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ALLEGHENY COUNTY
JAIL OVERSIGHT BOARD MEETING

Thursday
March 7, 2024

Gold Room
4th Floor
Allegheny County Courthouse
436 Grant Street
Pittsburgh, Pennsylvania 15219

1 **MEMBERS OF THE BOARD IN ATTENDANCE:**

2 County Executive Sara Innamorato
3 President Judge Susan Evashavik DiLucente
4 Judge Kelly Bigley
5 Sheriff Kevin Kraus
6 Controller Corey O'Connor
7 Councilmember Bethany Hallam, for County
8 Council President Pat Catena
9 Man-E, Citizen Member
10 Robert Perkins, Citizen Member
11 Barbara Griffin, Citizen Member

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15 **JAIL ADMINISTRATION IN ATTENDANCE:**

16 Interim Warden Shane T. Dady
17 Chief Deputy Warden Jason Beasom
18 DHSA Amy Shaw
19 Deputy Warden Blythe Toma
20 Deputy Warden Connie Clark

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1 **COMMUNITY CORRECTIONS PRESENTERS**

2 Gregory Price - Passages to Recovery

3 Darren Hood - The Renewal Center

4 Steve Esswein - Electronic Monitoring

5

6

7 **PUBLIC SPEAKERS:**

8 Marion Damick

9 Tanisha Long

10 Melanie Duffett

11 Jim Waters

12 Kyna James

13 Brad Korinski

14 John Kenstowicz

15 Maria Guido

16 Diana Hull

17 Sharon Bonavoglia

18 Darrell Palmer, Jr.

19 Sam Schmidt

20 Jodi Lincoln

21 Cynthia White

22 Patrick Tierney

23

24

25

P R O C E E D I N G S

(4:03 o'clock p.m.)

JUDGE EVASHAVIK DILUCENTE: Hello,
everybody.

MS. HALLAM: Hello.

JUDGE EVASHAVIK DILUCENTE: Okay.
Ms. Griffin?

MS. GRIFFIN: Present.

JUDGE EVASHAVIK DILUCENTE:
Mr. Kraus?

SHERIFF KRAUS: Here.

JUDGE EVASHAVIK DILUCENTE:
Mr. O'Connor?

MR. O'CONNOR: Here.

JUDGE EVASHAVIK DILUCENTE:
Ms. Innamorato?

MS. INNAMORATO: Here.

JUDGE EVASHAVIK DILUCENTE:
Evashavik, here.

Ms. Hallam?

MS. HALLAM: Here.

JUDGE EVASHAVIK DILUCENTE: This
always happens to me. You see, it's not just
you, Mr. O'Connor. I always lose names. And I
know Mr. Perkins.

1 Mr. Perkins?

2 MR. PERKINS: Here.

3 JUDGE EVASHAVIK DILUCENTE:

4 Mr. Nassir?

5 MAN-E: Here.

6 JUDGE EVASHAVIK DILUCENTE: Thank
7 you, everybody.

8 Okay. Community Corrections
9 Reports.

10 Passages to Recovery.

11 **COMMUNITY CORRECTIONS REPORTS**

12 MR. PRICE: Good evening, Board.

13 MS. HALLAM: Hi.

14 MR. PRICE: Gregory Price,
15 P-R-I-C-E. I'm the Director of Treatment
16 Operations at Passages to Recovery.

17 The current numbers as of today, we
18 have 43 active participants, 4 of those being
19 employed as of the report date. We have 51
20 active participants with 16 of those being exited
21 from the program.

22 We don't have any positive COVID
23 tests or any overdose or -- on-site.

24 Any questions?

25 JUDGE EVASHAVIK DILUCENTE: Any

1 questions?

2 MR. PRICE: Yes, ma'am.

3 MS. HALLAM: Hi.

4 MR. PRICE: Hello.

5 MS. HALLAM: I have a couple
6 questions that I'm going to ask the other folks
7 here from the other places too. So be ready.

8 MR. PRICE: That's fine.

9 MS. HALLAM: The first question is
10 do yinz ever have uses of force?

11 MR. PRICE: Not often, no. It's
12 hardly -- I mean, it's a hands-off program but
13 hardly ever do we have any use of force.

14 MS. HALLAM: When it happens, do
15 you track that? Like is there a report like,
16 hey, we had this many this month?

17 MR. PRICE: We do.

18 MS. HALLAM: Okay. Can I just ask
19 that -- you've been bringing really awesome data
20 and statistics to us.

21 MR. PRICE: I appreciate that.

22 MS. HALLAM: I want to thank you
23 for that. Can you add that --

24 MR. PRICE: Of course.

25 MS. HALLAM: -- to your report

1 going forward, especially if it's zero every
2 month. That will look great, right?

3 MR. PRICE: It is. It will be.

4 MS. HALLAM: Awesome. And then the
5 other track I'm wondering about is self-harm or
6 suicide attempts. Is that something that you
7 track as well?

8 MR. PRICE: We do.

9 MS. HALLAM: Yeah. I would like to
10 know that.

11 MR. PRICE: Okay.

12 MS. HALLAM: I don't know if you
13 know of either of those off the top of your head
14 for this month.

15 MR. PRICE: We had an incident last
16 month with self-harm, but that was it.

17 MS. HALLAM: Okay. And then my
18 last question is if someone in your facility
19 needs to receive some kind of like specialty
20 medical care or surgeries, do they have to go
21 through an approval process with the facility to
22 be able to go and get that?

23 MR. PRICE: They do. I mean, if
24 the doctor is actually approving it and we can
25 get it authorized by the jail and ourselves and

1 we can coordinate that, we will definitely get
2 them to their treatment. But if not, we may have
3 to send them back to the jail. Usually that does
4 not happen because they're already out in our
5 facility. But most times we can try to
6 coordinate that with the provider theirselves.

7 MS. HALLAM: Great. So you do --
8 if -- you allow it, but you do need to get
9 approval from the jail before it happens?

10 MR. PRICE: We just have to let the
11 jail know if that's what's going on, and we'll
12 just send the medical report to them and let them
13 know what the instance may be, and then they'll
14 approve it from there.

15 MS. HALLAM: Okay. So do you need
16 their approval? If they said no, could you still
17 do it? Could you still send the resident out?

18 MR. PRICE: That's a good question.
19 I will look into that.

20 MS. HALLAM: Okay. I would love to
21 know that for next month.

22 MR. PRICE: Okay.

23 MS. HALLAM: And thank you so much.

24 MR. PRICE: Cool. Anything else?

25 JUDGE EVASHAVIK DILUCENTE: Anybody

1 else?

2 (No response.)

3 MR. PRICE: Thank you.

4 JUDGE EVASHAVIK DILUCENTE: Thank
5 you.

6 MR. PRICE: All right.

7 JUDGE EVASHAVIK DILUCENTE: Renewal
8 Center.

9 MR. HOOD: Good afternoon,
10 everyone. Darren Hood, H-O-O-D, Director of
11 Reentry Services at Renewal.

12 Current program numbers are in work
13 release, 64. Inpatient we have 16, giving us a
14 total of 80.

15 Our employment percentage was at
16 53 percent for the past period. We had a -- due
17 to a large release, so turn-over. Average wage
18 rate was \$14.06.

19 Releases, we had 55 reentrants exit
20 the program; 29 successful, 15 escapes, and 11
21 program revocations. Some were pulled out by
22 Court. Some returned for behavioral issues.

23 Renewals Annual Betty Esper
24 Scholarship commenced February 1st. All
25 application entries are due by May 31st. Last

1 year County Rancher was the winner of the
2 scholarship for schooling. I believe the
3 gentleman was in barber school.

4 And we have a lot of great
5 community service opportunities for Renewal
6 reentrants coming up within the next couple of
7 months as we move into marathon season and other
8 big outside events hosted by the city.

9 No fatal overdoses. No deaths.

10 That's what I have now, so.

11 JUDGE EVASHAVIK DILUCENTE:

12 Questions?

13 MS. HALLAM: Hello.

14 MR. HOOD: Hello.

15 MS. HALLAM: I also want to know
16 about the folks you brought with you, but I will
17 start with my couple questions about use of
18 force. Do yinz track those?

19 MR. HOOD: Yes, we do.

20 MS. HALLAM: Okay. Is that
21 something you can give in your report every
22 month, just a number, how many uses of force the
23 past month?

24 MR. HOOD: Yes, we can. And there
25 hasn't been any. In fact, I can't recall any for

1 a long time, so.

2 MS. HALLAM: That's good news. I
3 like that.

4 And then what about self-harm and
5 suicide attempts?

6 MR. HOOD: Yes, we do track that.

7 MS. HALLAM: Okay. Can you report
8 that to us? Again, just the number.

9 MR. HOOD: Yes, we can. And that's
10 all through ACA Accreditation. We're --

11 MS. HALLAM: You have to.

12 MR. HOOD: We're required to do
13 that.

14 MS. HALLAM: And then my last
15 question is, again, same question. If someone
16 needs to receive specialty medical care or
17 surgery, something along those lines, do you
18 allow them to go and do that? And what is the
19 process? Do you have to get approval?

20 MR. HOOD: Yes. As long as they
21 have medical insurance and the provider, that's
22 all arranged through them, prearranged.

23 And also, we notify the jail of any
24 type of medical things that are going on, whether
25 it's a hospital visit, emergency room visit for

1 anything from a broken finger to stomach pain or
2 something like that. So, yes. We notify the
3 jail on each and every visit.

4 MS. HALLAM: And if it's something
5 like specialty medical care or surgery, like a
6 non-emergent thing, do you have to get approval
7 from the jail to allow them to go and receive
8 that, or can your facility make that decision on
9 your own?

10 MR. HOOD: Generally if it's like
11 outpatient surgery or something like that, and
12 we've had people stay overnight, a couple days or
13 whatever, we've never really had any problem in
14 the past with that as long as everything was
15 prearranged and communicated.

16 MS. HALLAM: Okay. And it hasn't
17 been like something they have to allow you to do,
18 even if it's inpatient surgery?

19 MR. HOOD: I haven't -- as of
20 recent, lately we haven't had any issues with any
21 of that.

22 MS. HALLAM: Okay. You've --
23 nobody's ever told you, sorry, you cannot let
24 this person do that?

25 MR. HOOD: Not to my knowledge.

1 MS. HALLAM: Gotcha. Thank you
2 very much.

3 MR. HOOD: You're welcome.

4 I'd like to introduce Scott
5 Johanson. He's Executive Vice President with
6 Renewal Incorporated. He will be going over some
7 information that you requested last meeting. And
8 there's other colleagues as well that will
9 fulfill your request.

10 MS. HALLAM: Thank you.

11 MR. HOOD: All right. Thanks.

12 MR. JOHANSON: Yes. My name is
13 Scott Johanson, Executive VP Renewal, Inc.
14 S-C-O-T-T J-O-H-A-N-S-O-N.

15 Yeah, you're probably wondering why
16 we have all these staff here. Well, in the last
17 meeting there were some questions about first
18 responders. Pathway to Care and Recovery and MAT
19 and MOUD, so I brought the subject matter experts
20 for each one of those topics.

21 MS. HALLAM: Thank you.

22 MR. JOHANSON: So hopefully, we can
23 answer all your questions.

24 MS. HALLAM: Thank you.

25 MR. JOHANSON: Yeah, I just -- I

1 wanted to mention -- I was going to speak on the
2 first responders. I just want to put this in
3 context in doing so. Renewal Inc averages 397
4 individuals in 339 and 704, but those individuals
5 are under the jurisdictions of the Federal Bureau
6 of Prisons, Pennsylvania Department of
7 Corrections and the Allegheny County Jail.

8 And we do have on -- we have a
9 contracted physician on staff, a contracted
10 psychiatrist and nurses on staff, but even with
11 that, even with those medical staff, whenever
12 there is a medical emergency we do have to rely
13 on first responders to respond to that.

14 And I want to say we have greatly
15 reduced the number of first responders reporting
16 to our facilities. And the way we did that is
17 pretty much we reported in this meeting -- we've
18 been working with the fire marshal because we
19 were having issues with individuals at 704 Second
20 Avenue pulling the fire alarm so they could go
21 out and get contraband and bring it back in the
22 facility. Well, we've been working with the fire
23 marshal, and we've been prosecuting or attempting
24 to prosecute those individuals when we can prove
25 this is happening, which has greatly reduced the

1 number of those occurrences.

2 So that being said, for our
3 339 Boulevard of the Allies facility, we had a
4 total of 5 first responders when it comes to our
5 county jail population; 2 were medical responses;
6 and 3 were adverse reactions to K-2. We do have
7 an issue with K-2 within the facilities, as I
8 think just about any similar organization as ours
9 is as well.

10 And at 704 Second Avenue, through
11 our jail population, we had a total of 4; 3 were
12 medical, and 1 was a fire alarm that was a result
13 of a laundry machine malfunction.

14 But as I said, we are greatly
15 reducing the number of those.

16 And the other thing I want to
17 mention is we have implemented body scanners at
18 both 339 and 704 Second Avenue, which we believe
19 and we are hoping, because we just turned them
20 on, will reduce the amount of illicit drugs, you
21 know, deadly substances that get into our
22 facilities, and hopefully, we're going to keep
23 all the contraband out and keep everyone,
24 including our staff reentrants, as safe as
25 possible.

1 And that's all I have. I know our
2 time is limited, but if you have any questions,
3 I'm available right now, or I'll you can come --
4 well, we'll talk about tours. So go ahead.

5 MS. HALLAM: Okay. I definitely
6 want a tour.

7 MR. JOHANSON: Okay.

8 MS. HALLAM: But I have a
9 question -- also, thank you for coming. I
10 appreciate that. Are they going to be able to
11 report those numbers specifically about the ACJ
12 folks' medical emergencies and stuff called every
13 month?

14 MR. JOHANSON: Oh, yes. Yes.

15 MS. HALLAM: Okay.

16 MR. JOHANSON: Yes, we'll have
17 that.

18 MS. HALLAM: Thank you very much.
19 But my question is specifically about the
20 prosecuting of the people who pull the fire
21 alarms. So when they are determined to have done
22 it, I guess by your facility, and you decide to
23 ask for charges to be filed against them, do they
24 immediately go back to the jail? Like is that
25 something --

1 MR. JOHANSON: No.

2 MS. HALLAM: No.

3 MR. JOHANSON: No. What we do is
4 we reach out to the fire marshal, and there is an
5 investigator who will report to the facility and
6 they will gather evidence, such as viewing a
7 camera, or try to figure out why we feel that
8 this individual is the culprit. And if there is
9 evidence of such, then we can file charges
10 against that individual that will go through the
11 court system. And as a result of, you know, if
12 they are found guilty, it would be like any --
13 anyone else that does such.

