model. He described his personal background and reasons for developing the app. Different models are used in different jurisdictions. The app is currently being used in New Orleans and they are in negotiations with St. Louis. Mr. Brooks reported that the program is designed to relieve overcrowded jails and improve community policing.

After a delay because of audio issues on site, the task force viewed a 11.19 minute video demonstrating the Gun Bail technology, which is free for the individual.

Chief Altomare held his questions due to time and planned to touch base with Mr. Brooks following the meeting.

- Dr. George Arlotto, Superintendent AACPS

Co-presenters included Bob Mosier, Chief Communications Officer, Ryan Voegtlin, Director of Student Services, and Doyle Batton, Supervisor of School Security.

Dr. Arlotto first discussed the physical buildings with cameras, double doorway entryways, ID check system, IA phones.

Expertise is teaching and learning - so AACPS focus on mental health and safety through curriculum and partnerships. The Governor recently signed legislation for school safety - these state grants will be used to move forward with security / safety features and individual students.

Participate in weekly calls with the MD Center for School Safety

Provide services to students in 3 tiers:

1 - all students (curriculum)

2 - small groups with a specific need works with social worker or psychologist (ex. anger management)

3 - tier 3 - specific services to specific students (at several separate schools)

Mr. Batton, a former AAPD Lt. works to further relationships among all partners, SROs, county programs, and law enforcement.

Mr. Voegtlin - mentioned the new Mental Health Task Force, which was recently mandated by the BOE, and will be a joint effort between AACPS and the county government.

He described the partnership with the Crisis Intervention Team and others - monthly meetings - red zone kids, all with the goal of providing support for students.

Handle with Care - partnership with AACo, AnnapolisPD, and State's Attorney's office. If a law enforcement officer responds to a home with a AACPS student, the school will be notified.

New Business

- Public Comment Period

The task force discussed whether or not to offer a public comment period. Several members stated it is essential to have public input and to hear from the community.

Two options were presented: 1) time during meeting or 2) a dedicated meeting

Discussion included the pros and cons of having comment during each meeting versus a single day, the need to announce the public comment process on website, the ability to limit time, and the purpose of gathering the comments.

A motion was made to offer a public comment period at the end of each meeting. 22 members voted yes. This will begin at the August meeting.

Additional discussion:

- Need an opportunity to hear from the agencies about their challenges and needs.
- Purpose of gathering the comments?
- Value in hearing from others. Ex: understanding the victim perspective. The people should have a voice to feel part of the process.
- Formal action taken with public comment - hearing it can drive the work of the task force.
- Comments can be analyzed. Trying understand what cohorts are thinking.
- Essential that we do this because we come from different backgrounds. Need perspective from people who suffer.
- State of VA attempted meeting. The gun advocates overwhelmed the others.
- It is not for us to answer, we simply listen to public comment.

No call was made for a new vote.

- Do Not Stand Idly By Gun Safety Consortium

J. Purcell reminded members of the Do Not Stand Idly Campaign and distributed a one-page handout about the Gun Safety Consortium. The County has been asked to join the Consortium and the County Executive has asked the task force to review this information and take time during the August meeting to discuss and vote on whether or not the county should participate.

- Subcommittee Reports

Victim Services - Community Impact & Response (Pete Smith)

- Asked the task force to look up Yummy Sandifer to read about a family dealing with gun violence. Yummy's sister has gone through this process and may be willing to speak to the group.
- Has been speaking to victims
- Created a dashboard with subcommittee work
- Updating a list of services in the county

Data - County Stats

Real vs. Replica (Major Goodwin presented)

The 2018 data almost complete.
Info will go out to each subcommittee

- Incident type

- Injury type (65.5% not injured; 21.9% threat only)
- Day of the week
- Times of day
- Offender gender (79.1% male)
- Offender age (64% adult; 24.3% unknown)
- Offender race
- Residency (47.5% in county; 38.8% unknown)
- Prohibited possessor (31.1% yes)
- Arrests/Charges
- Multiple offenders
- Victim Gender
- Victim Age
- Victim Race
- Victim Residency
- Multiple Victims
- School Related (12.6%)
- Domestic Violence (12.9%)
- Gang related
- Drug related
- Gun type
- Multiple guns
- Stolen guns (39.2% unknown)

Jamie Benoit offered to analyze the data, but need the Office of Law approval first.

Hyattsville Office - agreed to help with firearm history - Agency name????

Chief looking to commit two detectives in a firearms protections squad.

A member asked about the ability to identify pockets of violence. Currently, data is by zip code (n=17). The data are not inclusive of Annapolis, but there is a plan to partner with the new Chief

Laws- Legal (Liz Banach)

The task force is very limited because of pre-emption. The County Attorney prepared memo that looked at other counties.

The Sub-committee wants to work with the police department to understand how the laws are enforced, the effectiveness of protection orders, and what happens when a prohibited buyer is identified.

Anne Colt Leitess stated that the MD State Police deal with prohibited buyers, and Chief Altomare suggested the new unit take a look at it.

Can we add police representation on the law sub-committee?

Subcommittee Breakout Sessions

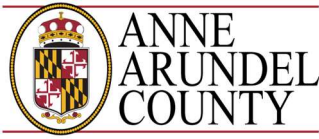
Subcommittees met to discuss and prioritize their questions, report on work completed thus far, and develop a plan for moving forward.

Adjournment

Bishop Carroll made a motion to adjourn the meeting at 7:55 p.m. All voted in favor.

The next meeting is August 15, 2019 at Anne Arundel Medical Center in the Belcher Pavilion.

SUBMITTED BY: Jennifer Purcell / Kristy Alvarez



M A R Y L A N D
Office of County Executive
Steuart Pittman

Gun Violence Prevention Task Force

August 15, 2019

6:00 p.m. - 8:00 p.m.

Anne Arundel Medical Center
Belcher Pavilion

Meeting Minutes

Members in Attendance: Bishop Charles Carroll, Chair, Andrea Chamblee, Co-Chair, Tim Altomare, Lt. Brian Andre, Alice Wilkerson (representing Elizabeth Banach), Sandy Bartlett, Bob Bates, Rhonda Pindell Charles, Christina Cornwell, Melissa Ellis, Stacy Korbela, Brian Marsh (representing Anne Colt Leitess), Adrienne Mickler, David Moller, Jennifer Purcell, Elizabeth Ruddy, Kevin Simmons, Jennifer Sowers, James Spearman, Dawn Stoltzfus, Jay Creech (representing Greg Swain), and Trisha Wolford.

