

The Violence, Injury, and Trauma Action Team St. Mary's County, MD



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Lisa Geller, MPH

Senior Advisor for Implementation

Johns Hopkins Center for Gun Violence Solutions

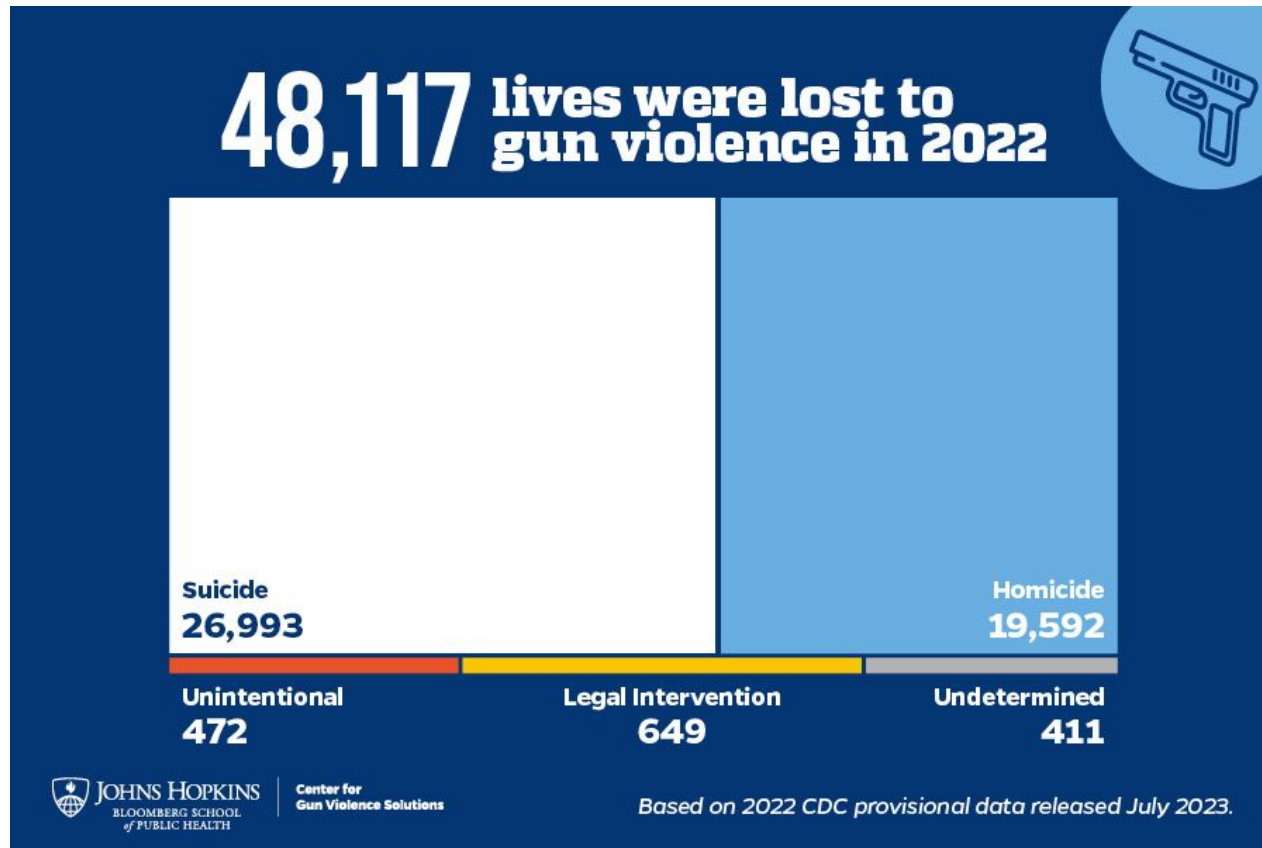
Co-Lead, National ERPO Resource Center



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for
Gun Violence Solutions

Scope of the Problem - Nationally



Center for Gun Violence Solutions

Source: <https://publichealth.jhu.edu/2023/cdc-provisional-data-gun-suicides-reach-all-time-high-in-2022-gun-homicides-down-slightly-from-2021>