14 MS. HALLAM: But even if they're
15 found guilty are they then sent back to jail?
16 Are they able to stay in the facility even
17 post-conviction?

18 MR. JOHANSON: Well, we would have
19 to communicate with the jail personnel and they,
20 you know, we work with them to make the
21 determination whether or not a person is
22 returned.

23 MS. HALLAM: Okay. Thank you.

24 MR. JOHANSON: Okay. Thank you.

25 And I'm going to turn it over to

1 Jim Galus who is going to talk about MOUD and
2 MAT.

3 MAN-E: Real quick, real quick,
4 real quick. I have a question.

5 MR. JOHANSON: Yes.

6 MAN-E: Again, I appreciate you
7 being here. I'm glad that both buildings are
8 represented. Usually they're not. Is that going
9 to continue to be a thing? Are you going to be
10 able to represent both buildings?

11 MR. JOHANSON: Well, yeah. Yes. I
12 can -- well, I mean, we'll have staff here that
13 will represent both buildings.

14 MAN-E: I appreciate that.

15 MR. JOHANSON: I can't say that
16 I'll be at every meeting.

17 MAN-E: Okay.

18 MR. JOHANSON: I usually watch
19 virtually. That's how I know all these questions
20 came up.

21 MAN-E: I gotcha.

22 Also, do you all have a list of
23 policies that you can provide to the Board?

24 MR. JOHANSON: We do have an
25 operations manual if that's what you're talking

1 about. Or are you talking about policies in
2 regard to what?

3 MAN-E: Well, everything in
4 general. But, of course, thinking about some of
5 the questions that Ms. Hallam has about use of
6 force, you know, and especially involved if
7 somebody requires some additional treatment or,
8 you know, additional attention.

9 But if you have a manual, if you
10 have something that we could look at, that we
11 could get.

12 MR. JOHANSON: We actually -- yeah,
13 we are -- we are American Correctional
14 Association Accredited and we have been since
15 1999, so we follow all of the policies and
16 procedures for community corrections, and for use
17 of force, and emergency medical care, and just
18 about anything you can think of is covered under
19 our accreditation. So we do have policy and
20 procedures and we can provide those as needed.

21 MAN-E: Thank you.

22 MR. JOHANSON: All right. Thank
23 you.

24 MR. PERKINS: Just a quick
25 question.

1 MR. JOHANSON: Yes.

2 MR. PERKINS: You said you had
3 physicians and nurses contracted on staff. Do
4 you mean that they're there full-time? You have
5 a full-time physician and full-time nurses?

6 MR. JOHANSON: No. The medical
7 doctor is contracted. They're part-time. And
8 the psychiatric -- psychiatrist is contracted.
9 They're part-time as well.

10 The nurses are full-time staff.

11 MR. PERKINS: So part-time. Are
12 they on-site weekly or biweekly?

13 MR. JOHANSON: Yeah, every week.

14 MR. PERKINS: Every week.

15 MR. JOHANSON: Yeah.

16 MR. PERKINS: Thank you.

17 MR. JOHANSON: All right. Thank
18 you.

19 MS. HALLAM: I have one more
20 question before you walk away.

21 MR. JOHANSON: Yes.

22 MS. HALLAM: Just following up on
23 the earlier one, what is the charge that the
24 person is charged with when they pull a fire
25 alarm?

1 MR. JOHANSON: You know what, it
2 is -- I think it's like inciting -- I can't
3 recall, but it's not pulling the fire alarm. I
4 honestly don't recall what the actual charge is.

5 MS. HALLAM: Okay. Yeah. If you
6 could just come back with that or tell somebody
7 about it for next time.

8 MR. JOHANSON: Yeah. It's like
9 inciting an emergency situation or something. I
10 can't -- I can't --

11 MS. HALLAM: Is it inciting a riot?

12 MR. JOHANSON: No.

13 MS. HALLAM: That's the only
14 inciting thing I've ever been -- anyways...

15 MR. JOHANSON: It's -- I know the
16 answer. It's just slipping my mind right now.

17 MS. HALLAM: Okay. Yeah. I'd love
18 to know that.

19 MR. JOHANSON: It will probably
20 come back to me when I'm sitting in the back row.

21 MS. HALLAM: You can yell it at me
22 or pass me a note if you want to, okay?

23 MR. JOHANSON: Okay. I'll Google
24 it while I'm back there.

25 MS. HALLAM: All right. Thank you

1 so much.

2 MR. JOHANSON: Thank you.

3 MR. GALUS: Good afternoon,
4 everybody. My name is Jim Galus, G-A-L-U-S. I'm
5 the Vice President of Program Services
6 responsible for the clinical programs including
7 our inpatient programs.

8 And I'm pleased to report that
9 after some careful planning and collaboration,
10 Renewal has now begun induction of MOUD.

11 MS. HALLAM: Awesome.

12 MR. GALUS: So -- and if I -- I
13 want to back up. I forgot that Alaina Detorre
14 wasn't able to be here tonight, so I'm kind of
15 here filling in for her. But Alaina and I worked
16 on this project and she was vital in that.

17 So we've already begun about two
18 weeks ago. Our doctors have agreed to prescribe
19 Suboxone and Sublocade. We already do prescribe
20 Vivitrol and Naloxone, and we've met with Tadiso
21 and we do a -- we did an agreement with them, so
22 we're ready to go with Methadone as well.

23 And since we're already doing that
24 in collaboration with the jail, we'll just put
25 them in the rotation. If any people come aboard

1 that have not taken it before, decide they want
2 to start, we'll take them over for their intake
3 and then they'll go -- the weekly Thursday trip
4 with the rest of the people that we have on
5 Methadone.

6 So okay.

7 MS. HALLAM: I have no question. I
8 just want to thank you for that.

9 MR. GALUS: You're welcome. Very
10 welcome.

11 MS. BRECKENRIDGE: It was risking a
12 catastrophe.

13 MS. HALLAM: Oh, risk -- oh,
14 risk --

15 MS. BRECKENRIDGE: He just
16 whispered in my ear.

17 MS. HALLAM: Maybe. Thank you.

18 MR. GALUS: Lastly, saving the best
19 for last, as per your request, this is Melissa
20 Breckenridge. She was here about two years ago.
21 She runs the Pathways to Care Program and
22 Recovery down by the Renewal Center.

23 Melissa.

24 MS. BRECKENRIDGE: Thank you.

25 Hi. Good afternoon. Melissa

1 Breckenridge, B-R-E-C-K-E-N-R-I-D-G-E. I'm the
2 Director at Pathway to Care and Recovery.

3 Thank you for the opportunity to
4 come here and talk about PCR Services. I greatly
5 appreciate that.

6 Pathway to Care and Recovery is a
7 partnership between Allegheny County and Renewal,
8 Inc. We opened in November of 2020. We kept
9 those doors open even through the pandemic.
10 We're very proud of that.

11 We are a 24/7 365 substance use
12 crisis center. What that means is that when an
13 individual is ready to seek services, they're
14 struggling with substances, and they want help,
15 we're there. You don't have to wait until the
16 next business day. We are open all the time. So
17 you can walk in, give us a call. We try and make
18 it as easy as possible to access services. You
19 do not need a referral, just walk to our door or
20 give us a call, and if we can assist you getting
21 to our location, we will also do that. We do
22 have a company vehicle.

23 We can help individuals 14 and up
24 from Allegheny County, but we do help many people
25 outside of Allegheny County. We would never turn

1 somebody away from another county. We are here
2 to help everybody and do what we can to help
3 society as a whole.

4 So what that looks like, our
5 process, and when somebody comes to our door,
6 they will come in, will be greeted, do an intake,
7 gather some information. They'll meet with an
8 assessment specialist. They'll do a level of
9 care assessment, make a recommendation for a
10 level of care, and then we also assist them with
11 getting a placement, getting linked to services.
12 We have a nursing staff to do health assessments
13 and monitoring for any emergent needs, withdraw
14 management services, and we have -- I think some
15 of our best staff are certified recovery
16 specialists. They are our staff with lived
17 experience, though I must say we have 4 CRS on
18 staff. Many of our staff have lived experience
19 and have been touched in some way with substance
20 use.

21 Another great thing about our
22 program is we don't charge anybody anything to
23 receive services. People are shocked when they
24 hear that. Nope, we're here to help you. We do
25 not collect any money from you. So people are

1 pleasantly surprised about that as well.

2 Should we link somebody to an
3 inpatient level of care, let's say, and their bed
4 would not be available for, let's say next day,
5 we would offer them one of our safe-place-to-stay
6 rooms. We have 14 individual rooms to keep
7 people safe, motivated, and engaged until we link
8 them to that treatment provider. We don't want
9 them leaving, and something bad happen to them
10 and them not make that treatment admission.

11 While they're in the safe place to
12 stay, we continue to engage our staff -- continue
13 to engage the clients. They provide education
14 and overall support.

15 I would like to just read a quick
16 client quote that I -- it's -- I love it. This
17 client said, "If I had to do this on my own, I
18 would have given up." I just -- that really
19 touched me because we make a great impact on
20 individuals that we service, and I'm sorry, I'm
21 getting a little broken up here because I know --
22 I know what we do and how we help individuals
23 in -- and especially for family members, they're
24 not sure how to help their loved one, and that's
25 what we're here for. That's what we say when

1 loved ones trust us with individuals that they
2 bring to our program, and they're just thankful
3 that they have somebody to help them and guide
4 them.

5 Since we opened in November of
6 2020, we have assisted over 5,000 individuals in
7 the community, and our safe place to stay has
8 helped over 1,400 people stay safe while they're
9 waiting to get into treatment.

10 I would like to offer -- we
11 mentioned tours. I love to show off our program
12 and tell as many people as possible about it, so
13 I'm happy to do that.

14 And also, I'm just grateful for the
15 jail that I do have the opportunity to present in
16 the harm-reduction classrooms. And so I really
17 appreciate that, and our information being in the
18 Discharge and Release Center.

19 So thank you. I'm open for
20 questions.

21 JUDGE EVASHAVIK DILUCENTE:
22 Questions anybody?

23 MS. GRIFFIN: Thanks very much.
24 That work sounds amazing. I am familiar with it
25 from my previous work with Renewal.

1 I had a question. You mentioned
2 that you accept patients -- clients 14 and over.
3 Can you tell us about how you deal with or
4 separate the juveniles from adults that are in
5 the program?

6 MS. BRECKENRIDGE: There really is
7 not a separate -- a separation. Our goal is to
8 get them linked to services as quickly as
9 possible, but should they go in and utilize the
10 safe place to stay, we do have a few rooms that
11 are kind of separate from the other rooms just to
12 give a little bit of separation with the older
13 adults. But at 14, they're able to make those
14 decisions in return -- in terms of their care.
15 But we do try and have the safe-place-to-stay
16 room separate than the other ones for a little
17 bit of separation. But everybody is treated the
18 same. But we do take that into account.

19 MS. HALLAM: I just want to say
20 first, I love Pathways. I send people there. I
21 mean, you may have heard me say this before. I
22 send people there all the time. I have like
23 taken people there myself.

24 MS. BRECKENRIDGE: Thank you.

25 MS. HALLAM: Your staff is amazing.

1 MS. BRECKENRIDGE: Thank you.

2 MS. HALLAM: I've even called just
3 to be like, hey, is this person allowed to come
4 back before and they are so helpful. So thank
5 you. I will definitely come for an official
6 tour --

7 MS. BRECKENRIDGE: Thank you.

8 MS. HALLAM: -- because I have only
9 seen like that intake area.

10 I just have a couple questions.
11 First of all, are there any barriers to entry,
12 like, specifically if someone is very
13 intoxicated? How do you --

14 MS. BRECKENRIDGE: We get that a
15 lot. We try to work with -- that doesn't -- we
16 don't decline them from coming in. We
17 actually -- it's a good place for them to be
18 because we can monitor them. We just try and
19 work with them. Give them something to eat, you
20 know, try and engage them as much as we can and
21 let them maybe rest a little bit until we can get
22 them through the process.

23 And in those situations, some of
24 those individuals, they need linked to treatment
25 as quickly as possible, especially because

1 they're there and they're willing, so we really
2 want to try and get them through the process so
3 we can get them linked to services.

4 MS. HALLAM: Okay. So is there
5 anything that would be a barrier to entry at your
6 facility?

7 MS. BRECKENRIDGE: Only if somebody
8 was not willing to give up a gun or a weapon,
9 something like that. We have to keep everybody
10 safe.

11 MS. HALLAM: I understand. And
12 then do you make any connections or referrals to
13 housing, or is that something you plan to do in
14 the future?

15 MS. BRECKENRIDGE: So we do assist
16 individuals that are looking for housing, such as
17 the UR House or Za'kiyah House. We make links.

18 MS. HALLAM: I love them.

19 MS. BRECKENRIDGE: Yeah. So we
20 definitely assist with that. And the UR House is
21 a good -- we have a good relationship with a lot
22 of providers, but like especially UR House will
23 let us know, hey, we're going to send somebody
24 there for an assessment to make sure they're
25 appropriate, and then we'll assist with that

1 referral, and we'll drive them to the UR House as
2 well after we're done.

3 MS. HALLAM: Awesome.

4 And then my last question is you
5 mentioned a lot of the staff that were there.
6 Are there specifically medical or mental health
7 staff?

8 MS. BRECKENRIDGE: So we have
9 medical. We have LPNs on staff.

10 MS. HALLAM: Okay. And is that
11 also 24/7?

12 MS. BRECKENRIDGE: Yes, yes.

13 MS. HALLAM: All right. That's all
14 I have. Thank you.

15 MS. BRECKENRIDGE: Thank you.

16 MS. HALLAM: Thank you so much. I
17 promise I will keep sending people there for as
18 long as you are there.

19 MS. BRECKENRIDGE: I appreciate
20 that. I appreciate your support. Thank you.

21 JUDGE EVASHAVIK DILUCENTE: Thank
22 you.

23 MAN-E: I have a couple questions.

24 MS. BRECKENRIDGE: Oh, I'm sorry.

25 MAN-E: Yeah, yeah. My fault. I

1 know everybody's used to like everybody being
2 done after Bethany talks but you got a couple
3 extra people up here this time.

4 So a couple questions. I'm
5 thinking about like from the outreach
6 perspective, do you provide clothing to the
7 residents? If not, do you take donations?

8 MS. BRECKENRIDGE: We -- A, we do
9 have a limited supply of clothing, basic
10 necessities. We have gone out to Target,
11 Burlington should we -- somebody come in and
12 really need something, we'll purchase those items
13 if we don't have them on-hand. We also accept
14 donations.