Additionally, Kristy Alvarez, Executive Assistant to the Chief of Staff, and Roz Hamlett, Public Information Officer, from the County Executive's Office were present.

Members Absent: Maria Hiaason, Co-Chair, Jacqueline Allsup, Pam Beidle, Jamie Benoit, Mackenzie Boughey, Iris Krasnow, Chris Moore, Billie Penley, Allison Pickard, Alba Reyes, Pete Smith, Steven Thomas, Nathan Volke, and Sue Ward.

Visitors: 21 members of the press and public signed the attendance sheet. Approximately 16 visitors did not sign in. 6 individuals signed up for the public comment period.

Call to Order

Bishop Charles Carroll, Task Force Chair, called the meeting to order at 6:01 p.m. A quorum was present. There was a brief moment of silence along with a reminder to guests of what the Gun Violence Prevention Task Force is and is not.

Approval of July 18, 2019 Meeting Minutes

Minutes from the July meeting were approved.

Old Business

Vote on the Do Not Stand Idly By Gun Safety Consortium.

- All voted in favor

Current Events Update

Bishop Charles Carroll gave an update on various events that have recently happened to remind us of the importance of the Gun Violence Prevention Task Force's work.

Guest Speaker/Presentation

Maryland Chapter of Moms Demand Action for Gun Sense in America: Presentation on BeSmart

- Bridget McCullough informed the task force about the program's goals and outreach strategies.
 - New program, Remove the Gun for Now, OneThingToDo.org.
- Debbie Stine discussed the Be Smart campaign and explained the 5 steps to keep guns out of the hands of children: Secure, Model, Ask, Recognize, Tell.
 - 4.6 million American children live in homes with guns that are both loaded and unlocked
 - Every year, nearly 260 children (17 and under) gain access to a firearm and unintentionally shoot themselves or someone else- sometimes fatally.
 - Every year, nearly 600 children (17 and under) die by suicide with a gun
- 3 handouts were distributed to the task force: 1 brochure ([See Attachment](#)); 2 post cards ([See Attachments](#))

D.C Witness

- La Trina Antoine distributed an informational packet to the task force. She explained the program's purpose and what they do to address gun violence in Washington DC. ([See Attachment](#))
 - DC Witness is a non-partisan, non-advocacy organization that is dedicated to providing transparency to the DC justice system, focusing on homicides.
 - Collecting data to help improve policies from multiple agencies; mostly from the court system

- The answers are in the data; there are multiple solutions to reduce gun violence
 - Robust Data Table
 - Through tracking data, DC Witness has discovered five points. La Trina highlighted the first [point: Recent gun collection efforts by police departments have decreased while homicides are rising
 - Trends
 - Where are the guns coming from?
 - Homicides by Zip Code
 - Third party Validator
 - Vision Zero Policy
 - Provide Access to information on court proceedings dealing with homicides
 - Calendar of Court Proceedings

New Business

- Scheduling of a separate public comment meeting
 - Jennifer Purcell recommended sending an online poll to select the date since several task force members were not present.
 - There was discussion about whether the meeting should be done after the final report, prior to the final report, or both.
 - After the discussion, Sandy Bartlett made motion to hold a public comment meeting prior to the final report plus a hearing with County Council/County Executive afterwards. Melissa Ellis seconded the motion; all were in favor.
- Reporting/Format of Report Discussion
 - Roz discussed a draft outline of what the final report might look like so that it has a flow and a cohesive format: [\(See Attachment\)](#)
 - Introduction
 - Summary of principle findings
 - Body of report presented in a specific narrative order
 - Recommendations and next steps
 - Jennifer Purcell reminded the task force that due to Open Meetings Act regulations that business cannot be conducted

- Questions to ask?
 - Survey says (message): Subcommittees need to fill out questionnaire; only two subcommittees completed it
- Ways to get the message out
 - Survey says (outreach tools)
 - Survey says (messengers)
- Preliminary recommendations

Subcommittee Breakout Sessions

Due to time constraints, Bishop Charles Carroll made a motion to forego the subcommittee breakout sessions in order to give time for public comment. All agreed.

Public Comment

Jennifer Purcell read the following:

- Two (2) written testimonies that were submitted through the online form
- Review of guidelines for public comment that are posted on the website and the process

Six individuals signed up to give verbal testimony to the task force. A time limit of two minutes per person was strictly enforced. Roz Hamlett recorded the public comments while Kristy Alvarez manned the timer and notified speakers (through signage) when they had 30 seconds and 15 seconds left to speak.

Adjournment

Bishop Carroll made a motion to adjourn the meeting at 8:08 p.m. All voted in favor.

The next meeting is September 25, 2019 at Anne Arundel Medical Center in the Belcher Pavilion.

SUBMITTED BY: Jennifer Purcell / Kristy Alvarez



**Office of County Executive
Steuart Pittman**

Gun Violence Prevention Task Force

September 17, 2019

6:00 p.m. - 8:00 p.m.

Anne Arundel Community College

C.A.L.T Building (Room 100)

Meeting Minutes

Members in Attendance: Bishop Carroll, Chair, Maria Hiaason, Co-Chair, Katherine Goodwin (Representing Tim Altomare), Bob Bates, Pam Beidle, Rhonda Pindell Charles, Christina Cornwell, Melissa Ellis, Nilesh Kalyanaraman, Stacy Korbela, Anne Colt Leitess, Adrienne Mickler, David Moller, Jennifer Purcell, Elizabeth Ruddy, Kevin Simmons, Greg Swain, Steven Thomas, Nathan Volke, Sue Ward and Trisha Wolford

Also in attendance from the County Executive's Office were Roz Hamlett, PIO, and Kristy Alvarez, Executive Assistant to the Chief of Staff.

Members Absent: Andrea Chamblee, Co-Chair, Jacqueline Allsup, Lt. Brian Andre, Elizabeth Banach, Sandy Bartlett, Jamie Benoit, Mackenzie Boughey, Iris Krasnow, Chris Moore, Allison Pickard, Alba Reyes, Pete Smith, Jennifer Sowers, James Spearman, and Dawn Stoltzfus.

Visitors: 17 individuals signed up to give public comment to the task force. 30 members of the press and public signed the attendance sheet. Approximately 11 visitors did not sign in.

Call to Order

Jennifer Purcell, Chief of Staff for the County Executive, called the meeting to order at 6:02 p.m. A quorum was present.