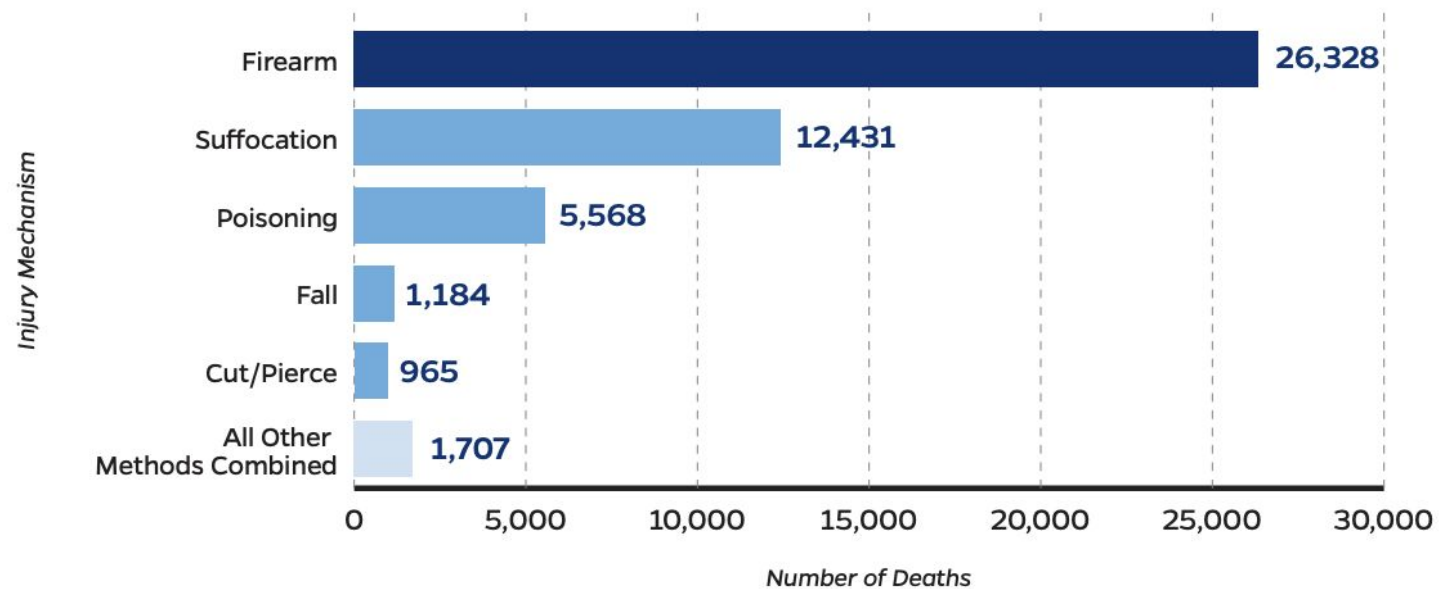


Why Firearms?