15 MAN-E: Yeah, I'm definitely
16 interested, and that's why -- I've actually --
17 I've never been there, but I've heard a lot of
18 good things, so I would definitely like to come
19 see it.

20 MS. BRECKENRIDGE: Thank you.

21 MAN-E: Thank you.

22 MS. BRECKENRIDGE: Yes.

23 MR. PERKINS: I had one question.
24 With respect to barriers -- entries, I think you
25 already answered the question, but are there

1 certain charges that like if someone was charged
2 with a certain crime --

3 MS. BRECKENRIDGE: No.

4 MR. PERKINS: -- or criminal
5 history --

6 MS. BRECKENRIDGE: No. Nope. We
7 don't ask those questions. During the assessment
8 that's a piece of just gathering information, but
9 that is not something that we ask at the door.
10 Nope.

11 MR. PERKINS: Thank you.

12 MS. BRECKENRIDGE: You're welcome.

13 MS. HALLAM: I have one more just
14 general Renewal question. I don't know if that's
15 a you question or not, but if we are coming for
16 like one of our surprise inspections, would we
17 just go to the front door of either the Second
18 Avenue or the Boulevard of the Allies facilities?

19 MS. BRECKENRIDGE: Yes.

20 MS. HALLAM: Yeah, just go to the
21 front door?

22 MS. BRECKENRIDGE: Yep.

23 MS. HALLAM: Thank you very, very
24 much.

25 MS. BRECKENRIDGE: Thank you.

1 MR. PERKINS: We're all done.

2 MS. BRECKENRIDGE: Thank you.

3 JUDGE EVASHAVIK DILUCENTE: All
4 right. Electronic Monitoring.

5 MR. ESSWEIN: Good evening, Board.
6 Steve Esswein for the Probation Office. It's
7 E-S-S-W-E-I-N.

8 So for this reporting period, we
9 had 606 people that were on the bracelet during
10 this time period. We had 99 successfully
11 complete. We have 4 that were taken back for
12 various technical violations.

13 So any questions?

14 JUDGE EVASHAVIK DILUCENTE: Any
15 questions?

16 MR. ESSWEIN: Nope. Thank you.

17 MS. HALLAM: Thank you.

18 JUDGE EVASHAVIK DILUCENTE: Thank
19 you.

20 Okay. Public Comment. I'm going
21 to ask everyone to please respect the timer,
22 okay? I don't like to interrupt people when
23 you're speaking, but I noticed that everybody
24 ignores the timer because I don't interrupt you.
25 So I'm going to have to start interrupting you if

1 you don't honor the timer.

2 Marion Damick.

3 **PUBLIC COMMENT**

4 MS. DAMICK: D-A-M-I-C-K. I'm here
5 for some good news. Welcome back -- one, I'm
6 sure everybody in the audience who was here last
7 month appreciates tremendously how you conducted
8 these events. I've been trav- -- I've been
9 reading ever since they were down -- since they
10 started. Since then, I was involved in opening
11 the new jail, so I know this is extr- -- this was
12 extremely helpful and never happened before, and
13 I hope it happens every time. So thank you.

14 Second, this may sound not like
15 it's pro but it is. It's advice. You had rats
16 last year. As I mentioned last year we had rats.
17 The rats have come back into my house -- not as
18 much but the rats have come back, so I wanted to
19 tell you to be prepared. Get your -- take your
20 whatever out. They -- the warm weather, they're
21 coming back. And frankly, they like
22 peanut butter. So, but you just take care of it.

23 The other things what do we got.
24 Okay. Let me, what I'm concerned with mostly are
25 students, are young people. Shuman, Shuman

1 Center. I have good news on Shuman Center, which
2 maybe some of you know. There's a new
3 organization -- they're not new but they're new
4 for us that is going to take over Shuman Center.
5 They've been hired, and they're getting ready to
6 come in in May. They won't be here until May,
7 but that's not that far away. Shuman Center,
8 that will take care of the youth that you have in
9 jail, which is the wrong place for them.
10 Hopefully, they are a better organization. I did
11 have my file. I took the wrong file -- than in
12 the past. But what I wanted to ensure is that
13 the Board realizes Shuman Center is under your
14 observation and we've got -- you're responsible
15 for it, which means that somebody from Shuman
16 Center should come in every month like you have
17 other people and report to you, report what is
18 going on. And somebody or somebodys from the
19 Board every month or other month should try to
20 visit.

21 JUDGE EVASHAVIK DILUCENTE:

22 Ms. Damick.

23 MS. DAMICK: I would like to see
24 that.

25 JUDGE EVASHAVIK DILUCENTE:

1 Ms. Damick?

2 MS. DAMICK: Yes.

3 JUDGE EVASHAVIK DILUCENTE: Your
4 time is up, but I want to tell you that this
5 Board --

6 MS. DAMICK: I finished anyway.

7 JUDGE EVASHAVIK DILUCENTE: Okay.
8 But this Board is not in charge of Shuman.
9 Shuman will have its own board, just so you know,
10 okay?

11 MS. DAMICK: It was my
12 impression -- in fact, it was.

13 JUDGE EVASHAVIK DILUCENTE: Well,
14 that's erroneous.

15 MS. DAMICK: Who was -- you were in
16 charge?

17 JUDGE EVASHAVIK DILUCENTE: I'm
18 sorry?

19 MS. DAMICK: Who else would be in
20 charge?

21 JUDGE EVASHAVIK DILUCENTE: It will
22 have its own board and that board has not yet
23 been established because it's not open yet.

24 MS. DAMICK: Okay.

25 JUDGE EVASHAVIK DILUCENTE: Okay?

1 MS. DAMICK: I would appreciate
2 then that when that board is established, and
3 keep in mind that's opening in May -- I don't
4 know first or last, as soon as possible, that
5 somebody notify me who they are?

6 JUDGE EVASHAVIK DILUCENTE: Okay.

7 MS. DAMICK: So I could talk to
8 them --

9 JUDGE EVASHAVIK DILUCENTE: Okay.

10 MS. DAMICK: -- about the
11 juveniles?

12 JUDGE EVASHAVIK DILUCENTE: Sure.

13 MS. DAMICK: Thank you. I
14 appreciate that.

15 JUDGE EVASHAVIK DILUCENTE: You're
16 welcome.

17 MS. DAMICK: Thank you.

18 JUDGE EVASHAVIK DILUCENTE: Okay.
19 Stephen Fisher.

20 MR. FISHER: I yield my time.

21 JUDGE EVASHAVIK DILUCENTE: Tanisha
22 Long.

23 MS. LONG: I'm just a little taller
24 than Marion so.

25 All right. Hello, Board. Today, I

1 would like to start my comment off by reminding
2 everyone that yesterday was the two-year
3 anniversary of the death of Gerald Thomas in the
4 Allegheny County Jail. I think that's especially
5 important when we approach the subject that I'm
6 talking about today, which is medical neglect in
7 the Allegheny County Jail.

8 I can't speak for Gerald Thomas
9 anymore because he's not here, but what I do know
10 is that he was a victim of medical neglect in the
11 Allegheny County Jail. And the speaker you'll
12 hear from after me will speak about her brother's
13 current medical neglect in the Allegheny County
14 Jail. And since she is going to speak on his
15 medical neglect, I will get to that a little bit
16 later in my comment, but I do want to speak about
17 Louis Campbell who currently is in administrative
18 custody, has been in administrative custody for
19 over 600 days, has been given no word about how
20 he can get out of administrative custody. No one
21 has visited him in quite some time, and we are
22 really wondering what someone who is in
23 administrative custody has to do to get off.
24 There's no current and clear procedures or
25 processes, and at this point, it's akin to

1 torture.

2 He's asked for medical care that
3 has been denied. He's asked for his medical
4 records, and those requests have been denied, so
5 he doesn't even know what's going on with his own
6 medical care or how best to advocate himself --
7 advocate for himself because he can barely talk
8 to his friends and family members.

9 Another case that you're going to
10 hear about is the case of Benjamin Sabo, who has
11 a leg infection which has progressed to MRSA,
12 sepsis, and unfortunately, the jail did not
13 provide him medical care in a timely fashion.
14 His leg is swollen to twice the size it
15 originally was, and his dressings do not get
16 changed daily to the point where he's just
17 leaking fluid.

18 The Abolitionist Law Center wrote a
19 letter for the Board that I would like to hand
20 out. It is a medical advocacy letter with
21 extreme detail about what's going on with
22 Mr. Sabo's condition. But just a short part I
23 will read for you, and hopefully, my time doesn't
24 expire, but for example "On December 11, 2023,
25 Mr. Sabo's wound tested positive for MRSA and

1 pseudomonas, which are deadly bacterial
2 infections and require immediate hospitalization
3 and IV treatment. ACJ officials waited almost a
4 month to send Mr. Sabo to the hospital. Mr. Sabo
5 suffered in great agony from these infections as
6 ACJ officials denied him critical IV treatment,
7 instead gave him oral antibiotics, which were
8 predictably ineffective. When Mr. Sabo was
9 finally hospitalized in January of 2024, he
10 received IV treatment for only three days instead
11 of the recommended standard seven to ten days,
12 and his treatment was far too short to be
13 effective, meaning he's still facing serious risk
14 of harm."

15 As we remember the life and death
16 of Gerald Thomas due to medical neglect, I urge
17 the Board to take action in the cases of
18 Mr. Louis Campbell and in Mr. Benjamin Sabo.

19 Thank you.

20 MS. HALLAM: Thank you.

21 JUDGE EVASHAVIK DILUCENTE: Thank
22 you.

23 MS. HALLAM: Perfect timing,
24 Tanisha. Impressive.

25 Melanie Duffett.

1 MS. DUFFETT: Hello.

2 MS. HALLAM: Hi.

3 MS. DUFFETT: My name is Melanie
4 Duffett, D-U-F-F-E-T-T. I am a registered nurse
5 of 20 years and I also was a former nurse at the
6 Allegheny County Jail. I lasted a year and I
7 walked out after I have -- I seen the neglect.
8 I'm sorry. I'm very upset right now.

9 The lack of care is the reason why
10 I quit. Unfortunately, my brother, Benjamin
11 Sabo, S-A-B-O, is also a victim of this lack of
12 care. When he went in, he was septic. They took
13 him to Mercy Hospital because the arresting
14 officer noticed how bad his leg was.

15 I was the one to request -- you
16 know, when I called my brother -- when my brother
17 calls me, I ask him, you know, to describe his
18 wound to me, the smell, everything. I know what
19 pseudomonas smells like. I know what MRSA looks
20 like and cellulitis, and he has all of these.

21 They give him oral antibiotic after
22 oral antibiotic, and this is going to hurt him in
23 the long run. He's been incarcerated since
24 October 5th. He calls. He's in pain. They give
25 him Tylenol. He's getting all of his other meds.

1 This is one more thing I want to
2 say before my time is up. He is on that -- that
3 mild, you know, MOUD program, but they're giving
4 him his Suboxone at 3 a.m., the whole whopping
5 dose. It is TID, three times a day. He should
6 get it at 6 a.m., 2 p.m. and 10 p.m. As a nurse,
7 I know this. You do not crush this pill. This
8 pill should be dissolved under your tongue for at
9 least 15 minutes. I think they could provide an
10 LPN or a nurse to watch him dissolve his pill so
11 he's getting the adequate treatment that he
12 needs. He wants to be clean. He's looking at a
13 lot of time. He deserves the care and treatment
14 of a human being, not, you know, someone that's
15 arrested. He needs seven to ten days in the
16 hospital for IV antibiotics, IV fluids, for a
17 Wound-Vac to be put on his leg. He is oozing
18 this horrible pseudomonas.

19 I mean, I talk to him every day.
20 They checked his vital signs once, once. He had
21 a fever. He is septic. He needs -- he needs
22 that care.

23 I would like to recommend possibly
24 a peer-to-peer with the jail doctor, if they have
25 a full-time jail doctor, and possibly his wound

1 care specialist at Allegheny General Hospital, to
2 do a peer-to-peer review and get him in there for
3 the seven to ten days. The IV antibiotics like
4 Vancomycin, Cipro, they'll put him on a
5 multitude. And I believe that will really help
6 his leg heal.

7 This is my baby brother. I raised
8 him until he was six years old. We have a bond.
9 I don't want him to die of sepsis. I don't want
10 him losing his leg.

11 And I know. I worked in that jail
12 and I would never work in it again.

13 That's all I have to say. He
14 deserves good care. He is a good person. It
15 doesn't matter what he did.

16 JUDGE EVASHAVIK DILUCENTE: Thank
17 you.

18 MS. DUFFETT: You're welcome. Does
19 anyone have any questions for me? What's going
20 to be done? Can we -- I mean, how will I know
21 that he's going to get the treatment that he
22 deserves?

23 JUDGE EVASHAVIK DILUCENTE: Well,
24 I'm going to ask our jail liaison to look into
25 this and report back to us.

1 MS. DUFFETT: Okay. Maybe they
2 won't hang up on you like they do my mother and
3 I. And there's four releases of information
4 signed via his lawyer, and the two that my
5 brother and I signed. So they hang up on us
6 every single time we call.

7 JUDGE EVASHAVIK DILUCENTE: Okay.

8 MS. DUFFETT: Okay. Thank you.

9 MS. HALLAM: Also, he is on my list
10 to go see this coming week, so I will put eyes on
11 him myself for you --

12 MS. DUFFETT: Please do.

13 MS. HALLAM: -- this coming week,
14 okay?

15 MS. DUFFETT: Please do, because
16 they're not doing his dressing changes as ordered
17 per the wound specialist at Allegheny General
18 Hospital either. So that's also making his
19 infection way worse. He says it smells like
20 rotting flesh. So yeah. I don't want to lose my
21 brother.

22 MS. HALLAM: I'm sorry.

23 MS. DUFFETT: That's okay. Thank
24 you.

25 JUDGE EVASHAVIK DILUCENTE: Thank

1 you.

2 Jim Waters.

3 MR. WATERS: Hi. My name is Jim,
4 J-I-M, Waters, W-A-T-E-R-S.

5 I was here last month and I talked
6 about my son, Alex, who's in ACJ on a hunger
7 strike.

8 First of all, I want to thank some
9 people in this room that actually went to see
10 him, took like an active role in like help --
11 trying to help him. Ms. Guenther, who is a
12 volunteer for the PA Prison Society went to see
13 him twice. Karen Duffola, who is the liaison for
14 the JOB was there a couple times, and Ms. Hallam,
15 you were there also a couple times.