Public Comment Meeting

Dr. Purcell gave a brief overview of the meeting's purpose, informed guests that Arundel TV was present to videotape the meeting, and read the posted "Verbal Testimony Guidelines."

She proceeded to inform the group that 17 individuals signed-up to speak to the task force and reminded the speakers that they would have three minutes. A timer posted on the large screen was visible to attendees.

The speakers were invited to speak in the order in which they signed up. Those that were unable to finish in three minutes were invited to submit their testimony in writing.

Kristy Alvarez started the timer when each individual was ready to speak. A buzzer sounded when time was up.

Testimony concluded at 6:52 pm, at which time Jennifer Purcell invited others the opportunity to speak. Five additional individuals who had not signed up spoke.

Jennifer Purcell informed the group that there would be a link to the recording on the website and that the recording would be transcribed. She announced the next meeting date and location.

Bishop Charles Carroll, Chair, reminded guests that the Gun Violence Prevention Task Force was not created to take away gun rights, but about improving the safety of the community and public health. He invited gun owners to come speak to him and provide solutions that he can then bring to the task force to consider.

Adjournment

Bishop Carroll made a motion to adjourn the meeting at 7:08 p.m. All voted in favor.

The next meeting is September 25, 2019 at Anne Arundel Medical Center in the Belcher Pavilion.

SUBMITTED BY: Jennifer Purcell / Kristy Alvarez



M A R Y L A N D
Office of County Executive
Steuart Pittman

Gun Violence Prevention Task Force

SEPTEMBER 25, 2019

6:00 p.m. - 8:00 p.m.

Anne Arundel Medical Center
Belcher Pavilion

Meeting Minutes

Members in Attendance: Bishop Carroll, Chair, Andrea Chamblee, Co-Chair, Jacqueline Allsup, Tim Altomare, Lt. Brian Andre, Elizabeth Banach, Sandy Bartlett, Bob Bates, Pam Beidle, Jamie Benoit, Mackenzie Boughey, Rhonda Pindell Charles, Nilesh Kalyanaraman, Stacy Korbela, Anne Colt Leites, Adrienne Mickler, Chris Moore, Jennifer Purcell, Kevin Simmons, Pete Smith, Greg Swain, and Sue Ward

Also in attendance from the County Executive's Office were Roz Hamlett, PIO, and Kristy Alvarez, Executive Assistant to the Chief of Staff.

Members Absent: Maria Hiaason, Co-Chair, Christina Cornwell, Melissa Ellis, Iris Krasnow, David Moller, Allison Pickard, Alba Reyes, Elizabeth Ruddy, Jennifer Sowers, James Spearman, Dawn Stoltzfus, Steven Thomas, Nathan Volke, and Trisha Wolford

Visitors: Four individuals signed up to give public comment. 15 members of the press and public signed the attendance sheet. Approximately three visitors did not sign in.

Call to Order

Bishop Charles Carroll, Task Force Chair, called the meeting to order at 6:06 p.m. A quorum was present. Minutes from the August 15, 2019 and September 17, 2019 meetings were approved.

Current Events Update

Bishop Charles Carroll stated that he had no updates to give at this time and invited other members to provide updates. There were no updates.

Public Comment

Four individuals signed up to provide public comment. Dr. Jennifer Purcell read the posted “Verbal Testimony Guidelines” as a reminder to the public comment speakers. A time limit of two minutes per person was strictly enforced.

One of the speakers submitted a [fact sheet](#). (linked)

Guest Speaker/Presentation

Senator Sarah Elfreth and Delegate Shaneka Henson (District 30A Delegation) reported on the Neighborhood Door Knocking Campaign. Senator Elfreth provided an overview of the campaign, and Delegate Henson shared the overall themes that were heard from constituents. Senator Elfreth stated that the District 30A delegation fully supports the work of the task force. The [Gun Violence Canvas Debrief](#) and campaign postcard (See postcard: [front/back](#)) were distributed to the task force.

Dr. Cassandra Crifasi, Assistant Professor of Health Policy and Management and Deputy Director of the Center for Gun Policy and Research of Johns Hopkins School of Public Health gave a presentation on [Gun Violence Prevention and Policy](#). She pointed out current policy and community-based solutions for gun violence prevention and offered recommendations. Dr. Crifasi set out an [informational flyer](#), [public opinion article](#), and a postcard (See postcard [front/back](#)).

There was a brief Q&A opened to members and guests.

New Business:

Public Comment Written Submissions and Verbal Testimonies Discussion

Dr. Jennifer Purcell read an email sent by Dr. David Moller. Other members shared their thoughts; public testimony was respectful, valuable, and important to consider.

Establish Report Subcommittee (Part 1)

The task force discussed creating a separate subcommittee responsible for writing the final report. One member noted that the final report would be dependent on their decision to extend the task force and how in depth the task force wanted the final report. After some discussion, members decided to continue the discussion after the subcommittee breakout session.

Break (approximately 10 min.)

Subcommittee Breakout Sessions

Subcommittees met to further discuss ideas about establishing a report subcommittee, finalize preliminary recommendations, and respond to a set of questions. (See [handout](#)).

Establish Report Subcommittee (Part 2)

The task force reconvened and all voted in favor to establish a Report Subcommittee with at least one representative from each subcommittee. The Report Subcommittee will look at the specific language of the Executive Order and ensure questions are answered.

The discussion of extending the Gun Violence Prevention Task Force was tabled at this time.

Adjournment

Bishop Carroll made a motion to adjourn the meeting at 7:56 p.m. All voted in favor.

The next meeting is October 17, 2019 at Anne Arundel Medical Center in the Belcher Pavilion.

SUBMITTED BY: Jennifer Purcell / Kristy Alvarez



M A R Y L A N D

**Office of County Executive
Steuart Pittman**

Gun Violence Prevention Task Force

OCTOBER 17, 2019

6:00 p.m. - 8:00 p.m.

Anne Arundel Medical Center
Belcher Pavilion

Meeting Minutes

Members in Attendance: Andrea Chamblee, Co-Chair, Maria Hiaason, Co-Chair, Tim Altomare, Lt. Brian Andre, Allison Wilkerson (representing Elizabeth Banach), Sandy Bartlett, Bob Bates, Pam Beidle, Jamie Benoit, Mackenzie Boughey, Rhonda Pindell Charles, Melissa Ellis, Nilesh Kalyanaraman, Stacy Korbela, Adrienne Mickler, David Moller, Jennifer Purcell, Pete Smith, Dawn Stoltzfus, Greg Swain, Nathan Volke, Sue Ward, and Trisha Wolford.

