



AFTER-SHOOTING PROTOCOL

IN BRIEF

A PROCESS EVALUATION

72 HOUR
RESPONSE 90 DAY
INTERVENTION

The risk of retaliation and revictimization is highest right after a shooting, but a swift response can make all the difference.

For the survivors.

For their families.

And for the ripples of violence that spread through a community.

June 2024

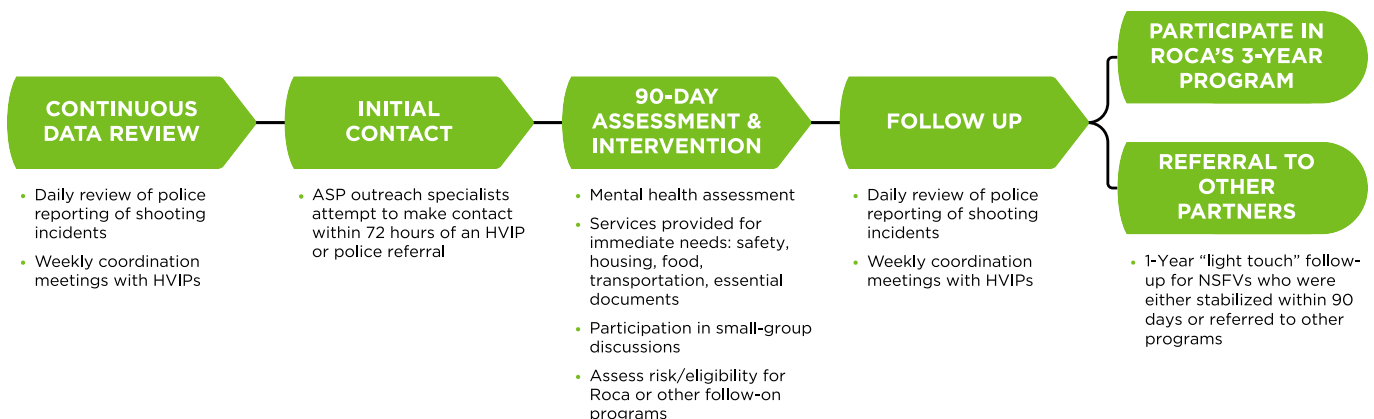
INTRODUCTION

Gun violence impacts many communities and neighborhoods. The problem has been especially distressing in Baltimore, Maryland, where over the past decade, thousands of people have been killed and almost three times as many injured in shooting incidents. Although Baltimore’s homicide rate has reached its lowest point in ten years, one shooting is still too many. Especially because those who are injured non-fatally are highly likely to be shot again. Often, violence begets violence, when shooting victims decide to retaliate.

Hospitals in Baltimore have long recognized this “revolving door” of victims. In 1998, the Shock Trauma Center at the University of Maryland established one of the first Hospital Violence Intervention Programs (HVIP). Since then, several hospitals in Baltimore City have established their own HVIPs, with 8 programs in total. In 2020, Roca Baltimore piloted an After Shooting Protocol (ASP) to supplement these efforts and help disrupt cycles of violence. Based on the recent positive trends in Baltimore gun violence, and the low rate of re-injury among ASP program participants, the protocol appears to be having a significant impact.

As part of this protocol, Roca outreach specialists relentlessly attempt to locate shooting victims and encourage them to engage in comprehensive support services. These services include introducing concepts of cognitive behavioral therapy (CBT), and providing a wide range of education, employment, and life-skills programs. The program focuses on young men 16-24 who are involved in non-fatal shootings, who in the period studied represent 37% of all Baltimore shooting victims. ASP outreach specialists attempt to make contact within 72 hours of a referral. Then, over the first 90 days following the shooting, the Roca team works to address the immediate needs of the victims and their families.

The ASP is a continuous assessment and triage process for non-fatal shooting victims (NFSV). It begins with a daily shooting list from Baltimore Police Department (BPD), which includes the names, ages, and addresses of NFSVs. Real time review occurs daily in order to quickly find young people and service them to prevent retaliation, reinjury, or death.



The process incorporates a continuous review of information on shooting incidents provided by the police and HVIPs. The ASP team works with all of the NFSVs for a minimum of 90 days. If they live within Roca direct service area and are deemed high risk, they will be enrolled in Roca Baltimore’s three-year intervention. If not, they are referred to other providers as appropriate, with a light touch “check-in” over the subsequent year.

An important component of the ASP is the strong partnership between Roca’s ASP outreach specialists, the BPD, and case workers in established HVIPs within local hospitals. As Kurt Palermo, Executive Director of Roca Baltimore puts it, “We have to be the bridge between when those young people are released [from the hospital] and what happens next. We are that thing that happens next.”

The ASP was formalized as an ongoing program in 2022, with three outreach specialists from Roca Baltimore assigned to actively respond to HVIP and police referrals. The ASP team and hospital partners meet weekly to coordinate resources and identify potential victims in need of services.

