

PRINCE GEORGE'S COUNTY COUNCIL
WORKGROUP TO STUDY GUN VIOLENCE
MINUTES
October 16, 2024

• Members Present

Perry Paylor, State's Attorney Office, Co-Chair
Zachary O'Lare, Deputy Chief, Police Department
Terence Clark, Director, Department of Corrections
Dr. Matthew Levy, Health Officer
Krystal Oriadha, Council Member District 7, Co-Chair
Tyrone Collington Sr., Chief, Police Chiefs' Association
Brittany Oliver, Department of Family Services (On behalf of Elana Belon-Butler)

• Members Absent:

Barry L. Stanton, DCAO for Public Safety
Dr. Tyreese McAllister, Ayanna J. McAllister Legacy Foundation
Steven Upathanbhakul, Assistant Sheriff, Office of the Sheriff
Melissa Pryce, Public Defender
Carlesa Peterson, Assistant Director, Department of Social Services
Juanita Agnew, The Jayz Agnew Foundation

• Others Present:

Nina Ward, Program Chief, Bridge Center Program,
Prince George's County Health Department
Major Mike Ebaugh, Police Department

• Staff Present

Sandra Eubanks, HHSPS Committee Director
Rhonda Riddick, HHSPS Committee Aide
James T. Walker-Bey, Administrative Assistant
Tiffany Hannon, Chief of Staff to Council Member Oriadha

• **Welcome, Introduction & Opening Remarks**

The Gun Violence Workgroup was called to order at 11:00 AM.

Council Member Oriadha, Co-Chair of the Gun Violence Task Force, opened the meeting by acknowledging task force members and community viewers. She highlighted the purpose of the task force: addressing community concerns about gun violence, exploring prevention methods, and supporting communities affected by violence. She emphasized the complexity of this issue

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and the need for collaboration among various stakeholders to develop policy and investment strategies for public safety, both locally and at the state level. After a year of work, the task force aims to produce actionable recommendations for the County Council and County Executive.

Perry Paylor, Deputy State Attorney, and task force Co-Chair oversees five criminal prosecution units, including the Firearms Enforcement, Narcotics Intelligence, and Major Crimes Unit. He described the extensive involvement of these units in gun-related crimes, with each focusing on areas such as illegal gun possession, drug-related gun violence, and major crimes involving firearms. He expressed his commitment to addressing gun violence alongside Council Member Oriadha and looks forward to collaborating with the task force.

• **Review Minutes**

The minutes were approved as presented.

- **Presentation:** Nina Ward, Program Chief, Bridge Center Program
Prince George's County Health Department

The Health Department, represented by Nina Ward, provided a presentation on the Bridge Center at Adams House, the County's reentry center and wraparound health and human services center operated by Prince George's County Health Department Behavioral Health Division. Ms. Ward discussed the program model, shared data for FY 2024, and encouraged referrals, as the center operates an open-door policy.

Located in Suitland, Maryland, the center primarily serves returning citizens, transitional-aged youth (18-24), and veterans, with about 92% of clients being returning citizens.

The Bridge Center operates as a "hub-and-spoke" model, partnering with over 30 community-based organizations for service delivery. These partners, working under formal MOUs with the Health Department, provide various services, while Bridge Center staff ensure quality and compliance through regular site visits and MOU oversight.

Key services include employment assistance, mental health and substance use treatment, legal help, and access to vital documents. Using a "no-wrong-door" approach, the center addresses needs beyond its partner network by finding alternative solutions.

In FY 2024, the Bridge Center served 2,200 people, including 1,100 walk-ins, aiming to reach as many as possible from the nearly 5,000 individuals entering and leaving the county detention center. They focus on active clients, who showed a low recidivism rate: only five were arrested for a new offense, yielding a rate of less than 1% compared to the county's 22% and the state's 35%. This success reflects strong community partnerships and support from the Returning Citizens Affairs Division.

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Ms. Ward shared that the Bridge Center frequently receives positive feedback from clients who struggled to find support elsewhere but successfully connected with needed services through the center. This impact goes beyond measurable data, highlighting the center's meaningful support for individuals in the community.

Ms. Ward stated that the Bridge Center maintains strong partnerships to support clients with essential needs, such as obtaining IDs, a common barrier for returning citizens. They assist clients at the MVA by covering ID and license costs and plan to schedule this support regularly. The center also collaborates with reentry services in neighboring areas, including Washington, D.C., to support individuals returning to Prince George's County, ensuring they're informed about local resources and easing their transition.

The Bridge Center collaborates with the Department of Parole and Probation and employs a mental health-re-entry counselor at the Detention Center. A key component of their support is the Peer Recovery Program, which includes re-entry peers with lived experience in the criminal justice system, essential for connecting with hard-to-engage individuals. They are expanding this initiative, including the Re-Entry Peer Support Program, and providing peer training for Maryland Peer Certification.

- **Q&A**

Health Officer Levy stated that the Bridge Center uses a collective impact model, collaborating with community organizations to combine expertise and resources for better outcomes. This approach ensures that each partner contributes, leading to impactful community results.

Co-Chair Oriadha asked about specifics regarding the walk-ins and referrals to clients.

Ms. Wards stated that the Bridge Center accepts walk-ins and referrals, with most clients calling or emailing to schedule appointments. Each client completes a universal screening form to determine which of the center's five grant-funded programs best fits their needs. After the program assignment, a detailed assessment and collaborative case plan are created, prioritizing the client's stated needs. The case managers then work with clients on their goals until all objectives are met and clients are discharged from the program.