Also in attendance from the County Executive's Office was Steuart Pittman, County Executive, and Kristy Alvarez, Executive Assistant to the Chief of Staff.

Members Absent: Bishop Carroll, Chair, Jacqueline Allsup, Iris Krasnow, Anne Colt Leitess, Chris Moore, Allison Pickard, Alba Reyes, Elizabeth Ruddy, Kevin Simmons, Jennifer Sowers, James Spearman, and Steven Thomas.

Visitors: Two individuals signed up to give public comment. Five members of the press and public signed the attendance sheet. Approximately five visitors did not sign in.

Call to Order

Jennifer Purcell, County Executive Chief of Staff, informed that task force that Bishop Charles Carroll, Task Force Chair, was unable to be present at the the meeting and tasked Jennifer Purcell to Chair the meeting on his behalf.

Dr. Purcell called the meeting to order at 6:03 p.m. A quorum was not present at that time so the approval of the Minutes from the September 25, 2019 were placed on hold until a quorum was present.

Current Events Update

A YouTube video was shared with the task force, "Back to School Essentials: Sandy Hook Promise". There were no other updates.

Public Comment

Two individuals signed up to provide public comment. A time limit of two minutes per person was strictly enforced.

Jennifer Purcell announced that this would be the last meeting in which verbal testimony would be heard but that written testimony would continue to be accepted online and via email.

Approval of Meeting Minutes

At 6:12 pm a quorum was present and the task force approved the Minutes from the September 25, 2019 meeting.

Guest Speaker/Presentation

Pete Smith, Victim Services Subcommittee Chair, introduced three victims of gun violence to speak to the task force, Devron McKnight, TJ Smith, and Lorina Sandifier. Mr. McKnight and Mr. TJ Smith were present at the meeting while Ms. Sandifier called in through polycom. All three shared their personal experience with gun violence. Mr. TJ Smith also shared a YouTube video, "What slow motion footage reveals about cop's split second decision to fire".

There was a brief Q&A opened to members of the task force.

Pete Smith thanked all the guest speakers for their time.

Steuart Pittman, County Executive, thanked the task force for all they are doing and stated that he looks forward to seeing what they come up with. He is very proud of the work Anne Arundel County is doing to help prevent gun violence.

Old/New Business:

Report Subcommittee

The following members volunteered to be a part of the Report Subcommittee: Pete Smith, Victim Services; Adrienne Mickler, Niles Kalyanaraman, David Moller, Behavioral

Health; Jamie Benoit, Data; Elizabeth Banach (Alice Wilkerson), Laws – Legal; Dawn Stoltzfus, Public Messaging.

Melissa Ellis, Youth – Schools Subcommittee Chair, stated that the individual she had in mind was not present but that she would give a response by Monday. If the individual did not want to volunteer then she would fill that role.

Subcommittee Breakout Sessions

Subcommittees met to prioritize their preliminary recommendations, determine if they were short term vs. long term, and the budget needed for the recommendations. They were also tasked to discuss the old business of the extension and composition of the task force.

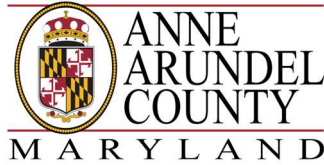
The subcommittee chairs were asked to compile the information from the breakout session and email those changes to Kristy Alvarez by Monday, October 21, 2019 in order for the Report Subcommittee to draft a preliminary report by the next meeting.

Adjournment

Jennifer Purcell made a motion to adjourn the meeting at 7:52 p.m. All voted in favor.

The next meeting is November 21, 2019 at Anne Arundel Medical Center in the Belcher Pavilion.

SUBMITTED BY: Jennifer Purcell / Kristy Alvarez



***Office of County Executive
Steuart Pittman***

Gun Violence Prevention Task Force

NOVEMBER 21, 2019

6:00 p.m. - 8:00 p.m.

Anne Arundel Medical Center
Belcher Pavilion

Meeting Minutes

Members in Attendance: Bishop Carroll, Chair, Katie Goodwin (Representing Tim Altomare), Lt. Brian Andre, Elizabeth Banach, Sandy Bartlett, Bob Bates, Mackenzie Boughey, Lawrence Harris (Representing Rhonda Pindell Charles), Melissa Ellis, Nilesh Kalyanaraman, Anne Colt Leitess, Adrienne Mickler, David Moller, Jennifer Purcell, Kevin Simmons, Dawn Stoltzfus, Greg Swain, Steven Thomas, Nathan Volke, Sue Ward, and Glen James II (Representing) Trisha Wolford.

Also in attendance from the County Executive's Office were Roz Hamlett, Director of Multimedia Communications and PIO, and Kristy Alvarez, Executive Assistant to the Chief of Staff.

Members Absent: Andrea Chamblee, Co-Chair, Maria Hiaason, Co-Chair, Jacqueline Allsup, Pam Beidle, Jamie Benoit, Stacy Korbela, Iris Krasnow, Chris Moore, Allison Pickard, Alba Reyes, Elizabeth Ruddy, Pete Smith, Jennifer Sowers, and James Spearman.

Visitors: 16 members of the press and public signed the attendance sheet. Approximately 3 visitors did not sign in.

Call to Order

Bishop Carroll called the meeting to order at 6:09 p.m. A quorum was present. Minutes from the October 17, 2019 were approved.

Current Events Update

Bishop Charles Carroll stated that he had one update to give which was the event that transpired last month causing him to miss the last meeting on October 17, 2019 and invited other members to provide updates. There were no other updates.

Guest Speaker/Presentation

George Collis was invited to give a 20 minute presentation about the Firearm Safety resources available in Anne Arundel County. His [presentation](#) included, but is not limited to, the following:

- Gun Control Advocacy Groups
- Firearm Safety Training Opportunities
- Global Firearm Safety Rules
- 1 in every 394 are affected by firearm violence in Baltimore; 1 in every 13 are affected by violence
- Recommendations

Due to time, Mr. Collis skimmed through some sections of his presentation. Dr. Purcell informed him that his presentation would be posted on the website and the task force would view the entire presentation.

Old Business:

There was discussion by the task force on how to move forward as a group. Several suggestions were made that would be brought to the County Executive for a final decision:

- Meeting as a full task force every other month or quarterly
- Meeting as subcommittees more regularly (monthly/bi-monthly)
- Make the full task force smaller
- Continued inclusion of a firearms safety/firearms owner members

There was further discussion that there is a need for oversight of the implementation of the recommendations once the preliminary report is drafted and the importance of continuing the GVPTF.