16 And the Deputy Warden was there
17 offering him the HOPE Program which now he's
18 trying to get into. Okay.

19 So he was on a hunger strike for
20 17 days. He was told he was accepted into a
21 program, but they didn't check with the judge, so
22 she denied it, so he was only on it for like four
23 or five days. Then he went on another one for
24 20 days. This time, he wasn't drinking water.

25 He signed a medical release. I was

1 allowed to call -- or to call and check on his
2 condition. I was admonished by a guard for
3 calling so often. I mean, I was really worried
4 about his passing.

5 He lost 56 pounds. He went from
6 183 to 127. And he made six trips to the
7 hospital. The sixth trip, when he stood up to
8 go, he blacked out and fell and broke his nose
9 and put a gash which required stitches in his
10 eyebrow. And he was on a feeding tube for four
11 days, and I kept asking what the protocol with
12 notifying relatives of, you know, hospital --
13 hospitalization. And nobody seemed to know,
14 except I think Karen told me that the relatives
15 are only notified in the instance of imminent
16 death, which is pretty strange to me.

17 Okay. That -- I actually saw Alex
18 on Tuesday because he had a Motion to Modify the
19 Detainer, which was of course denied. But I was
20 shocked. I mean, he was so thin, and actually,
21 they didn't let him shave. They didn't give him
22 a razor, you know. And his hair was uncut but he
23 looked pretty bad.

24 But thank you, thank you all.

25 JUDGE EVASHAVIK DILUCENTE: Thank

1 you.

2 Kyna James. "Kyna," I'm sorry.

3 MR. JAMES: Hi everybody. My name
4 is Kyna James. I'm the organizer for the
5 Alliance for Police Accountability.

6 So last month, I talked about the
7 solitary confinement law. Since then I had the
8 opportunity to meet with Warden Dady, Deputy
9 Warden Toma, and Deputy Warden Clark.

10 The meeting was about a various
11 number of things. But as the Jail Oversight
12 Board is brand new and administration is new, I
13 wanted permission to prove the actual law to
14 everybody here today. I printed out copies for
15 everybody.

16 I wanted to just -- I also talked
17 about the law was being violated -- has been
18 violated ever since it's been passed in 2021.

19 And I know I have a short amount of
20 time, so really quickly, Warden Harper used to
21 always say we don't have solitary confinement.
22 We have segregated housing. We have RHU. I want
23 to say that the very first line of this law is
24 that solitary confinement, meaning the
25 confinement of a detainee or incarcerated person

1 in a cell or other living space. This means it's
2 the jail and its entirety.

3 We have gotten reports that people
4 are being held for 23 and 1 to our mental health
5 pods. There has been reports that part of
6 people's out-of-cell time is being counted when
7 they're being transferred to court. The law
8 specifically says that your 4 hours out-of-cell
9 time, it is for hygiene and exercise. That also
10 does not include visits to a therapist or mental
11 health specialist.

12 Correctional officers have no
13 say-so in whether or not an individual can be
14 placed into solitary confinement. I'm going to
15 say that again. Correctional officers have no
16 say-so. We have been given a report, which I
17 will send to the jail administration as well as
18 the Board, that an individual was beaten by
19 several COs and put into solitary confinement
20 until he was able to heal.

21 It also says in the law that
22 solitary confinement is never to be used as a
23 punishment. It also says that if the Warden
24 decides to have a facility-wide lockdown, it is
25 the Warden's responsibility to document specific

1 reasons for the lockdown. If the lockdown is
2 more than 24 hours, he had to show why less
3 restrictive interventions are insufficient.

4 I'll talk about this -- I talk
5 about this every meeting, so I'll come next month
6 and the month after that. But do I have
7 permission to provide everybody with the actual
8 written law?

9 MS. HALLAM: Uh-huh.

10 JUDGE EVASHAVIK DILUCENTE: Uh-huh.

11 MR. JAMES: Okay.

12 JUDGE EVASHAVIK DILUCENTE: Thank
13 you.

14 Brad Korinski.

15 MR. KORINSKI: Hello everyone.
16 Hello Board.

17 MS. HALLAM: Hello.

18 MR. KORINSKI: I've often observed
19 that if you want to get something done, you have
20 to ask busy women. So here I am. It works in my
21 house. I'm sure it will work here.

22 The subject I'd like to ask that
23 work be done on is clinical mortality review.
24 The National Commission Correctional Healthcare
25 recommends that a clinical mortality review be

1 conducted within 30 days.

2 Of all the awful things that have
3 occurred over a decade at the Allegheny County
4 Jail, our apathetic approach to death perhaps
5 loomed most large.

6 Deaths are a sentinel event. We
7 owe it to families, to the deceased, to the
8 dedicated employees at the jail who often try
9 their best in difficult circumstances to find out
10 what happened, how we can improve, what we can
11 learn from these catastrophic incidents.

12 This Board has the ability under
13 Section 1725 to promulgate rules and regulations
14 for the operation of the prison and for the
15 administration of this Board. This is a Board
16 that can get things done, not just listen, not
17 just empathize, but to do.

18 And so it is of critical importance
19 that this mortality review is established, that
20 someone is identified, hired, and prepared to
21 conduct these when a death happens.

22 Moving on, I did watch the working
23 meeting over the policies, procedures, the bylaws
24 of the Board. Really great to see that happen,
25 but again, perplexed that the Board can't enact

1 something that we see from Munhall to Mumbai,
2 which is that if someone does not show up, they
3 can't vote. Presence comes with vote. It has
4 been observed at 80 percent of success in life is
5 showing up. And you've heard that. And it's
6 true.

7 So, please, vote on the bylaws.
8 Recognize the state law, recognize its attendance
9 requirements that the person follow the vote and
10 vise-versa.

11 Thank you, and I would appreciate
12 if the clinical mortality review is looked at as
13 soon as it can.

14 Thank you.

15 JUDGE EVASHAVIK DILUCENTE: Thank
16 you.

17 John Kenstowicz. I'm sure I
18 mispronounced that.

19 MR. KENSTOWICZ: No, you got that
20 right. Very good.

21 JUDGE EVASHAVIK DILUCENTE: Okay.
22 And you are taking five people's -- is that.

23 MR. KENSTOWICZ: Some of them
24 didn't -- aren't here. I think I've got three or
25 four in the audience here.

1 Yeah, if we want to do that ahead
2 of time -- I thought we could do the three
3 minutes and then you can talk to Brian and he'll
4 give me the minutes and we go down the list. Do
5 you want to do it that way? Then I know where
6 you're at in three minutes.

7 If you want to do them all, we can
8 go through it, I mean, of who's here because --
9 yeah, I'd really like to get as much time as I
10 can.

11 So Brian is here. I think Linda is
12 here; is that correct?

13 AUDIENCE MEMBER: Linda is.

14 MR. KENSTOWICZ: Okay. Courtney is
15 not here.

16 JUDGE EVASHAVIK DILUCENTE: Okay.
17 Hang on a minute.

18 MR. KENSTOWICZ: Okay.

19 JUDGE EVASHAVIK DILUCENTE: I would
20 prefer that rather than have each person come up
21 and do three minutes, that you can just do the
22 whole thing, but let's establish how many people
23 are yielding their time to you.

24 MR. KENSTOWICZ: Yeah. That's what
25 I want to do.

1 JUDGE EVASHAVIK DILUCENTE: Okay.
2 Go ahead.

3 MR. KENSTOWICZ: So Brian, Linda,
4 myself. That's nine minutes.

5 JUDGE EVASHAVIK DILUCENTE: Okay.

6 MR. KENSTOWICZ: And then Brett,
7 that's 12.

8 JUDGE EVASHAVIK DILUCENTE: Okay.

9 MR. KENSTOWICZ: And I think that's
10 it. Okay, so I got 12 minutes.

11 JUDGE EVASHAVIK DILUCENTE: Brian,
12 Linda, Brett, okay.

13 MR. KENSTOWICZ: So my last name is
14 K-E-N-S-T-O-W-I-C-Z.

15 I first want to talk about the life
16 expectancy of our correctional officers. Studies
17 have been done regarding the life expectancy of a
18 correctional officer. One study found the life
19 expectancy to be 58 years. In another study, 59
20 years. A third study found the life expectancy
21 to be 62.5 years, but this study combined the
22 life expectancy of police officers and
23 correctional officers. Correctional officers
24 have a lower life expectancy than police
25 officers.

1 If we take a look at the deaths of
2 our correctional officers at ACJ for the last ten
3 years, the average age of death is 61 years of
4 age. Why is the life expectancy of our
5 correctional officers so low?

6 If we compare the life expectancy
7 of the average American citizen, which is 77, our
8 officers life expectancy is 16 years below the
9 life expectancy of the average American citizen.

10 Again, why is the life expectancy
11 of a correctional officer so low? Though a
12 correctional officer's job concerns protecting
13 residents and other staff in their risk of
14 violence, most correctional officers are not
15 dying on the job from violence. Correctional
16 officers are dying at such a young age because of
17 stress-related issues, even suicide.

18 Researches have found that the
19 suicide rate for correctional officers is 7 times
20 the national average.

21 One of our officers committed
22 suicide at the age of 27. Why is the suicide
23 rate so high?

24 Self-esteem is related to suicide.
25 Our job satisfaction survey found very large

1 percentages of correctional staff who feel they
2 are not valued or respected as a CO at the
3 Allegheny County Jail.

4 Forced overtime. Diving deeper
5 into the statistics of forced overtime also
6 provides part of the answer. I appreciate
7 Bethany asking of Chief Deputy Warden Beasom to
8 provide numbers on forced overtime. Diving
9 deeper into the numbers, one will find that many
10 officers are working two and three shifts in a
11 row and working over 70 hours a week over an
12 extended period of time.

13 The use of FMLA puts the burden of
14 working many of these long hours on the backs of
15 the officers who do not have FMLA.

16 How does all this forced overtime
17 affect an officer's life with his or her family,
18 or should we say an absence of life with his or
19 her family? Our officer who committed suicide
20 was being forced to do overtime before he
21 committed suicide. An important question comes
22 to mind. Could this life have been saved if the
23 officer thought he had the time and opportunity
24 to be provided treatment before he died?

25 The management and training

1 corporation consulting firm found the number one
2 factor that increased staff retention of
3 correctional officers more than anything else
4 was, and I quote, "an understanding by
5 supervisors about the need for personal or family
6 time."

7 Let's look at the statistics of the
8 officers who are working these long shifts and
9 many forces in a week. Let's also look at the
10 staff turnover rates of these officers and you
11 will find a striking correlation.

12 The Controller's Audit Report
13 revealed that we are in need of 100 more
14 officers. The high turnover rate and the very
15 excessive amount of forced overtime officers are
16 experiencing affect the jail's capacity to
17 provide a safe environment, residents time out of
18 their cell, and healthcare our residents are so
19 much in need of.

20 The NCCHC mortality review. In
21 their ACJ mortality review, NCCHC identified the
22 very critical responsibility of a correctional
23 officer using their observation skills to assess
24 whether a resident is still alive or not going
25 through the blocks.

1 After working many hours of forced
2 overtime, is the officer going to have that
3 tolerance and concentration to observe whether
4 residents are still alive or not in their cells?
5 Will the officer be able to respond to an
6 emergency effectively if the resident has hung up
7 and needs CPR immediately?

8 A critical question is what can the
9 Board do to support the correctional officers
10 regarding this very critical issue of forced
11 overtime? The survey I administered provides
12 quantitative data and very graphic statements
13 about the plight of the officers, especially
14 regarding the forced overtime problem. Much of
15 the data and staff statements of the survey
16 concern the authoritarian and punitive nature of
17 the organization under the direction of
18 Warden Harper. Has this organizational structure
19 changed since Warden Harper left?

20 Change in the organizational
21 structure. A change in the organizational
22 structure of our jail is what was asked for in
23 the survey and is what many outside interest
24 groups see as a key for change. The change
25 consists of a change from a punitive environment

1 to a corrective environment. A change from
2 conflict with the jail culture to an engagement
3 and working with the jail culture. A change from
4 an authoritarian structure of always being told
5 what to do to a collaborative relationship in
6 which the jail administration and frontline staff
7 continue to work together.

8 Is our jail moving in this
9 direction of change? This model of change in
10 organizational structure of our jail I'm
11 referring to is outlined in the DOJ and the NCI
12 Workbook, Focus Leadership, a Resource Guide for
13 Newly Appointed Wardens.

14 Now, I want to talk about the
15 correctional officer's pension plan, and let's
16 keep in mind that the life expectancy of our
17 officers is 61 years of age. The requirement to
18 receive a pension is that the officer has to be
19 55 years of age. Six officers never received a
20 pension because they died before the age of 55.
21 Several other officers collected a pension for a
22 short period of time and then died shortly after
23 retirement. If a correctional officer starts
24 work at 22 at the jail and works for 25 years and
25 retires at the age of 47, the officer will have

1 to wait eight years to receive the pension. As
2 I've said, the officer could be dead by then.

3 Though the pension is controlled by
4 the State Board, our County Executive, and our
5 Controller can exert influence over this pension
6 plan. Erie County, Erie County has dropped the
7 55-year-old pension requirement altogether, and
8 their recruitment and retention have
9 significantly improved. If our county government
10 can move in the direction of working to improve
11 our officer's pension plan, this will be an
12 indication to the officers that our county
13 government is listening on this issue and is
14 willing to support in a very direct way the
15 plight of our officers.

16 The critical forced overtime
17 problem will be affected by such a move because
18 recruiting and retention could significantly
19 improve depending upon what action the county can
20 take on the officers' pension plan.

21 Conclusion. A key to improving
22 staff retention for our correctional officers is
23 confronting the problem of forced overtime. The
24 Board needs to learn much more about the forced
25 overtime problem through accessing jail record

1 and having conversation with frontline staff and
2 administration. The Board needs to meet directly
3 with frontline correctional staff and receive a
4 clear picture of the problem and what idea
5 frontline staff have to make -- have to make
6 change.

7 Only by us all coming together and
8 the Board talking directly to the jail culture
9 and the jail administration about forced overtime
10 will things change.

11 Now, I want to talk about the staff
12 retention of our ACJ healthcare staff and the
13 very high percentage of temporary agency staff.
14 Since September of 2015, the ACJ healthcare
15 permanent staff has decreased from 129 to 41. I
16 want to repeat that, 129 to 41. That is a
17 decrease of 88 staff, 68 percent. Much of the
18 work is performed by temporary staffing agencies.

19 In 2019, NCCHC's Suicide Report --
20 this is what NCC -- NCCHC had to say about our
21 jail's significant use of temporary staffing
22 agencies and I quote, "we also observed staffing
23 challenges related to multiple employers. Nurses
24 are employed by either county or staffing
25 agencies which account for about 60 percent of

1 nursing staff. This organization can create many
2 challenges to building a unified team approach to
3 a comprehensive suicide prevention program that
4 integrates primary behavioral care."