Suicides

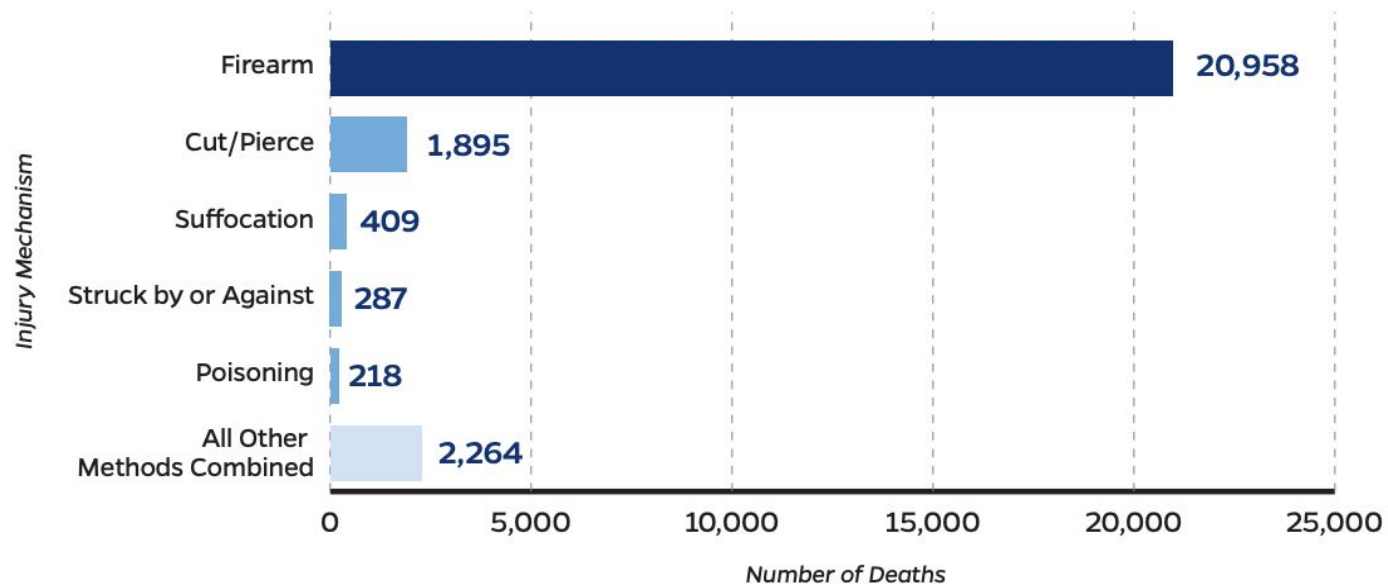
In 2021, 55% of all suicides were by firearm. Access to lethal means, like firearms, greatly increases the risk that a suicide attempt will result in death. Ninety percent of suicide attempts involving firearms are fatal.⁷

FIGURE 4: Suicides by Method, 2021[†]



Why Firearms?

FIGURE 3: Homicides by Method, 2021*



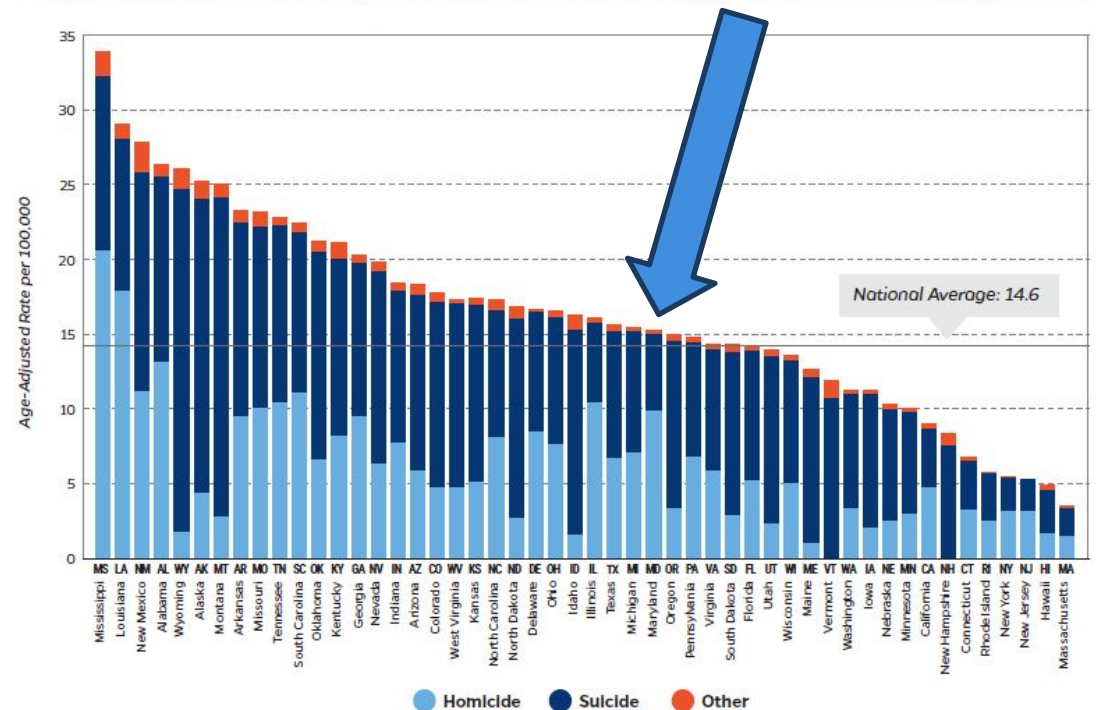
- In 2021, guns were used in homicides 11 times more than the second most common method of homicide (cutting/piercing) and 51 times more than suffocation.
- The lethality and availability of guns drive our country's high homicide rate. Compared to other high-income countries, the U.S. has similar levels of violent assault. However, because the U.S. has more guns and weaker gun laws, violent assaults are far more often deadly, and the homicide rate in the U.S. is 7.5 times higher than its peer countries.⁶