Bishop Carroll made a motion to take this discussion back to the County Executive and his decision will be reported back to the task force. All were in favor.

New Business:

- December 19th Meeting Discussion

Dr. Purcell informed the task force that the County Executive requested they give a presentation of the report at the December 19, 2019 meeting. There was a suggestion to place the report online a few days prior to the presentation and whether public comments should be heard that evening or on a separate date in January.

Roz Hamlett informed the task force that Peter Baron, Government Relations Director, suggested having a representative from the GVPTF present the report to the Judiciary Committee.

Dr. Purcell stated that she would share a summary with the County Executive for his decision.

- Review Preliminary Report Draft & Provide Group Comment

Roz Hamlett thanked Dr. Nilesh and Dr. Moller for their work in bringing the report together from a public health perspective. The Preliminary Report is still in its rough stages and needs continued work by the Report Subcommittee. The Behavioral- Health Subcommittee noted that there was some missing information in the report. There were other subcommittees that needed to submit further information.

Dr. Moller requested the Report Subcommittee meet several times to finalize the report.

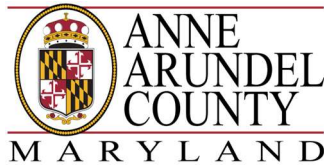
Dr. Nilesh suggested the Report Subcommittee meet after the full group adjourns

Adjournment

Bishop Carroll made a motion to adjourn the meeting at 7:21 p.m. All voted in favor. The Report Subcommittee remained to discuss the next steps for the preliminary report.

The next meeting is December 19, 2019 at Anne Arundel Medical Center in the Belcher Pavilion.

SUBMITTED BY: Jennifer Purcell / Kristy Alvarez



***Office of County Executive
Steuart Pittman***

Gun Violence Prevention Task Force

December 19, 2019

6:00 p.m. - 8:00 p.m.

Anne Arundel Medical Center
Belcher Pavilion

Meeting Minutes

Members in Attendance: Bishop Carroll, Chair, Andrea Chamblee, Co-Chair, Maria Hiaasen, Co-Chair, Tim Altomare, Lt. Brian Andre, Bob Bates, Pam Beidle, Mackenzie Boughey, Lawrence Harris (Representing Rhonda Pindell Charles), Melissa Ellis, Niles Kalyanaraman, Brian Marsh (Representing Anne Colt Leitess), Adrienne Mickler, David Moller, Allison Pickard, Jennifer Purcell, Elizabeth Ruddy, Kevin Simmons, Pete Smith, Dawn Stoltzfus, Greg Swain, Steven Thomas, Nathan Volke, Sue Ward, and Trisha Wolford.

Also in attendance from the County Executive's Office were Steuart Pittman, County Executive, Roz Hamlett, Director of Multimedia Communications and PIO, and Kristy Alvarez, Executive Assistant to the Chief of Staff.

Members Absent: Jacqueline Allsup, Elizabeth Banach, Sandy Bartlett, Jamie Benoit, Stacy Korbela, Iris Krasnow, Chris Moore, Alba Reyes, Jennifer Sowers, and James Spearman.

Visitors: Approximately 40 members of the press and public were in attendance. Approximately nine elected officials were also present.

Call to Order

Bishop Carroll called the meeting to order at 6:07 p.m. A quorum was present. Minutes from the November 21, 2019 were approved after corrections were noted by Andrea Chamblee.

Preliminary Report Presentation

- **Bishop Charles Carroll, Chair**
 - Introduction/Shared the Letter from the Chair
- **Jennifer Purcell, Chief of Staff**
 - Recognition of Elected Officials
 - Description of Task Force Process and Purpose
 - Review of Agenda
- **Dr. Niles Kalyanaraman, AACo Health Officer**
 - Presentation of Preliminary Report

Q & A

After the presentation a Q&A session was opened. There were approximately 6 individuals to ask questions to the task force.

Bishop Carroll closed the Q&A, informed the audience that the task force is going to continue the work as they have been tasked with a very important job.

Dr. Kalyanaraman introduced the County Executive.

Comments by the County Executive, Steuart Pittman

The County Executive thanked the task force for all of their work. He stated that this is a complex issue with lots of parts and a huge undertaking. There is so much important work to be done at the county level and the health focus can help the county get a handle on this issue.

Adjournment

Bishop Carroll made a motion to adjourn the meeting at 6:55 p.m. All voted in favor.

The next meeting is TBD.

SUBMITTED BY: Jennifer Purcell / Kristy Alvarez



Gun Violence Prevention Task Force Preliminary Report

**Presented to County Executive Steuart Pittman
December 19, 2019**

LETTER FROM THE CHAIR

Dear Residents of Anne Arundel County,

I wish to thank County Executive Pittman for the opportunity to serve as Chair of the Gun Violence Prevention Task Force. In April 2019, Mr. Pittman issued an Executive Order creating the task force.

During our inaugural task force meeting, Mr. Pittman challenged us to think differently in our search for creative ways to address gun violence in the county. The members of the task force took their work very seriously, and I thank them for their time, talent and contributions.

To serve the county in this capacity has been a privilege and a personal calling for me. In 2016, I received the news that any parent dreads: my firstborn son, Charles Carroll Jr., had been shot; he would die in the hospital hours later.

My entire life changed in that instant, and I've been on a mission ever since to channel my personal grief into the larger purpose of preventing the kind of violence that had claimed the life of my son.

Charles Jr. was a kind and giving soul with a great sense of humor. I miss him everyday. Gun violence has devastated too many families in our county. As a member of the clergy, I have presided over the funerals of 16 young homicide victims since 2014.

As the task force learned about methods used throughout the country, I have grown personally over the last seven months. This has been an eye opening experience.

The preliminary Gun Violence Prevention Task Force Report briefly summarizes the work we began in May 2019. Our final comprehensive report will be presented in Spring 2020. On behalf of the task force Vice Chairs Andrea Chamblee, Maria Hiaasen, and the entire membership, we hope you find this information helpful.

We also hope you will contribute your energy in positive ways during the upcoming year to the prevention of gun violence. Because that's the only way we'll make Anne Arundel County truly *The Best Place For All*, where everyone can reach their fullest potential.