5 Now, this statement was made in
6 2019, and the 60 percent figure is much higher
7 now because of the drastic decrease in permanent
8 staff. As NCCHC mentions, "An overuse of
9 staffing agencies can create many challenges to
10 building a team approach." To provide a quality
11 of care to our residents, building a team
12 approach is critical. The team approach shares
13 communication, expertise, and resources and can
14 develop a short and long-term relationship with
15 each other. An employee of a staffing agency
16 fills vacancies and can be moved to different
17 parts of the jail. How much training and
18 orientation does this employee have regarding
19 policy and operations? Does this employee have
20 allegiance to the interest of the staffing agency
21 or to the care of the residents? When are those
22 interests different? What can the JOB, the
23 county, and the jail administration do to reverse
24 this trend of having so many staffing agency
25 employees? How much money is the county losing

1 by having so many agency staff?

2 Let's take a look at staffing
3 retention issues related to the Job Satisfaction
4 Survey from last year and my conversation with
5 healthcare staff.

6 Threats to staff licensure. A very
7 major reason for the high staff turnover in our
8 healthcare staff has been the threat to
9 healthcare staff's licensure. Licensure is the
10 staff's livelihood. A violation on a staff
11 person's license could have a market effect on
12 the staff continuing to work at our jail, their
13 pay, their marketability in applying for another
14 job, and their stress levels.

15 Here is what Representative Arvind
16 Venkat, who has been an emergency room doctor for
17 many years, said to me --

18 Is that 12 minutes?

19 JUDGE EVASHAVIK DILUCENTE: Yes.

20 MR. KENSTOWITZ: He just said start
21 looking for another job.

22 JUDGE EVASHAVIK DILUCENTE: Okay.
23 But you did -- the Board did receive a written
24 version of your statements.

25 MR. KENSTOWICZ: Right. Right.

1 JUDGE EVASHAVIK DILUCENTE: And I
2 presume that we all read it. I read it.

3 MR. KENSTOWICZ: Okay. Well, thank
4 you. Yeah. I do the best I can.

5 MS. HALLAM: Thanks John.

6 JUDGE EVASHAVIK DILUCENTE: Thank
7 you.

8 Tobia Coleman.

9 Mike Barrone.

10 MS. HALLAM: That's all the
11 people --

12 JUDGE EVASHAVIK DILUCENTE: Oh,
13 okay. I gotcha. I'm sorry.

14 MS. HALLAM: Thank you for coming.

15 JUDGE EVASHAVIK DILUCENTE: Okay.
16 Maria Guido.

17 MS. GUIDO: Hi. I'm Maria Guido.
18 First, I'd like to say that it's very refreshing
19 to see our County Executive here. It really
20 shows -- like your presence shows that you're
21 truly invested in repairing the damage really
22 that has been done.

23 So I am here today to bring up an
24 Oversight Board with Shuman. I will keep my time
25 short. I do know that, you know, Marion wanted

1 to bring this up, but I do -- wanted to come to
2 express my support in having a separate oversight
3 for Shuman or having the same Oversight Board
4 with additional members.

5 The reason I want this is -- well,
6 the reason I think this would be beneficial is
7 it's going to alleviate the majority of the
8 problems that we have in the first place at
9 Shuman, and it's also going to stop a lot of
10 those children from going to the Allegheny County
11 Jail. It will stop recidivism rates.

12 So really, what I do believe that
13 an Oversight Board could do is look at issues,
14 you know, that caused it to close down. So for
15 instance, staffing issues. What are we doing
16 with our staff? How are they being taken care
17 of? Restraint and incident reports. Any type of
18 residential out-of-home treatment for any child,
19 no matter if it's 72 hours, 15 days, 2 years is
20 traumatic. So things like incident reports,
21 restraints reports, the Oversight Board would be
22 able to look at these and kind of see are there
23 trends going on, right? So is there restraints
24 that are happening on this pod at this time?
25 What does the staff need? Do they need maybe

1 more, you know, training on things like
2 developmental trauma, autism spectrum disorder?

3 And I think it will be able to
4 critically examine the other things that are
5 needed, for instance, mental health services.
6 Shuman did have CACTIS through Western
7 Psychiatric in the building but it was only there
8 for crisis. What I'm suggesting is we do like
9 some preventative services so we don't get to
10 that crisis level in the first place.

11 Another thing, too, that's huge is
12 we're going to have to support the staff. I am
13 somebody who worked in the residential field for
14 a couple years a long time ago, but it's a very
15 difficult job. It is very similar to a
16 correctional officer's job in a sense. It is
17 physically demanding and emotionally demanding.
18 And the staff experiences vicarious trauma, which
19 then it impacts their ability to regulate and
20 attune to the children, which is what they need,
21 right? And it also causes a lot of high staff
22 turnover, right, which causes lack in consistency
23 with the kids. Again, continued, continued
24 issues.

25 So I really think that an Oversight

1 Board would be, you know, beneficial.

2 We're in a really rare place as a
3 county right now when it comes to juvenile
4 justice. You know, we haven't had a detention
5 center for two years. I think we are at this
6 rare place where we can really put in a
7 trauma-responsive approach, right?

8 JUDGE EVASHAVIK DILUCENTE: Okay.
9 You're time -- thank you. But honestly, we have
10 nothing to do with the Juvenile Oversight Board
11 so speaking to us about this is irrelevant.

12 MS. GUIDO: I would disagree though
13 because I would -- I would disagree, and it's due
14 to the fact that the majority of juvenile -- the
15 juvenile do go to ACJ, and they're in -- they're
16 children.

17 JUDGE EVASHAVIK DILUCENTE: I'm
18 talking about when Shuman opens and the Shuman
19 Advisory Board. We don't have anything to do
20 with that.

21 MS. GUIDO: I totally understand
22 that, but this is public comment.

23 JUDGE EVASHAVIK DILUCENTE: Yes.

24 MS. GUIDO: And I did, and I wanted
25 to state what I felt about.

1 JUDGE EVASHAVIK DILUCENTE: Okay.

2 MS. GUIDO: Okay. Thank you.

3 JUDGE EVASHAVIK DILUCENTE: Thank
4 you. Diana Hull.

5 MS. INNAMORATO: I just want to
6 know while Diana is getting ready is we are
7 looking at instituting an Advisory Board as
8 enabled by State Law so you should hear more
9 about that in the next month or so.

10 MS. GUIDO: Perfect. Thank you.

11 MS. HULL: Diana Hull, H-U-L-L.

12 I'm very concerned about the
13 practice of giving Suboxone between the hours of
14 12 and 4 a.m. at the ACJ. People in jail have
15 long experienced chronic sleep interruptions, and
16 it's easy to see how the jail environment
17 contributes to this health issue. Intensive
18 environmental stressors, crowded living spaces,
19 poor lighting, inadequate bedding are just a few
20 factors contributing to decreased sleep quality.
21 This disturbing problem is engrained in the
22 culture of the jail and I'm sure the quality of
23 sleep is not an important issue at the jail.

24 For such a vulnerable population,
25 health consequences of chronic sleep deprivation

1 are cardiovascular disease, diabetes, depression,
2 anxiety, suicide, and it even threatens the
3 recovery from substance abuse.

4 Also, sleep deprivation is
5 dangerous. The National Sleep Foundation states
6 extremely sleep-deprived people are 70 percent
7 more likely to have a workplace accident.
8 Sleep-deprived individuals can become more
9 confused, quick to anger, striking out for minor
10 infractions, and I cannot imagine what this does
11 to people or individuals with mental health
12 issues.

13 People who are incarcerated already
14 exhibit elevated rates of morbidity, and is
15 likely that the sleep deprivation is associated
16 with jail environments only accelerates these
17 health problems. All of this results in
18 dangerous outcomes both for the incarcerated and
19 for the staff taking care of them.

20 I spoke to several pharmacists
21 questioning the necessity of giving Suboxone
22 between the hours of 12 and 4 a.m. Their initial
23 responses were surprised by the action, then
24 followed with the statement, "This is a form of
25 cruelty."

1 I received information from a
2 prison pharmacist who could not explain the
3 reasoning for giving Suboxone in the middle of
4 the night. Their policy is to medicate in the
5 morning, allowing for observation. At 12 to
6 4 a.m. is anyone observing for adverse reactions
7 like respiratory depression? Also, do any of the
8 incarcerated that receive this medication in the
9 middle of the night need to get up early for
10 their work at the jail?

11 Suboxone also is highly acidic and
12 can soften tooth enamel accelerating dental
13 decay. Are appropriate measures taken at the
14 hour of 12 midnight to 4 a.m.?

15 Institutions have a set curfew for
16 bedtimes and getting up in the morning. Would it
17 not be more efficacious to give Suboxone earlier
18 in the day when there are more staff to observe
19 side effects, follow-up with dental care, reduce
20 interference with sleep?

21 Let's do what we can to keep
22 incarcerated people healthy and safe and thus
23 reduce the work stress of those working at the
24 jail.

25 Thank you.

1 MS. HALLAM: Thank you so much.

2 JUDGE EVASHAVIK DILUCENTE: Thank
3 you.

4 And I would note that on our agenda
5 today is to create a Health Service Advisory
6 Subcommittee, which I believe and I hope that
7 they will be looking at that practice because
8 many members of our Board have expressed concern
9 about the administration of those medications all
10 at once and in the middle of the night.

11 Sharon Bonavoglia.

12 MS. BONA VOGLIA: Judge, please
13 don't push that button until after I say my name
14 and spell it. It takes way too long. Give me my
15 full three. Thank you.

16 My name is Sharon Bonavoglia
17 spelled B-O-N-A-V-O-G-L-I-A. Hit it.

18 We at PIIN want to thank Judge
19 Evashavik and the ACJ administration for giving
20 us some of your valuable time. We are looking
21 forward to meeting with Barbara Griffin, Man-E
22 and Judge Bigley as soon as that can be arranged.

23 It is gratifying to see the
24 creating of a new Health Services Subcommittee on
25 the agenda, and we strongly encourage you to

1 include independent doctors and healthcare
2 providers who also have jail experience on that
3 committee.

4 We also applaud the continued use
5 of an Exit Interview Committee and would like any
6 staff leaving the ACJ to be fervently encouraged
7 to take part in that interview process. Every
8 death connected to the ACJ must be thoroughly
9 investigated in order to learn everything
10 possible to keep all residents of the jail alive.
11 Learning from mistakes can only happen when those
12 mistakes are brought to light, and that light
13 must shine as soon as possible to mitigate the
14 loss of memory that happens over time. Mortality
15 reviews are essential and need to happen well
16 within the 30 days that is recommended by the
17 NCCHC.

18 It is our hope that the JOB and
19 jail administration will prioritize these
20 reviews, the need to abide by the law abolishing
21 solitary confinement, and then along with the new
22 Health Services Subcommittee and the JOB-led exit
23 interviews the lives of those this county
24 incarcerates will be safer and healthier than
25 they are at this time.

1 Now, if you are able, and Judge, if
2 you would be so kind as to turn off your time,
3 please rise for the reading of the names of the
4 dead.

5 JUDGE EVASHAVIK DILUCENTE: I'm
6 just going to say that going forward, you have
7 three minutes and it's going to have to include
8 this reading of the names and your comments
9 within the three minutes.

10 MS. BONAVOGLIA: Starting with the
11 next meeting I will abide by that. I would
12 also -- at that -- because of that, strongly
13 request that there be something that happens
14 among the Board that has this happen as part of
15 your meeting minutes instead of having to be done
16 by the public.

17 JUDGE EVASHAVIK DILUCENTE: Well,
18 we'll take that under advisement. Go ahead.

19 MS. BONAVOGLIA: Richard Lenhart,
20 Robert Blake, Cody Still, Daniel Pastorek, John
21 Brady, Martin Bucek, Robert Harper, Vinckley
22 Harris, Justin Brady, Paul Allen, Roger
23 Millspaugh, Paul Spisak, Gerald Thomas, Jerry Lee
24 Ross, Jr., Victor Joseph Zilinek, Ronald Andrus,
25 Anthony Talotta, William Spencer, James

1 Washington, Damon Leroy Kayes, Tim Manino,
2 Douglas Bonomo, Zachary Sahn, Nicole Baruffi and
3 Richard Sciubba, II.

4 JUDGE EVASHAVIK DILUCENTE: Thank
5 you.

6 Darrell Palmer.

7 MR. PALMER: Hello. I'm Darrell
8 Palmer, P-A-L-M-E-R. How is everyone today?

9 MS. HALLAM: Good. How are you?

10 MR. PALMER: I'm okay. I'm here
11 today for answers to the questions that I've been
12 asking for the last three months about medical
13 procedures, religious diets, special health-need
14 diets, and why is there no explanation about me
15 and my surgery done.

16 I received no e-mails and
17 everything that I requested on my own says I need
18 a court order.

19 JUDGE EVASHAVIK DILUCENTE: I
20 believe last month I had asked the administration
21 to ans- -- to provide us with answers as to what
22 is done to accommodate special dietary needs.

23 MR. PALMER: Yes, you did.

24 JUDGE EVASHAVIK DILUCENTE: Do we
25 have an answer?

1 MS. SHAW: If it's a diet-based on
2 a religious request, then that goes to our
3 Religious Services Department and then they
4 prescribe the diet based on that.

5 If it's a diet that is required for
6 physical needs, then that comes through us, and
7 if it's a diet that we can provide at the jail,
8 then we do that.

9 As for his other specific
10 complaints, I cannot speak to it in this forum
11 but could speak to it in a smaller forum if you
12 would choose to do that.

13 JUDGE EVASHAVIK DILUCENTE: Can
14 you -- okay, this is about your hernia surgery,
15 right?

16 MR. PALMER: Yes.

17 JUDGE EVASHAVIK DILUCENTE: Okay.
18 Did you research his case? Can you tell him
19 privately?

20 MS. SHAW: Okay.

21 JUDGE EVASHAVIK DILUCENTE: Is
22 that -- why don't you -- can you two step
23 outside, and she'll answer your questions
24 privately? Unless you want to give her
25 permission to answer it publicly.

1 MR. PALMER: She can.

2 JUDGE EVASHAVIK DILUCENTE: Okay.

3 He gave consent, so go ahead.

4 You give consent.

5 MR. PALMER: I give consent.

6 JUDGE EVASHAVIK DILUCENTE: For her

7 to discuss your personal --

8 MR. PALMER: Right here in public?

9 JUDGE EVASHAVIK DILUCENTE: --

10 private medical conditions in public; is that

11 accurate?