Scope of the Problem - Maryland

- In 2021, Maryland had the 29th highest gun death rate in the U.S.
- 916 people, including 72 children and teens ages 0-19, died from gun violence in Maryland in 2021.
- 65% of gun deaths in Maryland were homicides; 33.9% were suicides.

Gun Death Rates by State, Ranked Highest to Lowest, 2021*

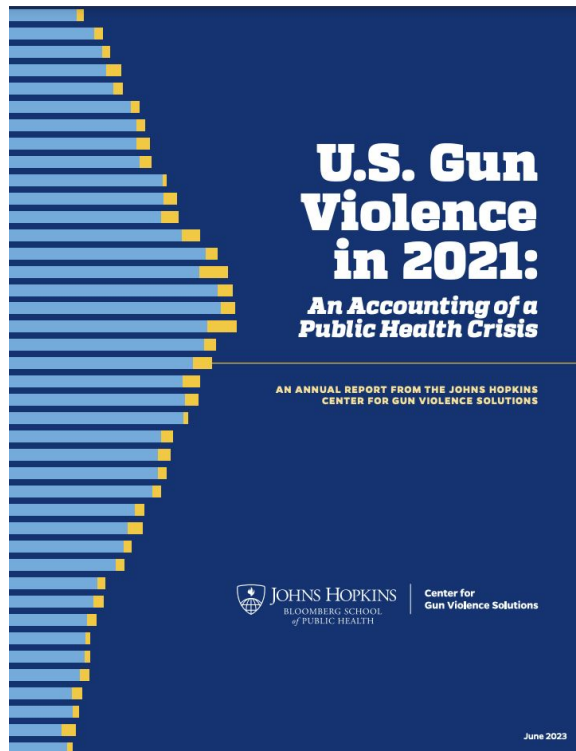


* The total number of gun homicide deaths in New Hampshire and Vermont were less than 10 and thus repressed by CDC. Gun homicide deaths are thus listed as "other gun death rate" for these two states. Additionally, "other intents" include legal intervention, unintentional, and unclassified.

Source: <https://publichealth.jhu.edu/sites/default/files/2023-06/2023-june-cgvs-u-s-gun-violence-in-2021.pdf>



U.S. Gun Violence in 2021: An Accounting of a Public Health Crisis



Read the full report here:



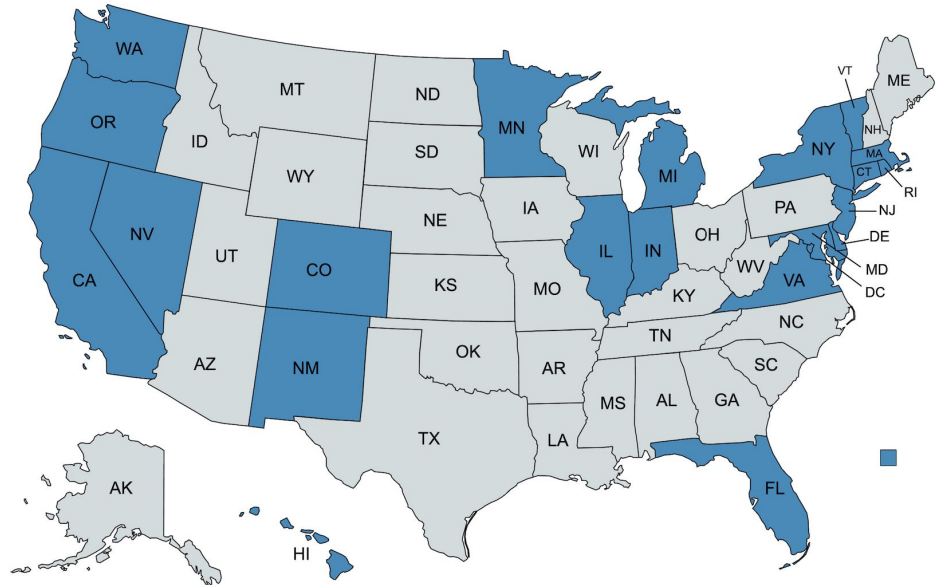
Overview of Extreme Risk Protection Orders