Co-Chair Oriadha asked if there was a cost for any of the provided services.

The Bridge Center's programs are fully grant-funded and accessible for all participants. However, referrals to external providers, such as medical or substance use treatment services, may involve costs that the providers are responsible for communicating to their clients. Additionally, if someone is uninsured, The Bridge Center prioritizes connecting them with the Department of Social Services to help them enroll in Medicaid, ensuring they have insurance for any referred services.

Co-Chair Oriadha asked about the hub's role and if any services were offered at the hub.

The Bridge Center serves as a hub that connects individuals to various programs, with some services provided on-site at no cost to county residents. Partners at the Bridge Center offer free

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services, such as anger management courses supported by the Returning Citizens Affairs Division, enrollment assistance for Medicaid and Medicare, and temporary cash assistance through the Department of Social Services. While many services, including clinical case management aimed at helping individuals achieve their goals, may require external providers, the Bridge Center works to eliminate cost barriers and find creative solutions for those in need.

Based on the shared data, Co-Chair Oriadha suggested that the Bridge Center is not reaching approximately 3,000 individuals.

Ms. Ward explained that they couldn't make a one-for-one connection between people from the Department of Corrections (DOC) Detention Center and the Bridge Center. Comparing the number of releases from the Detention Center to the number of people who come to the Bridge Center, we're looking at an estimated gap of about 3,0000 people we would like to engage yearly. We want to see all individuals transition from the Detention Center to the Bridge Center.

Co-Chair Oriadha asked if the DOC has a reentry process and if the Bridge Center was involved.

Ms. Ward indicated that DOC has a reentry process, and they are involved in it. The Bridge Center has two full-time counselors at the detention center; one focuses on detainees with substance use disorders, and the other on those with mental health diagnoses. The Bridge Center staff collaborates closely with DOC reentry case managers to engage as many individuals as possible. However, more services must be utilized immediately after release, with more people coming to the Bridge Center about six months later. The Bridge Center aims to increase the number of individuals transitioning from DOC to the Bridge Center.

Co-Chair Oriadha asked whether data on clients' charges is being collected and inquired about the age range of the clients served.

Ms. Ward indicated that they do not collect data on the specific offenses for which individuals were incarcerated. Their focus is primarily on individuals with substance use and mental health conditions, which may or may not relate to their charges.

As for the age, we only serve individuals 18 and older, creating a gap in services for younger individuals. The Behavioral Health Division is actively exploring ways to expand our youth criminal justice programs.

Co-Chair Oriadha stated there appears to be a disconnect between the reentry services we claim to provide and individuals' experiences. Many former inmates report a lack of access to resources upon release despite claims of available reentry support.

Ms. Ward responded that they regularly engage with new potential partners and assess their fit. Existing partners have been identified through collaboration with the Returning Citizens Affairs Division and other reentry leaders.

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Mr. Ward further explained that all partners have a formal MOU with the Health Department, which doesn't involve financial obligations. If we refer someone to a partner, it's up to them to communicate their billing and fee structure to clients.

Co-Chair Oriadha expressed that there is a recognized gap in funding for nonprofit essential reentry and support services, which need consistent financial backing from the county.

Ms. Ward stated that while demand on nonprofits remains high, national legislation allowing peer reentry and recovery specialists to bill for services has provided some relief, enabling partners to expand staffing.

Ms. Ward further explained that programs at the Bridge Center remain strictly grant-funded, limiting direct support for external entities. The Reentry Coordination and Assistance Team has issued a broad funding proposal to support reentry services, aiming to strengthen the network of reentry providers. At the same time, the Bridge Center remains client-focused.

Co-Chair Oriadha inquired about the Bridge Center funding and whether it can be regranted. Is the financing primarily used for staffing?

Ms. Ward stated that Bridge Center funding primarily covers staffing and operational support for its facility, following grant guidelines. When grants allow, they seek partnerships for service provisions, but funding restrictions often limit direct support for external entities. There is an interest in exploring alternative funding methods to directly support client needs, such as mental health services, particularly for trauma-impacted populations like gun violence victims and returning citizens.

Ms. Ward further explained that the Bridge Center is expanding its collaborative, collective impact model to secure partner grants, especially for reentry programs. This approach balances direct services and staffing, ensuring a central location for accessing services. The Health Department also plans to establish a training center to help nonprofits improve billing practices, allowing them to recover costs via insurance. Currently, we support local partners by providing letters of support for grants, highlighting their commitment to collaboration for community success.

Co-Chair Oriadha thanked the presenter, indicating that it was very informative and that she had some recommendations, particularly addressing youth involved in gun-related incidents. There is a focus on aligning interventions and services to meet the specific needs of this demographic.

- Identified Subgroups:**

Co-Chair Oriadha outlined the purpose of the subgroups, emphasizing the need for a leader in each subgroup to coordinate its efforts. She reminded members that the subgroups were public and that support would be available to organize subgroup meetings. Each subgroup is encouraged to meet next month before the upcoming full meeting.

Co-Chair Oriadha requested that the members inform staff of any presentations they would like their subgroup to hear.

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- **Next Meeting**

The next regularly scheduled meeting is on Wednesday, November 20, 2024, at 11:00 PM.

- **Adjournment**

The meeting adjourned at approximately Noon.