12 MR. PALMER: Yes.

13 JUDGE EVASHAVIK DILUCENTE: Okay.

14 Go ahead.

15 MS. SHAW: So first we need to

16 understand that the dates of incarceration that

17 were included in this time frame when he was

18 looking at having a hernia surgery. The first

19 incarceration date was 3/7/2021 to 11/23/2022,

20 and the second date of incarceration was 8/16/23

21 to 10/16/23.

22 On 6/24/2021, general surgery

23 consult was done about a repair. Of course, this

24 is like a meet-and-great that we would all do if

25 we're planning on having anything done or thought

1 maybe we needed something done. They did
2 determine -- they were trying to determine if it
3 could be performed laparoscopically or if they
4 would need to go in to do the surgery.

5 9/15/2022, another general surgery
6 consult was done. Two appointments between these
7 dates had been canceled due to COVID. I'm not
8 sure if that was on physician's office part or if
9 this was on our part, but we have had several
10 appointments scheduled that he could not go to
11 because of COVID.

12 MR. PALMER: Oh, excuse me, ma'am.
13 I only had COVID one time.

14 MS. SHAW: No, no. It wasn't you
15 having COVID. It was related to the doctor's
16 office canceling because of COVID restrictions or
17 us not being able to perform the transport due to
18 a shortage because of COVID in the building.

19 He did have a CT scan ordered that
20 was performed on 10/11/22, so he went out of the
21 building for that. He was released from custody
22 on 11/23/22. It does not look like he followed
23 up in between that and his next incarceration on
24 his own to have anything done about the surgery.

25 He came back to us on 8/16/23. On

1 9/17/23, he went out for an ER visit, complaining
2 of abdominal pain and headache. A CT was
3 performed at this time. The physician at the ER
4 referred to this as an elective surgery and said
5 that according to the scan, the hernia was
6 unchanged from previous scans.

7 On 9/26/2023, he had the
8 appointment that we had scheduled prior to this
9 ER visit. General -- it was a general surgery
10 consult. Related to the CT scan they determined
11 that it could be done laparoscopically. Within
12 that month he had been released from custody
13 again, and I don't think that you followed up on
14 your own for hernia surgery since then.

15 MR. PALMER: I have surgery on
16 Wednesday.

17 MS. SHAW: Okay. That's good.

18 MR. PALMER: Hernia surgery.

19 MS. SHAW: There you go.

20 MR. PALMER: This Wednesday.

21 MS. SHAW: Good. Good.

22 MR. PALMER: And the last time I
23 was released, I did follow up. I had surgery
24 August 24th, which I did not make it to because I
25 was under the jail's care.

1 MS. SHAW: Oh.

2 MR. PALMER: Yeah. So I did follow
3 up both times.

4 MS. SHAW: Okay.

5 MR. PALMER: So it took me -- I've
6 been out of jail for two-and-a-half months. So
7 it took me two-and-a-half months to get the
8 surgery scheduled for Wednesday, but it took
9 y'all three years.

10 MS. SHAW: Right.

11 MR. PALMER: Okay. I just wanted
12 to make that clear.

13 MAN-E: If y'all don't mind me
14 asking, I think last month he also asked about
15 his diet and some of the food that he received.
16 Correct me if I'm wrong, like one time he
17 received nothing but potatoes. Another time he
18 just received apple sauce. Is that you? Can
19 y'all respond to that?

20 MS. SHAW: On September 16, '23,
21 after -- or the day before his ER visit, he had
22 been seen for a sick call request requesting diet
23 modifications and Boost. The Boost was ordered.
24 The physician at that time was looking into the
25 diet request modifications because he didn't see

1 anything in the chart requiring from any of his
2 previous physician's visits or hospital visits or
3 surgery visits that he required a change in his
4 diet.

5 On 9/19/23, he was seen by another
6 provider related to a request to be seen for
7 dietary changes. He reported at that time that
8 he was supposed to be on a soft diet of high
9 fiber due to medical complications. So this
10 provider also went back through his hospital
11 charts where she saw no mention of a diet
12 modification need, but she did order Fiberlax 625
13 to increase the fiber and the kitchen was
14 notified of this diet request for a non-solid,
15 high-fiber diet.

16 MAN-E: And apple sauce and
17 potatoes like a -- fulfilled the requirements?

18 MS. SHAW: No. I'm unable to go
19 back to that dietary company and see what they
20 may have done for a diet because they are no
21 longer our provider.

22 MAN-E: Am I wrong? Is that what
23 you received?

24 MR. PALMER: Yes, that's what I
25 received.

1 MS. HALLAM: Can I ask a follow-up
2 to that? Would you say that under a high-fiber
3 soft food diet that apple sauce and potatoes
4 would be an adequate meal?

5 MS. SHAW: I would not say that's
6 an adequate meal, but I don't know what he
7 received specifically. I know what he's telling
8 us. I don't know what the options were or what
9 he received because I cannot go back to that
10 company and ask.

11 MS. HALLAM: Okay. Thanks.

12 MR. PALMER: At the last Jail
13 Oversight Board meeting, the CO came up right
14 after me and he said he vouched for everything
15 that I said that I received.

16 JUDGE EVASHAVIK DILUCENTE: Okay.
17 We -- we can't have a trial here about what was
18 served, okay? I recognize you might not be happy
19 with these answers, but these are the answers.

20 MR. PALMER: Okay.

21 JUDGE EVASHAVIK DILUCENTE: Thank
22 you very much.

23 MR. PALMER: Uh-huh.

24 Rob Fish.

25 (No response.)

1 Rob Fish.

2 Maraka Lopez.

3 (No response.)

4 Sam Schmidt.

5 MS. SCHMIDT: Hi, Board members.

6 My name is Sam Schmidt. That's S-C-H-M-I-D-T.

7 I'm a local activist and organizer for the poor
8 and unhoused, many of whom and their families are
9 affected by the injustices of carceral systems.
10 I'm here today to address the ongoing injustices
11 within the Allegheny County Jail.

12 I want to shine a light on the
13 systemic issues that continue to plague our
14 incarcerated population, particularly regarding
15 the lack of access to proper medical, which we've
16 heard a bit about already, and the disturbing
17 trend of officer retaliation against those
18 seeking accountability.

19 This has already been talked about
20 by his sister, but I want to bring to your
21 attention the case of Benjamin Sabo. Again, a
22 man who entered the jail with a minor leg
23 infection that was left untreated and he's now
24 facing amputation because of MRSA. That's
25 negligent.

1 His family struggled to obtain
2 up-to-date information about his condition is not
3 an isolated incident but rather a symptom of a
4 larger problem within the Allegheny County Jail
5 system.

6 I want to also highlight the case
7 of James Byrd who's been subjected to inhumane
8 conditions since early December, including being
9 held in an observation cell with lights on 24/7
10 and denied access to phone calls, tablets, or
11 communication. This treatment which includes the
12 denial of access to his medical documents, to
13 represent himself, appears to be retaliation for
14 his efforts to hold accountable those responsible
15 to their own misconduct by leaking a video of
16 Denzell Kendrick having a seizure.

17 These cases are not anomalies.
18 They are indicative of a pattern of neglect and
19 abuse within the Allegheny County Jail system
20 that is costing lives and limbs. It's
21 unacceptable the ACJ has become the deadliest
22 jail in the Commonwealth and urgent action must
23 be taken to address these issues.

24 So I urge the Oversight Board to
25 prioritize the health and well-being of those

1 incarcerated in ACJ, demand accountability for
2 those responsible for neglect and abuse and
3 ensure that all individuals are treated with
4 dignity and respect regardless of their
5 circumstances.

6 I know this is something that a lot
7 of you might forget, especially if you've never
8 been through the carceral system or in detention,
9 but people accused of these crimes are still
10 people, still worthy of life, good health, and
11 the opportunity for redemption. Don't forget
12 that these are Pittsburgh sons, daughters,
13 mothers, fathers, grandparents, and the vast
14 majority of them have not been convicted of a
15 crime.

16 Please consider their humanity and
17 make safety and proper healthcare more accessible
18 to these community members, people we have a
19 responsibility to protect and care for.

20 Thank you.

21 JUDGE EVASHAVIK DILUCENTE: Thank
22 you.

23 Jodi Lincoln.

24 MS. LINCOLN: Jodi Lincoln, J-O-D-I
25 L-I-N-C-O-L-N, and I'm here today to ask the Jail

1 Oversight Board what they are planning to do
2 about the culture of retaliation at the jail that
3 has lead to the psychological torture of many ACJ
4 residents? Continuing what Sam Schmidt was
5 saying, James Byrd is currently held in a
6 psychiatric observation cell where he's been
7 since early December. For 24 hours a day, James
8 Byrd is in a cell with the lights that do not
9 turn off, a camera pointed at him at all times,
10 and no contact with his family or -- friends or
11 family members.

12 He is secluded from the rest of the
13 population, has been repeatedly denied medical
14 healthcare despite having multiple psychiatric
15 diagnoses and on an active psychiatric hold.

16 James Byrd has no misconduct that
17 would justify keeping him in such conditions, and
18 even if he had committed an act of misconduct,
19 weaponizing his mental health condition against
20 him is not only inappropriate but is a violation
21 of his human and civil rights.

22 The Allegheny County Jail has not
23 changed much since Warden Harper left. These are
24 the exact tactics that we have been warning the
25 Board about for years, and people have testified

1 about their own misconduct as well.

2 I can no -- not overstate the
3 long-term trauma and harm that staff are causing
4 this man and others.

5 Earlier this week, there was a
6 powerful and moving testimony at our state
7 capital about solitary confinement and what our
8 State House and Senate are considering to do
9 about, you know, our DOC and jail systems. I
10 encourage you all to give it a listen, take
11 inspiration from our Reps and Senators who are
12 taking this issue seriously and actively.

13 This Board is the only body that is
14 capable of intervening in situations like
15 Mr. Byrd's, so I implore you to get into this
16 jail and visit this man. For some of you it
17 might be your first time doing your Jail
18 Oversight Board visit, but for his sake and the
19 sake of the 1,700 other people in that jail,
20 please make your visits count.

21 I'm glad to see that the members of
22 this Board are beginning to move in a direction
23 that signals that they are willing to take action
24 on issues that affect our incarcerated neighbors,
25 but this requires immediate action. Who on this

1 Board is going to commit to visiting this man and
2 investigating this issue?

3 Thank you. Also, yeah, getting the
4 liaison on it too would be appreciated if you're
5 not going to visit personally.

6 JUDGE EVASHAVIK DILUCENTE: I make
7 a Motion at this time that we direct the jail
8 administration to give us, the Jail Oversight
9 Board, a complete report on Mr. Sabo and
10 Mr. Board -- Mr. Byrd.

11 MS. HALLAM: I'll second that
12 Motion.

13 AUDIENCE MEMBER: Mr. Campbell.

14 JUDGE EVASHAVIK DILUCENTE:
15 Mr. Campbell?

16 MS. HALLAM: The one with the
17 broken rib.

18 JUDGE EVASHAVIK DILUCENTE: Louis
19 Campbell also.

20 MS. HALLAM: I'll second.

21 JUDGE EVASHAVIK DILUCENTE: Okay.
22 Motion and seconded.

23 All in favor?

24 (Chorus of ayes.)

25 JUDGE EVASHAVIK DILUCENTE: Any

1 opposed?

2 (No response.)

3 JUDGE EVASHAVIK DILUCENTE: Okay.

4 So we'd like a report. And I understand -- the
5 Board should understand that this is going to be
6 medical records of these individuals, so when you
7 receive these, you should not share them or
8 disseminate them to anybody.

9 MS. HALLAM: Cool.

10 JUDGE EVASHAVIK DILUCENTE: Okay.

11 Thank you.

12 Cynthia White.

13 MS. WHITE: Good evening, everyone.

14 My name is Cynthia White, W-H-I-T-E, and I'm here
15 regarding my son, Luther Springs Jr., who has
16 been incarcerated since April 5th of last year.

17 I have people's names, the COs and
18 sergeants. They beat my son. They tased him
19 four to five times, which could have killed my
20 son. They put him in solitary confinement for
21 17 days so no one could visit him to witness his
22 injuries. He was punched in the face. He was
23 kicked in the ribs. He was denied medical
24 attention. He was targeted by these correctional
25 officers, Washington -- sorry. Sergeant

1 Washington, Sunday, Solver and Holt. Those were
2 the three that abused my son -- due to him not
3 getting medical attention when he was targeted
4 and labeled as a snitch for calling me and me
5 constantly calling Amelia, the Deputy Warden's
6 secretary and speaking with her. He was jumped.
7 He was beaten again, broken jaw. He was taken to
8 the hospital. They found his ribs were
9 bruised -- fractured, I'm sorry. They were
10 fractured because he didn't receive any medical
11 attention, which led to him having a blood clot
12 in his lungs, which he is not getting medical
13 attention for as of now.

14 They -- from -- I have medical
15 records. He was supposed to see a pulmonologist.
16 They have not scheduled that appointment yet.
17 They put my son on blood thinner to try to
18 dissolve instead of sending him to a
19 pulmonologist to be evaluated for his condition.

20 I don't -- everyone who has lost
21 their family member, you have my deepest
22 condolences. I don't want my son to die in
23 Allegheny County Jail. And I'm sorry -- I can't
24 get no help. I've called Internal Affairs inside
25 the jail since the end of last year -- November.

1 I have not received a call back as of yet. I
2 called yesterday --

3 JUDGE EVASHAVIK DILUCENTE:

4 Ms. White --

5 MS. WHITE: -- and I have not
6 received a call back as of yet.

7 JUDGE EVASHAVIK DILUCENTE:

8 Ms. White, are you willing to give us your son's
9 name?

10 MS. WHITE: Luther Springs Jr.

11 JUDGE EVASHAVIK DILUCENTE: Luther
12 Springs?

13 MS. WHITE: S-P-R-I-N-G-S.

14 JUDGE EVASHAVIK DILUCENTE: Okay.

15 I move that we also direct administration to
16 provide us with the records of Luther Springs Jr.

17 MS. HALLAM: Second.

18 JUDGE EVASHAVIK DILUCENTE: All in
19 favor?

20 (Chorus of ayes.)