Its approach—focused on meeting specific, immediate basic needs to help stabilize families—has gained significant traction. Hospitals and police departments in other states have requested presentations on the model, and several Baltimore City agencies have expressed interest in adapting it to other areas, such as victim services.

PROCESS EVALUATION

Beginning in May 2024 Roca conducted a process evaluation of ASP. The focus was to assess the development, capacity, and efficacy of the ASP, and to identify strengths and challenges for sustained growth. The evaluation used a qualitative descriptive research design based primarily on semi-structured interviews of individuals directly and indirectly involved with the ASP, as well as an analytic review of data and open-source information. These interviews included representatives from the HVIPs that interact with the Roca ASP.

KEY FINDINGS

Sustainable strategies that reduce and prevent gun violence are often elusive. Programs with the most success frequently leverage resources and expertise through a collaboration of governmental, private, and community-based agencies. Accordingly, the findings of this review are framed through the lens of effective collaboration. Interview participants universally approached the ASP as a collaboration and discussed common themes related to the effectiveness of the inter-agency partnership. These themes consistently centered on issues and perceptions related to capacity, strengths, and obstacles.

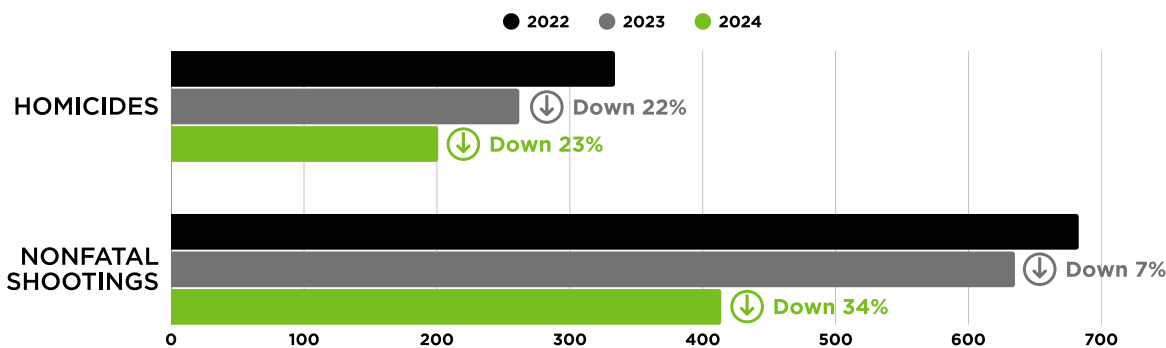
Key findings include:

An Acute High-Risk Population

ASP is directing needed resources to a critical but challenging population. An extensive amount of research has shown that victims of non-fatal shootings are at an acute and elevated risk for future involvement in gun violence. One 9-year study that followed victims of gunshot injuries found that 1 out of 14 victims were re-shot within a year, and 1 in 7 were reinjured within eight years. Survivors of gun violence often experience acute and psychological responses that include fear, anger, anxiety, and depression, and frequently predict the development of PTSD.

The challenges of addressing the needs of this population include their sense of distrust and disenfranchisement regarding both the medical and criminal justice systems. Many of the shooting victims were entrenched within a street culture that seemed to embrace, glorify, and perpetuate violence. They also felt considerable fear that the hospital staff or the Roca team were working directly with the police.

Nevertheless, ASP shows signs of having an impact. A distinct strength of the protocol is the relentless work of the outreach team and in the flexibility of the model to adapt based on individual needs and challenges. In 2023, the first year of full ASP program implementation, Baltimore experienced a historic 22% reduction in homicides and a 7% drop in non-fatal shootings. In 2024, there was another 23% decrease in homicides. Additionally, non-fatal shootings declined 34%, and juvenile victims of homicides and non-fatal shootings dropped a substantial 74%. In another measure of impact, **fewer than 6% of the victims served through the ASP have been re-injured.**



Notably, through the first eight months of 2025, the significant declines in the rates of homicide (29.5% YoY) and non-fatal shootings (-21% YoY) have continued, with the City of Baltimore experiencing the fewest number of homicides in the first five months of any year on record . It seems likely that the ASP contributed both directly and indirectly to these reductions.

Continuum of Care

The ASP extends the hospitals' impact. HVIPs in Baltimore provide some case management, assistance with external resources, and follow-up to medical care needed by victims in the immediate aftermath of a shooting. However, their capacity often limits their ability to support victims in the long term. These programs also face challenges in maintaining direct community contact once victims are discharged from the hospital, and they often have protocols and approval layers for providing resources. In contrast, Roca is designed to respond quickly and flexibly to meet the needs of victims during the 90 days following a shooting and discharge.

This makes an ASP an attractive referral option for hospitals, as it can quickly fill many of the gaps in service provision. The narrow focus of the ASP allows the outreach specialists to develop stronger personal relationships with shooting victims and provide resources that extend beyond what is normally available through an HVIP. As described by one HVIP case worker:

“The After Shooting Protocol has been a very effective addition to our work. When we transition a victim to the Roca ASP team, we know they are going to get a lot of intensive support and resources that we can't always provide. This allows us to focus our attention on other cases.”