- ERPOs are civil orders modeled off domestic violence protection orders (DVPOs).
- ERPO petitioners always include law enforcement, and often include others such as family/household members and healthcare providers
- ERPOs solely address access to firearms
- There are usually two types of ERPOs:
 - Ex parte, or temporary orders, that usually last up to two weeks
 - Final orders that usually last up to a year



Overview of Extreme Risk Protection Orders

- California passed the first modern-day extreme risk law (called a gun violence restraining order or GVRO) in 2014.
- 21 states and DC have ERPO laws.



Overview of Extreme Risk Protection Orders

When deciding whether to issue an ERPO, courts should consider evidence-based criteria, **not a mental health diagnosis alone**, and whether the risk of violence is imminent. The evidence a judge may consider when issuing an order for firearm removal varies among states.



Factors to Consider for ERPO

Threats or acts of violence towards self or others

Patterns of violent acts or threats

Violations of domestic violence protective orders

Previous convictions for crimes prohibiting purchase and possession of firearms

History of violence

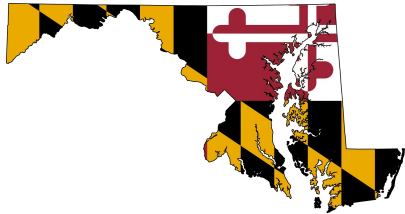
Unlawful and reckless use of firearms

Ongoing alcohol and/or substance abuse

Recent acquisition of weapons



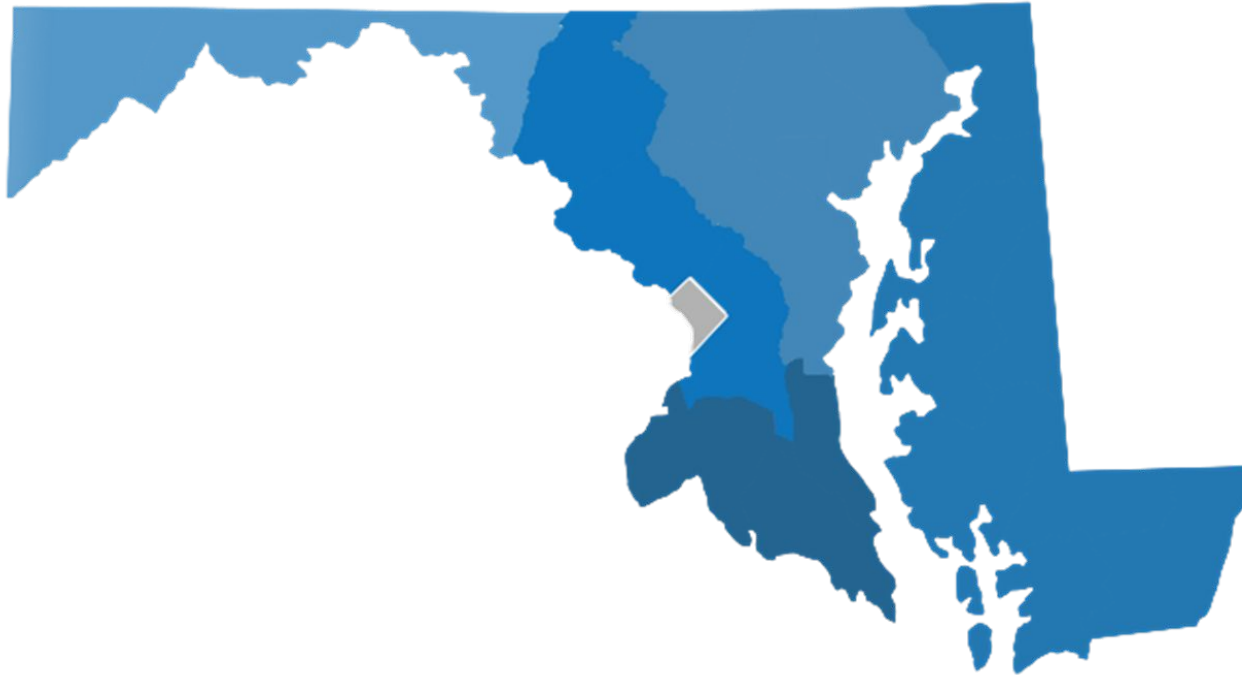
Maryland's Extreme Risk Protection Order