21 MS. WHITE: Thank you very much.

22 JUDGE EVASHAVIK DILUCENTE: Thank
23 you.

24 MS. HALLAM: Thank you.

25 JUDGE EVASHAVIK DILUCENTE: Patrick

1 Tierney.

2 MR. TIERNEY: Patrick Tierney,
3 T-I-E-R-N-E-Y.

4 Nice to see a new Jail Oversight
5 Board. Nice to see you guys.

6 I'm a journalist. I'm with the --
7 an associate with the University of Pittsburgh's
8 Latin American Studies Center. I'm a friend of
9 John Kenstowicz, who has been helping me with
10 immigrants who are jailed in the county -- sorry,
11 not in the county, in the State system, and also
12 children who are released from ICE on their 18th
13 birthday. John has been a huge help and I'm
14 basically supporting him here and I've been doing
15 that for over a year with very similar requests
16 that -- and essentially until now gone unheeded.
17 So I'm just going to reiterate -- I don't want to
18 annoy you, don't want to be redundant, but
19 every -- every couple months we ask for the exit
20 interviews and we keep asking for it and it's --
21 we've had editorials about it and we know you've
22 created a committee now to look at this problem.
23 And as a journalist who's worked in war zones, I
24 know that, in some ways, the inability to get
25 exit interviews done does not depend just on the

1 intransigence and the intractable opposition of
2 the administration of the jail. It's also the
3 shame, the guilt, the fear of the people who are
4 leaving because they feel ashamed and they feel
5 that they have been complicit in what amounts to
6 crimes and abuse. And so they need, like anybody
7 who is interviewed at a war zone, they need
8 guarantees of anonymity. The need guarantees
9 they will have amnesty, and they need assurance
10 and encouragement that they will be listened to
11 without judgment and without malice.

12 So we know you're doing X number of
13 things. Very encouraged by the Motions we've
14 heard today. And all I would say, and I don't
15 mean it as a criticism, is that the committee
16 will not get far without your specific and
17 dynamic involvement, because the opposition is
18 intractable and it's not just on the
19 administration. It's also the fear of the people
20 who are leaving. More than 100 people have left
21 since this Board voted to conduct exit interviews
22 and only five interviews have been done. So
23 you're batting less than 5 percent, and it won't
24 really improve quickly unless when you go to
25 visit the jail physically, when you speak about

1 it publicly, when you're on television that you
2 make it a point to stress this because I know as
3 a journalist and also working with ICE and the
4 state correctional system that the exit
5 interviews are not peripheral. They're not a
6 minor thing. It's only in getting that light
7 from the people who have been part of this
8 system, which is so traumatic for everybody
9 involved, including, I imagine, for members of
10 this Board, that will get an understanding of
11 what's really going on and be able to deal with
12 it.

13 So thank you again. Thanks for
14 your great start.

15 JUDGE EVASHAVIK DILUCENTE: Thank
16 you.

17 Okay. Do I have a Motion to
18 approve the Minutes of Thursday, February 1,
19 2024?

20 MAN-E: Excuse me, Judge, I'm
21 sorry. I hate to interrupt but we have two
22 online public comments that I think should be
23 read.

24 JUDGE EVASHAVIK DILUCENTE: Okay.
25 We don't read the public comments that are sent

1 by e-mail. That's not been the Board's practice.

2 MS. HALLAM: Actually, it was.

3 JUDGE EVASHAVIK DILUCENTE: I don't
4 think it was. I feel that if somebody can't come
5 here to speak, that we shouldn't read their
6 public comments.

7 AUDIENCE MEMBER: (Inaudible.)

8 MS. HALLAM: So what I was going to
9 say is that was actually made a policy under both
10 Judge Howsie and Judge Clark, and it now says
11 when you go online to submit the comment, the
12 public comment, that they will be read in their
13 entirety into the record in the public meeting.
14 So we do kind of --

15 JUDGE EVASHAVIK DILUCENTE: Well,
16 if it does that online --

17 AUDIENCE MEMBER: It needs to be
18 read.

19 MS. HALLAM: I can read it from --
20 are you on the website right now, Man-E? I can
21 read it from the website.

22 JUDGE EVASHAVIK DILUCENTE: Well,
23 they were distributed. I think that's something
24 that we should consider in our bylaws because I
25 don't think that we should read them just because

1 this takes up -- it's ten to six. We have not
2 discussed anything --

3 MS. HALLAM: It says -- it says --
4 I just had it. It says something about comments
5 will be read. Hold on. Written comments and
6 questions will be read in their entirety provided
7 they do not take longer than five minutes to read
8 on the submission Court's website.

9 JUDGE EVASHAVIK DILUCENTE: I
10 believe you and we will read them.

11 MS. HALLAM: Thank you.

12 JUDGE EVASHAVIK DILUCENTE: Okay.
13 I'm suggesting that we reconsider this practice
14 in our bylaws. Do you want to read them?

15 MAN-E: I think Man-E should read
16 them because he brought it up.

17 JUDGE BIGLEY: So you get more time
18 if you submit online than you do if you come in
19 person?

20 JUDGE EVASHAVIK DILUCENTE: No, a
21 total, I think, of five minutes.

22 JUDGE BIGLEY: No, she just said
23 five minutes.

24 MS. HALLAM: Yeah, but there's a
25 character limit on the online submission, so you

1 only get 750 characters total. So it could never
2 be a five minute -- it couldn't even be three.

3 JUDGE BIGLEY: But it does say
4 five.

5 MS. HALLAM: It says as long as
6 they do not exceed five minutes, yes. But you
7 literally could not put enough characters in it
8 to even hit the three minute.

9 JUDGE BIGLEY: I know. But does it
10 make any sense to you that it says five minutes?

11 MS. HALLAM: Maybe in case the
12 person who is reading them talks really slow.
13 That's the only thing I can think of truly.

14 MAN-E: Yeah, I do talk slow but
15 this won't even take three minutes.

16 MS. HALLAM: Yeah, this is like 30
17 seconds each. Yeah.

18 JUDGE BIGLEY: I'm just saying,
19 does it make any sense to you that it says five
20 minutes?

21 MS. HALLAM: Yeah.

22 JUDGE BIGLEY: Please don't speak
23 out from the audience. It makes no sense that
24 our website says that.

25 JUDGE EVASHAVIK DILUCENTE: Okay.

1 Go ahead, Man-E.

2 We're not taking questions. Go
3 ahead, Man-E.

4 MAN-E: All right. So the first
5 public commenter is named Malcolm Williams. It
6 says "Every single person sitting on the ACJ
7 Oversight Board is responsible for every single
8 death that has happened under your watch, and
9 it's horrific and shameful that human lives are
10 being thrown away and none of you have faced any
11 criminal charges for your negligence."

12 That's the first one.

13 The second one is from Laura M.
14 Malkovic. "A family member has been incarcerated
15 at ACJ for the past three weeks. During this
16 time, the following occurred: One, he did not
17 receive his medication for three days, and when
18 he did, not the correct dosage.

19 "Two, he ordered \$50 worth the
20 commissary which he did not receive. Calling the
21 jail for a refund, the calls went unanswered.
22 Voicemail boxes were full and options to press 5
23 for caseworkers were not valid. After finally
24 getting in touch with the commissary, he was told
25 a refund would be applied to the trust fund.

1 That has not occurred.

2 "Three, while eating lunch on the
3 pod, another inmate found rodent droppings on his
4 lunch tray.

5 "Four, the pod was on lockdown all
6 day on March 4th and March 5th. Basic
7 administration is willfully lacking. When will
8 this improve?"

9 That's it.

10 MS. HALLAM: Thank you.

11 **REVIEW OF MEETING MINUTES**

12 JUDGE EVASHAVIK DILUCENTE: Thank
13 you.

14 Can I have a Motion to approve the
15 Minutes of Thursday, February 1, 2024?

16 MR. O'CONNOR: So moved.

17 MS. HALLAM: Second.

18 JUDGE EVASHAVIK DILUCENTE: All in
19 favor?

20 (Chorus of ayes.)

21 JUDGE EVASHAVIK DILUCENTE: Any
22 opposed?

23 (No response.)

24 JUDGE EVASHAVIK DILUCENTE: Okay.
25 Motion carries. Thank you.

1 We're going to go out of order
2 because a Board member or two has to leave early,
3 so we're going to go to New Business.

4 **NEW BUSINESS**

5 JUDGE EVASHAVIK DILUCENTE: New
6 Business there's a Motion -- the Controller and
7 County Executive to directing the ACJ and HSA to
8 adopt best practices regarding screening for
9 autism spectrum disorder and implement
10 appropriate assessments during intake and
11 processing.

12 MR. O'CONNOR: Thank you, Judge. I
13 did want to do just a verbal amendment at the
14 end, and that is to say as soon as practical.
15 There's going to be a little bit more stress in
16 Intake. I don't know if the Warden is going to
17 comment on this, but I'll make a quick comment on
18 this is that the Warrant Office of the City has
19 now -- is that correct, they have shut down over
20 weekends? Is that official now?

21 WARDEN DADY: Yes. That was on the
22 news.

23 MR. O'CONNOR: So we want this done
24 as soon as possible, but there are going to be
25 more people that possibly could be overnight and

1 into holidays because the City had decided to
2 shut down that office. So that's going to create
3 a bigger problem.

4 But on this, I want to thank the
5 Executive's office, my office. I know,
6 Ms. Hallam, this has been talked about for a
7 number of years, and Lu Randall, who couldn't be
8 here. I know she -- I didn't want to go into
9 what happened, but she couldn't be here tonight,
10 but this is something that's great to start this
11 screening process. You know, something as simple
12 as ten questions. I want to thank the jail for
13 accommodating this as well. And like I said, the
14 Executive for working with the jail to get this
15 moving forward. So that's all of my comments at
16 this point. I'll pass it off to the Executive.

17 MS. INNAMORATO: Thank you.

18 MS. HALLAM: Sorry. Executive
19 Innamorato, before you start, before we have
20 discussion about it, we need a Motion and a
21 Second to start discussion.

22 MR. O'CONNOR: Oh, sorry. So
23 moved.

24 MS. INNAMORATO: I'll second.

25 JUDGE EVASHAVIK DILUCENTE: Okay.

1 MS. INNAMORATO: On the Motion,
2 thank you, Controller O'Connor, for those
3 comments. And thanks to Lu Randall, who, again,
4 isn't here but, you know, really brought this to
5 our attention. And as a new Board member, I
6 appreciate her voice and I think it speaks to the
7 power of public comment.

8 You know, we are taking the remarks
9 that are shared here in this meeting and we are
10 working on putting them into practice. And I
11 know for a lot of folks it seems like it's long
12 overdue, but, you know, these things take time
13 because we want to make sure that we do them
14 right and embed them into best practices and
15 ensure that they're adopted across the system.

16 And I'm just looking forward to
17 seeing the administration's plan on how to
18 implement this because, you know, we have to find
19 ways that we can support people with autism, even
20 if they are caught up in the criminal legal
21 system.

22 And I understand that there are a
23 lot of things that need to be worked out.
24 There's a lot of intersecting issues and
25 challenges in doing this, but, you know, it's

1 what's right. It's what's best practice, and you
2 know, those are the things that we want to adopt
3 in this facility.

4 So thank you.

5 JUDGE EVASHAVIK DILUCENTE: Any
6 discussion?

7 (No response.)

8 JUDGE EVASHAVIK DILUCENTE: So are
9 we amending the Motion? I'm sorry.

10 MR. O'CONNOR: Just a verbal
11 amendment at the end to say as soon as practical.

12 JUDGE EVASHAVIK DILUCENTE: Okay.
13 So we're amending it to say as soon as practical
14 because I presume that the jail administration
15 has to figure out how to implement this?

16 MR. O'CONNOR: Yes. And that's why
17 I raised, you know, the question because I don't
18 know if I'll be here for the warrant -- but the
19 Warrant Office closing is going to put a lot more
20 stress down there as well so.

21 JUDGE EVASHAVIK DILUCENTE: Okay.
22 All right. All in favor?

23 (Chorus of ayes.)

24 JUDGE EVASHAVIK DILUCENTE: Any
25 opposed?

1 (No response.)

2 JUDGE EVASHAVIK DILUCENTE: Motion
3 carries.

4 MS. HALLAM: Okay. I'm also going
5 to do a verbal amendment to this one like
6 Controller O'Connor, but this is a Motion to
7 change the uniform color for the general
8 population of people incarcerated at the
9 Allegheny County Jail from red to green as soon
10 as practical. All other existing uniform color
11 schemes to remain the same.

12 I'd like to make a Motion to
13 approve and ask for a second.

14 MAN-E: Second.

15 JUDGE EVASHAVIK DILUCENTE:
16 Questions?

17 MS. INNAMORATO: So I think that
18 this is one of the best practices that we can
19 adopt at the jail. It's something that's been
20 long overdue, changing the general population's
21 uniforms from red to something else that's in
22 line with best practice and color theory.

23 We know from, I think, the report
24 that -- the color theory report that you referred
25 to, Councilwoman Hallam, is the DOJ and NCRS

1 study, correct?

2 MS. HALLAM: Uh-huh.

3 MS. INNAMORATO: The color and its
4 effects of inmate behavior.

5 You know, when we came to this
6 Motion the last time, it was not in the full --
7 we didn't have the full context of what are all
8 of the other colors that are available, and it
9 felt like we arbitrarily chose yellow, which, you
10 know, even if we're looking at best practices is
11 a less desirable color than something in the
12 family of, you know, blue or green or violet
13 according to that report. And, you know, I know
14 that in my conversations with the jail
15 administration that we are -- you know, they have
16 the capacity to deliver on these changes and
17 report back to the Jail Oversight Board within
18 30 days, and I, you know, I feel like we are
19 constraining the jail's ability to be able to
20 make the best decision based on what's available
21 on Costar's, you know, looking at the full scope
22 of policies.

23 So I would Motion to table this
24 particular Motion but also with saying that the
25 jail administration, asking them to come back to

1 the next Jail Oversight Board meeting and deliver
2 your plan on how you are going to change the
3 general population's uniforms from red to one of
4 those colors, either blue, green, or violet as
5 outlined as best practice.

6 MS. HALLAM: I just want to point
7 out I did change it to green in my verbal
8 amendment, so it's green now.

9 JUDGE EVASHAVIK DILUCENTE: I think
10 that the County Executive is requesting to
11 table --

12 MS. HALLAM: No.

13 JUDGE EVASHAVIK DILUCENTE: Well,
14 that's what she's requesting. Her Motion is to
15 table this Motion to give the jail administration
16 an opportunity to come back to the Jail Oversight
17 Board with a recommendation as to the specific
18 color. Is that correct?

19 MS. INNAMORATO: That is correct.

20 JUDGE EVASHAVIK DILUCENTE: Okay.

21 MS. INNAMORATO: I believe that we
22 are being -- with this Motion being too
23 prescriptive without having the full scope of
24 what is available, costs, what colors are
25 available, everything in that nature.