Sincerely,

Bishop Charles E. Carroll

SUMMARY OF THE PROBLEM

“Another year is coming to an end, and the shootings continue.”

--Capital Gazette Editorial Board, November 20, 2019

Anne Arundel County is the fifth largest county in Maryland geographically, with 415 square miles and more than a half million residents. For most people, most of the time, the county is a wonderful and safe place to live.

Still, the state Office of the Medical Examiner reported 209 deaths in Anne Arundel from guns between the years 2013 to 2017. The majority of those deaths (67 percent) were ruled suicides, 30 percent were homicides, two percent were accidental and one percent were law enforcement involved.

More than half the homicide victims were African American males -- 56 percent of the countywide total -- with the largest number occurring in the most populated communities of Brooklyn Park, Glen Burnie and Annapolis.

On June 28, 2018, the lives of five newspaper workers were added to the homicide statistics: Gerald Fischman, Rob Hiaasen, John McNamara, Rebecca Smith and Wendi Winters. They were murdered during a shooting spree in the newsroom of the Capital Gazette in Annapolis.

Every part of our county has been impacted by gun violence, either indirectly or directly, even our youngest schoolchildren. Anne Arundel County Public Schools routinely take time out of their school day to practice a variety of emergency drills with students, including “intruder in the building drills,” to simulate situations in which someone who doesn’t belong in a school building has gained access.

Over the last several decades, a growing number of public health organizations, academic researchers, and medical groups such as the National Medical Association, the American Medical Association, the American College of Physicians and the American Academy of Pediatrics have deemed gun violence as a major threat to public health (Jones et al. 2018).

Within this context, beginning in May 2019, the Anne Arundel Gun Violence Prevention Task Force (GVPTF) undertook an examination of the universe of gun violence issues and prevention strategies through the lens of public health. We dismissed framing our discussions as yet another round of fighting between advocacy groups for gun control or gun rights.

Over the past decade, the intersection of these two sides of the argument has resulted in divisive and often angry rhetoric, with no sense of purpose toward shared goals.

Our goal was to move beyond these traditional battle lines. As much as possible, we promoted a civil and constructive dialogue to produce a deeper and unifying narrative about the health and wellbeing of the county, and how its system of public health might be deployed to tackle some of the most pressing gun violence issues.

Senseless mass shootings are almost commonplace today. While attracting widespread news coverage when they occur, mass shootings account for only a small percentage of firearm-related deaths. But they are occurring more frequently and are affecting the character of public life in America.

In 2018 in the United States, there were 340 mass shootings, killing 373 people and injuring another 1,346 (APHA Gun Violence Fact Sheet). From 2011 to 2015, a total of 21,241 children died from firearm-related injuries (Goyal et al. 2018).

The CDC reports that nationally from 2015 to 2016 firearm homicide claimed the lives of 27,394 people and another 44,955 individuals died from firearm suicide. These numbers do not include the 200,000 people injured by a firearm during the same timeframe. Suicide has become the second leading cause of death among 15 to 24 year olds, with the majority of suicides resulting from the use of firearms. Black men are 14 times more likely to die of firearm homicide than white men (Ulrich 2019).

These alarming national trends are generally present in Anne Arundel County, particularly the homicide rate for African American men.

In fact, the local community of Robinwood became so concerned about the level of violence in 2007 that residents invited a triple Grammy Award winning rap artist, Grandmaster Mele Mel and songwriter-singer, Delray, who grew up in Robinwood, to a special meeting to address the situation.

Using their high credibility with young people in the community, the celebrities implored residents to proactively end the violence by taking steps to create its own solutions to the problem. The Capital Gazette's own Wendi Winters covered that meeting (Gazette 2007).

Despite the intervening years, communities like Robinwood have continued to suffer disproportionately from gun violence. Physicians and public health providers who serve African American communities continue to face seemingly insurmountable causes and effects of violence.

According to the American Public Health Association, gun violence is a leading cause of premature death in the United States. The APHA Gun Violence Fact Sheet states:

- Gun violence affects people of all ages and races in the U.S., but has a disproportionate impact on young adults, males and racial/ethnic minorities. The burden of gun violence in the United States vastly outpaces that in comparable countries.
- Guns are a weapon of choice for mass homicides and suicides.
- About 60 percent of all firearm deaths are suicide.
- Gun violence cost the U.S. \$229 billion in 2015, or an average of \$700 per gun in America.

The policy recommendations in this task force report reflect the latest studies and research by public health experts and thought leaders on gun violence, as well as commonsense guidance from gun owners, gun safety experts and survivors of gun violence.

The recommendations build on, strengthen and expand current best practices available in Anne Arundel County and elsewhere. In developing its recommendations, the task force adopted a public health approach that:

- Uses data from law enforcement, EMS, hospitals, the state health information exchange, the Centers for Disease Control and other local, state and federal sources to define the scope of the problem and understand the causes of gun violence;
- Identifies factors that increase the risk of gun violence (e.g. depression) and those that protect against gun violence (e.g. crisis intervention);
- Develops, implements and evaluates the use of interventions, screenings, education tools and legislation to decrease risk factors and increase protective factors;
- Implements widespread adoption of successful strategies.

As part of the public health approach, our methods:

- Reflect best practices from other jurisdictions;
- Recognize the importance of collaborative public input from gun violence victims, public health professionals, firearm safety experts, health care providers, academic researchers, elected officials, gun owners and members of the general public.

Recommendations That Address Gun Violence Through a Public Health Lens

The task force didn't restrain itself to recommendations based on the availability of county resources. We know that many will require the formation of new partnerships, funding strategies and additional resources that currently do not exist. We may even discover that additional recommendations are needed.

Throughout the process leading to this report, we recognized the importance of gathering public comment to inform our process. We received 26 written comments and heard a broad range of perspectives from 34 speakers. During monthly meetings at the Anne Arundel Medical Center, the full task force heard presentations, asked questions, recorded public comments and voted on next steps.

The following statements represent the recommendations of GVPTF and the work of its six subcommittees: Behavioral Health, Data-County Stats, Laws-Legal, Public Education and Messaging, Victim Services and Youth-Schools. They are not organized by priority in this report.

Intervene Before Gun Violence Occurs

- Officially declare gun violence a public health crisis in the county.
- Establish and coordinate an extensive network with schools, community based and faith-based organizations, and public institutions such as law enforcement departments, public health departments and academic institutions to work collaboratively in the reduction of gun violence.
- Develop and implement a coordinated plan for primary care and emergency room providers to screen for gun safety.
- Participate as a county in the national Gun Safety Consortium to encourage gun manufacturers to produce guns with safety features.
- Advocate for 100 percent criminal background checks for all firearms sales.
- Support national testing for knowledge and proficiency in gun use prior to purchase.
- Add additional Crisis Intervention Teams to the County's Crisis Response System to expand the reach to schools.