But an ASP team can't address those needs without first identifying and connecting with shooting victims. Hospitals play a vital role in that identification, and in “selling” Roca as a trusted partner in working with the victims and their families. The Roca ASP team meets weekly with its hospital partners to ensure each patient's health needs and other resource needs are met.

Coordination with Law Enforcement

Hospitals can't be the sole partner in the ASP effort, particularly because hospital case workers primarily work day-shifts. Shootings happen 24x7. Law enforcement personnel are equally vital in getting Roca the names of shooting victims and information to help Roca locate them.

Roca Baltimore has built up strong, trusting partnerships with law enforcement for its multi-year intervention model, which focuses on 16–24-year-old men and boys who require long-term, intensive intervention. The ASP has benefitted from that existing relationship, extending information-sharing between the BPD and Roca to include **all** 16–24-year-old male shooting victims.

It is important to emphasize that while the BPD provides Roca with information about shootings, they do not request any follow-up or details about the victims from Roca. The BPD does not ask which individuals involved have become Roca participants, nor do they seek information about the circumstances of the incidents. This distinction is significant—it underscores that the BPD respects Roca's role as a trusted service provider for high-risk individuals. Our partnership is rooted in collaboration, not compliance, and demonstrates

that strong relationships with law enforcement do not compromise the confidentiality or autonomy of the people we serve.

Obstacles Remain

Roca's ASP has effectively enhanced the coordination of community-based violence intervention in Baltimore, but obstacles in the sharing of information remain.

Hospitals seek to strike a balance between a patient's right to privacy and a timely referral "at bedside" to the ASP team, before discharge. Similar concerns with information sharing have surfaced between Roca and the BPD.

In Maryland, several information-sharing partnerships at the state and local levels are helping to address this. In January 2022, Baltimore began implementing a Group Violence Reduction Strategy (GVRS) within the Western District, one of nine police districts in the city. Baltimore is now expanding the GVRS program city-wide. Roca has been an important partner in the GVRS and actively receives referrals for their full intervention model. As the program expands, this may be an opportunity to further integrate the ASP process into the citywide GVRS strategy. This comprehensive approach is consistent with the CDC's Cardiff Model for Violence Prevention, which advocates for the full collaboration and sharing of information between hospitals, law enforcement agencies, health departments, nonprofit service providers, and community organizations.

Opportunities for Expansion

There are more shooting victims than the ASP can currently address. In 2023, the ASP team successfully contacted 37% of victims in the 16-24 age range, which equated to approximately 13% of total shooting victims. Missed opportunities for potential referrals from the police department or HVIPs, and unreliable victim contact information, impacted the ability to find and connect with victims. While these obstacles can be surmounted, expansion opportunities only exist where there is funding to do so.

Outreach specialists and HVIP case workers expressed concerns about the lack of resources and support for populations that are currently outside the scope and capacity of the ASP, including 14- and 15-year-old shooting victims (who fall below the ASP's current minimum age threshold) and female shooting victims. For example, in 2023, when a mass shooting at a block party in Baltimore's Brooklyn Homes community left 2 people dead and 28 injured, only 8 survivors qualified for services through the ASP. The remaining 20 victims—most of whom were women and adolescent girls—did not qualify for services in the aftermath because they fell outside of the ASP's current target demographic.

In early 2025, Roca launched a pilot of the After-Shooting Protocol (ASP) in Northern Anne Arundel County to extend services beyond Baltimore City. The initiative aimed to deliver direct support to non-fatal shooting victims (NFSVs) without requiring a physical site—testing a new model of community-based outreach shaped by feedback from hospital and law enforcement partners who identified unmet needs in the region. Working closely with the Anne Arundel County Health Department and with strong backing from the County

Executive, Health Commissioner, Police Chief, and Department of Social Services, Roca began offering the same non-clinical, skills-based Cognitive Behavioral Therapy (CBT) and case management services that define its core program.

Although this promising pilot ended on July 1, 2025, due to widespread federal funding cuts affecting community violence intervention programs nationwide, the need in Anne Arundel County remains urgent. The partnerships, insights, and groundwork established through this effort will guide Roca's future expansion as resources allow—demonstrating both the demand and the potential for scalable, mobile violence intervention services across Maryland.

CONCLUSION

The Roca After Shooting Protocol (ASP) has proven that rapid, coordinated intervention can disrupt cycles of violence and save lives. By linking hospitals, law enforcement, and community outreach in real time, the ASP has filled critical gaps in care for non-fatal shooting victims—helping to reduce retaliation, reinjury, and homicide across Baltimore. Process evaluation findings confirm the model's effectiveness, with measurable declines in shootings and strong partnerships sustaining the work.

The need for this approach remains urgent. The groundwork laid—trusted relationships, adaptable systems, and a proven behavioral health framework—continues to offer a roadmap for future growth. With renewed investment, the ASP can again expand its reach and help more communities move toward healing, safety, and lasting change.