Statute	Md Public Safety Code §5-601, et seq.
Petitioners	Law enforcement, family members and health professionals (physicians, psychologists, clinical social workers, licensed clinical professional counselors, clinical nurse specialists in psychiatric and mental health nursing, psychiatric nurse practitioners, licensed clinical marriage or family therapists, and health officers or designees of health officers who have examined a patient)
Length of Temporary	7 days (Earlier of an ex parte hearing or end of the second court day after issuance)
Length of Final	Up to 1 year
Date of Enactment	October 1, 2018



Maryland's ERPO Law



<https://mdcourts.gov/district/ERPO>



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for
Gun Violence Solutions



Different Types of Orders



Interim Orders



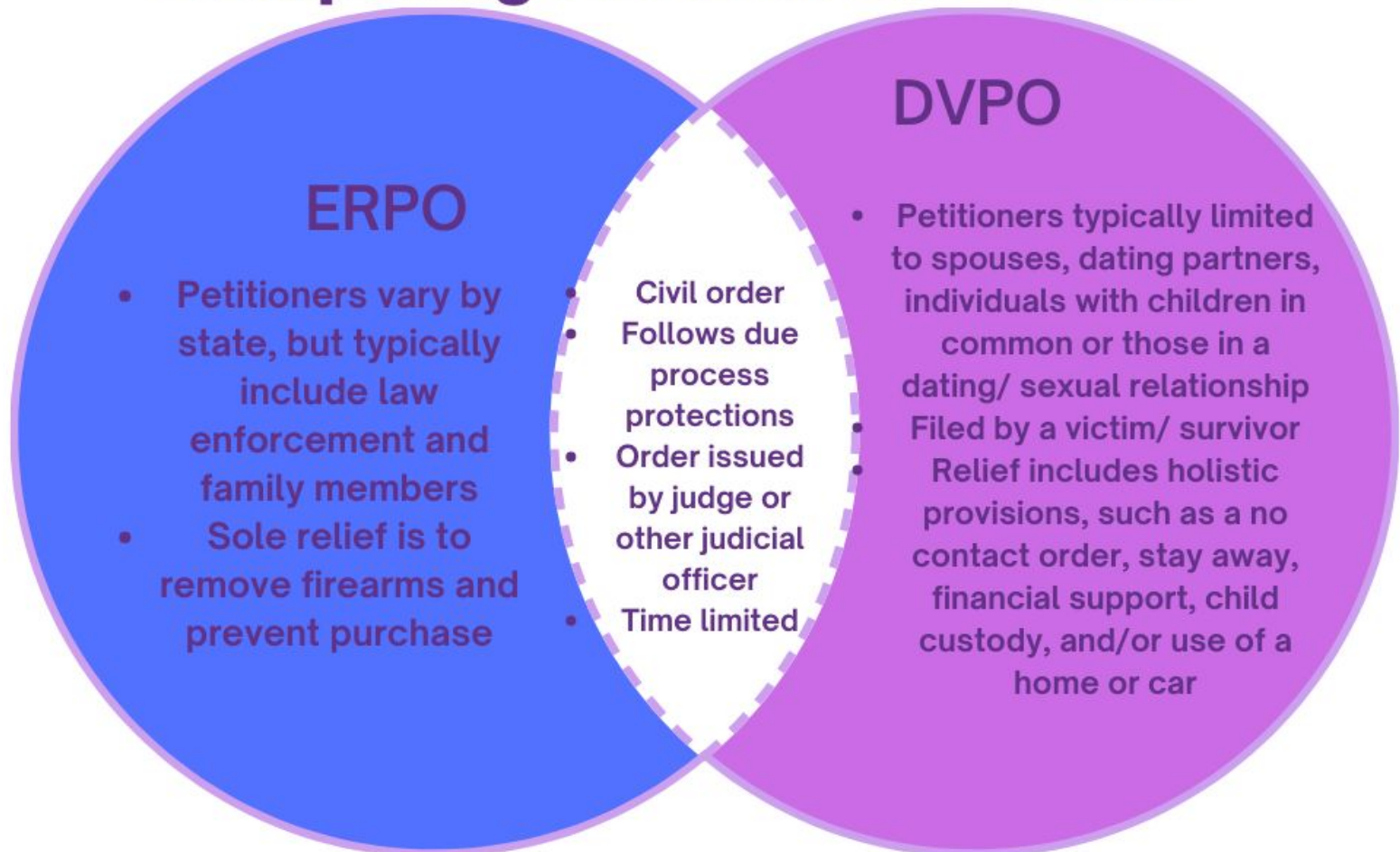
Temporary Orders



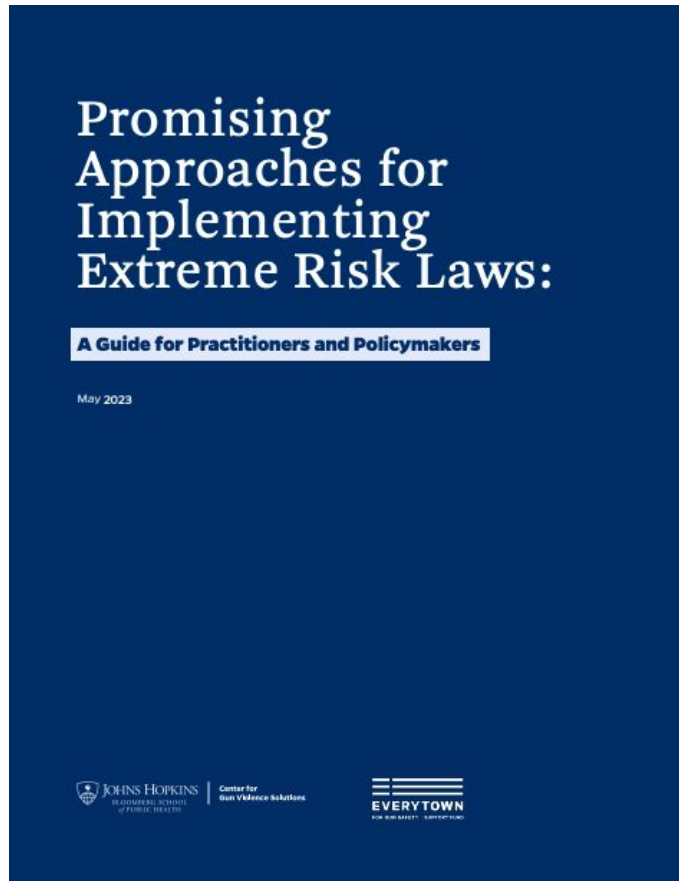
Final Orders



Comparing Protection Orders



Promising Approaches for Implementing Extreme Risk Laws: A Guide for Practitioners and Policymakers



Scan to access the report!



<https://publichealth.jhu.edu/sites/default/files/2023-05/2023-may-cgvs-promising-approaches-for-implementing-extreme-risk-laws.pdf>



The National ERPO Resource Center

The ERC will provide ERPO implementation training and technical assistance in jurisdictions with extreme risk laws to:

- Byrne State Crisis Intervention Program grantees
- Law enforcement
- Prosecutors
- Attorneys
- Judges
- Clinicians
- Victim services
- Community organizations
- Behavioral health and other social services providers in jurisdictions with extreme risk laws.



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for
Gun Violence Solutions



Recommendations for Successful ERPO Implementation



Awareness



Outreach Efforts



Training



Compliance and Enforcement



Working Groups



Funding



Evaluation



Enforcement Units



Data Sharing



The National ERPO Resource Center

Project activities include:

- Building and disseminating an Implement ERPO website
- Toolkits & implementation guides
- Asynchronous and synchronous trainings

Can you review my state plan and provide feedback?

practice

al assist

I'm new to ERPO work and would like to talk to someone about best practices - can you help ?

Could you speak to a state group of judges, law enforcement, etc. about ERPO?





JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Questions?

Lisa Geller, MPH

Senior Advisor for Implementation

LGeller@jhu.edu

ERPO@jhu.edu