- Identify schools and communities with the highest rates of violence and bullying and expand/implement evidence-based programs that have demonstrated reductions in violent behavior.
- Improve mental health and decrease risk behaviors among adolescents by promoting increased sleep through healthy school start times.
- Invest in violence prevention and interruption programs that model best practices such as using trusted and credible individuals from within the community (who may be former offenders) to interrupt violence before it escalates into gun violence.
- Partner gun sellers with suicide prevention organizations, domestic violence prevention organizations and gun safety organizations so that life-saving resources are available at the point of sale.

Expand Community Outreach, Communications and Training

- Develop a broad range of education content about prevention issues, including: Extreme Risk Protection Orders (commonly known as red flag laws), safe gun storage, gun hand-in options, county/city gun violence data and student safety resources.
- Promote firearm safety courses and create public health messaging campaigns for gun owners and non-gun owners alike, including health professionals.
- Direct law enforcement agencies to deploy public awareness education and messaging on how to invoke the red flag law.
- Develop programs to assure that guns confiscated through red flag laws and other methods be returned to the owner after conditions are satisfactorily met.
- Promote mental health first aid training and education throughout the county to the general public and to individuals with behavioral health conditions, as well as other high-risk groups.
- Hold public forums in combination with education initiatives on gun violence prevention measures.
- Create a strategic communications plan for the deployment of gun violence prevention messages to the public, including the development of a communications and public outreach calendar.

- Collect photos and testimonials from survivors for social media campaigns that educate the public on different aspects of gun violence such as mass shootings, child access prevention, suicide prevention, urban gun violence and domestic violence.
- Develop a comprehensive resource guide listing services available to victims of gun violence modeled on successful outreach strategies such as the community outreach postcard and the community resource guide template developed by Moms Demand Action for Gun Sense in America.
- Create a Victim Services Response Team (modeled after Crisis Intervention) utilizing wraparound services that include access to government, faith-based and community resources.
- Compile public outreach lists of community associations, county government contact lists and economic development resources that are used to share and disseminate information.
- Create a video/series about gun violence prevention issues and use as Public Service Announcements on Anne Arundel Public TV, in schools and on social media channels.
- Create pre-packaged content (text and graphics) on priority topics that can be easily shared in community newsletters and on social media.
- Create a “train the trainer” speakers’ bureau program.
- Use a central web page/website to store materials and content.

Improve Data and Governance

- Improve procedures for student reporting and handling of incidents affecting student safety and emotional well-being.
- Establish a county-wide consortium to address the role of racial and economic disparities in gun violence. This effort should develop and implement specific recommendations around: 1) Police resources; 2) Gun safety and 3) Community outreach (e.g. gang resistance education, specific programs for at-risk youth),
- Aggregate and report gun-related deaths and injuries to understand the impact of gun-related deaths and injuries from a public health perspective.

- Establish a centralized data repository to streamline interagency collaboration and facilitate the sharing of data between law enforcement agencies and gun violence prevention stakeholders.
- Establish additional metrics for the creation of evaluation plans measuring the effectiveness of countywide strategies to prevent gun violence.
- Ensure that the county's emergency operations plan is well coordinated with all health and human service departments.
- Reconsider the size and composition of the Gun Violence Prevention Task Force to make it more effective in assisting with implementation and oversight of the recommendations.
- Task a separate government-based workgroup to manage implementation and report to the full task force.

Support Gun Safety Measures at Every Level of Government

- Support local Anne Arundel County legislation to require reporting lost or stolen guns within 48 hours in the county. The current state requirement is 72 hours.
- Support local Anne Arundel County legislation to limit access to firearms by minors by requiring unattended firearms to be secured with a child safety lock.
- Support statewide legislation to accomplish the following:
 - Require buyers of rifles and shotguns to have a qualifying license and be subject to a background check prior to purchase;
 - Restrict firearm access for those convicted of alcohol-related offenses;
 - Restrict firearm access for those charged with or convicted of intimate partner violence and develop a process for these individuals to surrender their firearms.

Conclusion

This report is intended as a preliminary overview of strategies for gun violence prevention in the county. Our work has just begun. A workgroup will be convened to consider which recommendations to implement in the short-term and which will require additional resources.

It is important to note that a vast amount of additional research and work product by the task force is omitted here but will be included in the final report due Spring 2020. That report will feature more lengthy discussions of gun violence as a public health crisis, as well as additional task force recommendations, statistics and background information.

If we are to truly make Anne Arundel County The Best Place For All, then we must move past simply acknowledging the seriousness of the issue. The situation demands our immediate attention. Every segment of the community, both inside and outside government, must become engaged in the prevention and treatment of gun violence if we're to succeed. The way forward must include a multi-pronged approach that addresses the full range of social determinants affecting public health.

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Gun Violence Prevention Task Force Members

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Gun Violence Prevention Task Force

Recommendations

	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Statewide Policy								
Implementing gun purchasing restrictions in the form of: restricting the purchase of firearms for individuals who are convicted of alcohol related offenses, history of violence, individuals charged or convicted of intimate partner violence.	X	X	X					
Requiring criminal background checks for all firearm purchases.	X	X						
Ensuring that gun purchases have a gun purchasing license.	X	X						
Expanding the education, implementation, and evaluation of the Red Flag Gun Law.					X	X		
Requiring prior proficiency testing as a prerequisite for 100% of gun purchases.	X	X						
Requiring the report of lost or stolen guns within 48 hours (the current Maryland State law allows for a 72 hour reporting period) in Anne Arundel County.	X	X						
Require unattended guns/firearms to be secured with a child safety lock.	X	X						
Incorporate teaching on firearm safety and gun violence into the medical education curriculum for medical students and behavioral health professionals.					X	X		

Gun Violence Prevention Task Force

Recommendations

	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
County Policy								
Declare gun violence a public health crisis in Anne Arundel County.						X		
Enact policy to require that gun and pawn shops maintain ammunition logs each time an ammunition sale is made. Logs should be accessible/reportable to Anne Arundel County Police Department.	X	X						
Join the National Gun Safety Consortium for support with advocacy efforts for the productions of guns/firearms with safety features.					X	X		
Implementing a later school start time in order to increase sleep for adolescents as a prevention to gun violence risk factors.						X		
Establish funding for a Firearms Examiner position within Anne Arundel County Police Department and a firearms lab.		X						
Invest funding strategically to communities impacted by gun violence.		X						

Gun Violence Prevention Task Force

Recommendations

Data	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Fund and implement an all-in-one records management, data collection, and case management system for the Anne Arundel County Police Department to replace the current ARS/RMS system which documents current gun-related activities.		X				X		
Establish a central repository of gun violence data which collects data related to gun violence and its risk and protective factors from currently disparate systems (education, racial/ethnic disparities, police, National Violent Death Reporting System, etc.).		X				X		
Establish a gun violence data report with baseline data and established evaluation metrics. Leverage this baseline data and evaluation metrics for understanding the impact of recommendations from the Task Force.		X				X		
Aggregate and report routinely on gun-related deaths and injuries.		X				X		
Define a Memorandum of Understanding for data sharing among different law enforcement agencies.		X				X		
Establish strategies to gather more localized data - currently lacking gun violence and firearm data from Fort Meade, the Naval Academy, Maryland State Police, Maryland Department of Natural Resources Police, and FBI federal warrant data.		X				X		
Gather comprehensive data on gun sales in Anne Arundel County.		X						

Gun Violence Prevention Task Force

Recommendations

	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Have access to a comprehensive court record analysis for cases related to gun violence.		X				X		
Coordination/Collaboration	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Establish a collaborative body of government and non-government agencies to coordinate gun violence initiatives within Anne Arundel County and to implement the recommendations of the Task Force.		X						
Forge a partnership with gun sellers, gun safety advocacy organizations, and agencies working to prevent domestic violence and suicide.		X						
Organize a consortium to address the role of racial and economic disparities in gun violence. Charge the consortium with recommending the development and implementation of specific recommendations focused on deploying police resources, gun safety initiatives, and community outreach.		X						
Ensure that the Anne Arundel Emergency Operations Plan is well coordinated between health and human services agencies and departments. Specifically, the elements that apply to gun violence response and prevention.		X				X		

Gun Violence Prevention Task Force

Recommendations

	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Engaging responsible gun owners/enthusiasts in developing programs to advance community awareness and establishing community-based programs and common-sense policies for prevention of firearm injury.		X				X		
Engaging local communities in developing responses that are developed in conjunction with local demographics, community folkways, and the unique issues that shape the overall life of the community. The issues of each community, while sharing some common threads with other places, are unique and therefore efforts should be uniquely tailored to the fabric of individual communities						X		
Coordination/Collaboration	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Mobilizing hospitals and health care systems to engage in partnerships with the local community to develop strategies for education and program development designed to reduce firearm violence. This engagement must include hospitals partnering with local communities to identify and respond to the social determinants of health, especially those which contribute to structural causes of violent behavior in underserved communities.		X				X		
Establish a precedent for implementing evidence-based programs focused on gun violence prevention across communities, schools, etc.		X						

Gun Violence Prevention Task Force

Recommendations

	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Support gun violence prevention/interruption programs that leverage a trusted and credible community individual who works with community and individuals to interrupt violence.		X				X		
General Programming	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Create a Victim Response Team that is similar in structure to the Crisis Intervention Team, for establishing community-based wraparound services for victims of gun violence.		X						
Focus on programming that identifies violence and trauma early, and provide in kind interventions.		X				X		

Gun Violence Prevention Task Force

Recommendations

	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Continue the Anne Arundel County Safe Stations program. Established in April 2017, Safe Stations refers to the use of fire and police stations as access hubs for entry into the substance use disorder (SUD) treatment system, with 24 hours a day, seven days a week access for individuals seeking treatment for a substance use disorder.		X				X		
Create a safe place, other than Emergency Departments, for individuals in a mental health crisis to go on an emergency basis to be connected to an appropriate level of care.		X						
Develop a gun ownership program to focus on responsible gun ownership.		X						
Embrace focused deterrence programs. Work with law enforcement to identify the most violent offenders and invest resources in Cognitive Behavioral Therapy (CBT) to help individuals avoid violent interactions.		X						
Extend focused deterrence to the neighborhood environment through such strategies as “cleaning and greening” dilapidated buildings and vacant lots.						X		

Educational Content	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Compile a list of community resources available for public outreach that address gun violence victims and risk factors that lead to gun violence.						X		

Gun Violence Prevention Task Force

Recommendations

	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Develop and deploy a packaged marketing guide to be used by County Agencies. This should include social media messaging, personal stories, public service announcements (PSAs), etc.		X				X		
Advertise and promote social marketing campaigns that center voices and experiences of those affected by gun violence.						X		
Establish and promote a speaking program about gun violence and its prevention.						X		
Promote firearm safety courses across Anne Arundel County.		X						
Develop, maintain, and promote a centralized website that documents interventions, educational content, and gun violence prevention activities.		X				X		
Create a strategic communications plan which includes a public outreach calendar.		X				X		
	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
Healthcare/Clinical	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual

Gun Violence Prevention Task Force

Recommendations

	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Establish protocols for screening individuals for gun safety practices in their homes during primary care visits. Empowering healthcare providers to meaningfully screen for “high-risk” situations including depression, substance abuse, the presence of intimate-partner violence, risks associated with geriatric populations including dementia, and to have developed protocols in place to provide interventions to support patients and families.			X					
Deploy mental health first aid training.							X	
reduction, which is a strategy to decrease the lethality of those who have suicidal risk factors.			X					
Provide training to mental health professionals in threat assessment (including suicide) and educate them about the protocols to follow when a patient exceeds a threshold of risk.			X					
School-based programs								
Implement violence prevention and reduction programs in school settings.			X					
Improve procedures for students reporting incidents affecting school and individual safety, these would be inclusive of incidents involving a gun.						X		

Gun Violence Prevention Task Force

Recommendations

	Risk Factor: Recommendation addresses factors that make it more likely to experience violence				Protective Factor: Recommendation addresses factors that make it less likely to experience violence			
	Societal	Community	Relationship	Individual	Societal	Community	Relationship	Individual
Increase in-school, after-school, and community activities and programs that serve families in K-12 and Community College.			X					
Law Enforcement Programs								
Law enforcement initiative to deploy public health awareness programming.			X					
Deploy firearm safety training.			X					
Expand the existing Crisis Team to address incidents of gun violence.			X			X		