1 So, you know, having -- you know,
2 getting the end result -- right, the end result
3 is to change the uniforms from red to one of
4 those three more calming colors that positively
5 impact behavior, and so this still gets us to
6 that point without being overly prescriptive and
7 dictating granular -- on a granular level of
8 policy.

9 MS. HALLAM: I would just like to
10 remind the County Executive we do have a Motion
11 and a second, so we do need to take a vote before
12 we consider any additional Motions.

13 I will not be voting to table,
14 first of all, because you need a two-thirds vote
15 to pull something once you table, but also
16 because we have been talking about this for so
17 long. The money has been allocated. The color
18 was changed to meet the color specifications that
19 were suggested as soon as practical. That
20 amendment also gives the jail the time to make
21 sure that they are able to do it with fidelity to
22 the best of their ability.

23 We talked about this in the working
24 session. We've been talking about this for
25 months now. I believe that this is just a stall

1 tactic, and again, we're -- we're voting to say
2 change the color to green. The jail, as soon as
3 practical, can make it happen along with your
4 office.

5 So I will be voting no to table if
6 that comes up. But I believe that we need to
7 take the vote on the Motion first as amended.

8 MS. INNAMORATO: Would you -- would
9 you consider removing the color green and
10 saying -- to remove the red and change it to one
11 of those three colors that are best practice?

12 MS. HALLAM: Tell me the colors
13 again, green --

14 MS. INNAMORATO: They are --

15 JUDGE EVASHAVIK DILUCENTE: How
16 about --

17 MS. HALLAM: No, no. I would do
18 that. I would change it to --

19 JUDGE EVASHAVIK DILUCENTE: How
20 about to a color recommended by jail
21 administration?

22 MS. HALLAM: Well, no.

23 MS. INNAMORATO: Well, it's the
24 best practice in the report, so I do see the
25 importance of that.

1 MS. HALLAM: Yeah.

2 MS. INNAMORATO: So they're --
3 within the -- it's green, violet or blue.

4 MS. HALLAM: How about green or
5 blue? Can we compromise on that? I just don't
6 want us putting like, you know, fluffy purple
7 uniforms on everyone. That's my only thing. But
8 would be willing to amend it.

9 MS. INNAMORATO: I know. But
10 that's also what the data tells us.

11 MS. HALLAM: Yeah.

12 MS. INNAMORATO: You know, the
13 other one that we --

14 MS. HALLAM: So can we give them
15 one of the two, and it can be any shade of green,
16 any shade of blue. Can we compromise on that,
17 please?

18 MS. INNAMORATO: Can we include all
19 the colors that are shown to have the most
20 positive outcome --

21 MS. HALLAM: Absolutely. I would
22 like to amend the Motion to change the uniform
23 color for the general population of people
24 incarcerated at the ACJ from red to green or blue
25 or violet. All other existing uniform colors

1 schemes to remain. Do this as soon as practical.
2 Cool?

3 MS. INNAMORATO: Yes.

4 MS. HALLAM: Okay. I will Motion
5 to do that. I would ask for a second.

6 JUDGE EVASHAVIK DILUCENTE: I
7 second.

8 MS. HALLAM: Thank you.

9 JUDGE EVASHAVIK DILUCENTE: All
10 those in favor?

11 (Chorus of ayes.)

12 JUDGE EVASHAVIK DILUCENTE: Any
13 opposed?

14 (No response.)

15 JUDGE EVASHAVIK DILUCENTE: Motion
16 carries.

17 MS. HALLAM: Thank you guys.

18 JUDGE EVASHAVIK DILUCENTE: Okay.
19 We have a new Subcommittee Motion. Mr. O'Connor
20 or Ms. Innamorato, would you like to --

21 MS. INNAMORATO: So I'm bringing
22 this Motion before the Board. Obviously, the
23 folks who attend these meetings, you understand
24 the need for us to look deeply into our medical
25 practices at the jail. And that's why I'm

1 bringing this Motion before the Board today and
2 want to thank Controller O'Connor for
3 cosponsoring this Motion.

4 This would create simply a Health
5 Services Advisory Subcommittee for the Jail
6 Oversight Board. You know, we are really looking
7 for qualified medical professionals to serve in
8 this capacity and advise the Jail Oversight Board
9 on best practices and avenues for adopting
10 different policies that can lead to a better
11 system of healthcare and ensuring the health,
12 safety, and welfare of the people who are
13 currently residing in the ACJ.

14 We have a tremendous amount of
15 resumes that have been submitted on the website,
16 Alleghenyforall.com for people to serve on this
17 Board, and it was a really tough decision to make
18 the three appointments that we made from the
19 community. So we do have a list of folks who
20 have expressed interest who meet that criteria of
21 having qualified healthcare and medical
22 experience. But if you are listening to this, if
23 you're in the audience and you would be
24 interested in serving on that subcommittee, we
25 ask that you visit that website,

1 Alleghenyforall.com, and submit your resume, and
2 let us know that you're interested in serving in
3 that capacity. And I look forward to bringing
4 those names in front of the Board so we can
5 decide who will be on that subcommittee and, you
6 know, get going on a lot of the issues that we've
7 talked about today.

8 MR. O'CONNOR: And I'd just follow
9 up to thank the Executive, her team, her staff,
10 listening to people. Getting this input is
11 something that you said and I think it's great
12 that we're doing this.

13 I also want to say that earlier
14 this week, was it Monday or Tuesday, we met with
15 healthcare staff Monday. So I want to thank them
16 for joining. I know John was part of that, as
17 well as our staffs were. So I just think hearing
18 from everybody is very important when we have
19 this difficult conversation.

20 And I think I also want to thank
21 Rob. I know you sent an e-mail about this as
22 well being interested. So thank you.

23 I think, you know, after we did our
24 audit we saw the need for this conversation. So
25 I think it's really important that we're doing

1 this and I just want to thank the Executive for
2 pushing this forward.

3 JUDGE EVASHAVIK DILUCENTE: I
4 second the Motion.

5 All in favor?

6 (Chorus of ayes.)

7 JUDGE EVASHAVIK DILUCENTE: Any
8 opposed?

9 (No response.)

10 JUDGE EVASHAVIK DILUCENTE: Motion
11 carries.

12 Okay. Next is appointments to
13 existing subcommittees. I would note for the
14 record that the Board did receive an e-mail from
15 Mr. Perkins suggesting that perhaps we not rush
16 and fill all these subcommittees at one time. I
17 don't know. What's everybody's thoughts?

18 MS. HALLAM: I would just -- I
19 agree with Rob that we are talking about
20 subcommittees in the bylaws -- that we are like
21 this close for everyone's information. We are
22 this close to having bylaws.

23 I think we should like finalize
24 those and then move forward with the committees.
25 We've been doing the work of the subcommittees in

1 the main working group, so I don't want to rush
2 and, you know, do it without actual process in
3 place. So that would be my opinion.

4 JUDGE EVASHAVIK DILUCENTE: Okay.

5 I agree.

6 MS. HALLAM: Just the whole thing.

7 JUDGE EVASHAVIK DILUCENTE: Okay.

8 Everybody agrees.

9 MS. HALLAM: Don't say table.

10 Hold.

11 JUDGE EVASHAVIK DILUCENTE: Hold.

12 MS. HALLAM: Table is harder to get
13 out.

14 JUDGE EVASHAVIK DILUCENTE: Okay.

15 Warden's Report.

16 MS. HALLAM: Before you start,
17 Warden Dady, thank you so much for sending it
18 ahead of time, but if we could get it like sooner
19 than when we get here. I'd just like to prepare
20 a little bit more. But thank you for having it
21 here when we got her so I could read over it
22 before you give it.

23 Thank you.

24 WARDEN DADY: Sure. Again -- like,
25 we typically are working on sometimes what we're

1 going to say up until this meeting. So I mean,
2 just getting it to you when we did before --
3 prior to --

4 MS. HALLAM: It's improvement.

5 WARDEN DADY: All right.

6 MS. HALLAM: Yes. I'm happy with
7 that. Thank you.

8 WARDEN DADY: And if we could, in
9 turn, ask for anything that you have that you
10 could send to us that you're going to speak to us
11 about, we would definitely -- that would be
12 helpful.

13 MS. HALLAM: I'll think about it.
14 Sometimes I also figure my things out while I'm
15 sitting up here listening to public comment. But
16 yeah, we can work on that.

17 **WARDEN'S REPORT**

18 WARDEN DADY: All right. Some of
19 what I have for my report has already been said
20 through medical here, but -- so there may be some
21 redundancy but I want to make sure that it gets
22 said.

23 So good evening, Board. We
24 responded to a number of requests in writing
25 prior to this meeting. Some of those answers

1 cannot be addressed in a public meeting. We are
2 happy to provide the Board with information in
3 the appropriate setting.

4 Now, we were asked about how the
5 jail accommodates individual dietary
6 restrictions. Those diets can either be as was
7 said for medical or religious reasons.

8 In the case of medical
9 restrictions, the diet must be ordered by the
10 healthcare provider. This is noted in the
11 patient's electronic health record, which you
12 have heard, and sent to Trinity, the jail's meal
13 service provider.

14 In the case of religious diets, the
15 individual can contact the Chaplain's Office and
16 fill out a request form to receive that
17 particular diet. This has been occurring leading
18 up to the beginning of Ramadan, which begins
19 Sunday.

20 Reverend Dr. Carissa Howe, the
21 Director of Chaplaincy for the Foundation of Hope
22 that provides services at the jail, addresses
23 this in the February 2023 meeting on Pages 74
24 through 76.

25 The jail has worked continuously

1 with the Jail Oversight Board liaison to follow
2 up on questions and requests raised at these
3 meetings. The JOB liaison visits the jail
4 frequently to address concerns and conduct
5 investigations. The liaison is able to speak to
6 the incarcerated individuals, and documentation
7 associated with complaints are made available at
8 the facility.

9 Segregation logs and use of force
10 packets are also available to be viewed at the
11 jail. The liaison can also view grievances and
12 follow up as part of the investigation.

13 It was asked that we attempt to
14 come up with a way that grievances can be sent to
15 the Board. This is an ongoing ask that we are
16 looking into how to accommodate.

17 As we have stated, we are happy to
18 arrange for the Board member -- for any Board
19 member to view unredacted records in the
20 facility.

21 As we stated, we constantly work on
22 our individual reports like I had just mentioned
23 right up to the time to this meeting. So at
24 times it's not practical for us to e-mail the
25 report prior to the meeting, which is what we

1 provided today.

2 The NCCHC returned to the facility
3 on February 13th and 14th to conduct a
4 comprehensive mortality review and to follow up
5 on last year's report examining the jail's Intake
6 and Detox protocols. NCCHC staff were
7 complimentary of the jail's efforts at
8 improvements that we have made, including the
9 increased hydrating offered at Intake and on the
10 Detox units. They also noted that staff members
11 interviewed expressed a genuine commitment for
12 providing the best medical care possible to the
13 incarcerated.

14 We are currently awaiting the
15 report from their visit, and the NCCHC is open to
16 providing feedback to the Jail Oversight Board in
17 an executive session as they have in the past.

18 And that concludes my report.

19 **CHIEF DEPUTY WARDEN'S REPORT**

20 CHIEF DEPUTY BEASOM: Good evening,
21 Board.

22 Update on staffing. This week we
23 onboarded Captain Matthew West from the Lawrence
24 County Jail in New Castle. The jail's training
25 department graduated 16 cadets to full time

1 correctional officers on Friday, February 16th.
2 Our next class begins on Monday, March 25th. It
3 currently has 24 candidates enrolled.

4 Physical agility testing for the
5 June class began last week with 11 passing, and
6 our next test will be Wednesday, March 20th.

7 The jail also recently attended job
8 fairs at West Mifflin High School and the
9 University of Pittsburgh.

10 Currently awaiting transfer to the
11 PA Department of Corrections, we have 19 males
12 and 3 females with 300B; 7 males, zero females
13 with detainers; and 7 males, zero females with
14 open cases. The longest wait time on a 300B was
15 received on February 23rd, and the shortest wait
16 time is from March 6th.

17 Federal Inmates in the Allegheny
18 County Jail is 20, 12 of which are United States
19 Marshal holds and 8 are federal transfers for
20 Allegheny County Court.

21 Use of Force numbers from February
22 of '24 is 29. Number 5 on my report is for the
23 Board's information regarding the hunger strikes
24 from February, okay? Due to HIPAA privacy
25 concerns I can't read it into the record in a

1 public forum because it can be linked to an
2 individual or individuals, okay?

3 And finally, I would like to
4 announce that Corrections Officer James Larkin
5 and LPN Inez Burgman have been named ACJ
6 Correctional Professionals for the month of
7 February. The jail administration congratulates
8 both of them.

9 Deputy Warden Clark will continue
10 with the report.

11 DEPUTY WARDEN CLARK: Good evening,
12 Board. Chaplaincy and Prerelease. On
13 February 20th the Chaplain's Office started a new
14 grief support group. Therapy dogs, Takus and
15 Charles participate in the group and aid
16 participants with the emotional challenges
17 associated with grief. The therapy dogs
18 interactions with participants have been very
19 beneficial to the group.

20 Discharge and Release. The
21 Discharge and Release Center assessed 333
22 individuals and distributed 72 boxes of Narcan,
23 105 fentanyl and xylazine test strips, 860
24 condoms, and 373 bus tickets in the month of
25 February. The DRC continues to make referrals

1 and connect individuals to services in the
2 committee.

3 Contact visitation. The jail is
4 continuing to host contact visits for juvenile,
5 incarcerated workers, veterans, and program
6 participants on designated Saturdays throughout
7 the month. For the month of February, a total of
8 96 incarcerated individuals received contact
9 visits from a total of 175 family members.

10 Residential Placement Services.
11 Based on orders from the Court, residential
12 placement services facilitated the transfer of
13 58 individuals to alternative housing in
14 February, and 24 individuals to substance use
15 treatment through the Diversion Program. The
16 program received 26 new referrals and served a
17 total of 70 participants in February.

18 The Medical Assistance Program
19 assisted a total of 124 individuals with
20 completing medical assistance applications upon
21 release from the jail in the month of February.

22 Reentry Services. On February
23 20th, Three Rivers Youth presented their services
24 to the female program participants. Three Rivers
25 Youth provides services to all age groups and

1 offers behavioral health treatment, case
2 management, and employment services, as well as
3 reentry services to aid individuals in their
4 transition back into the community post-release.

5 On February 22nd, the Beck
6 Institute toured the jail's Reentry Center,
7 educational programs, and Discharge and Release
8 Center. DHS formed a partnership with Beck
9 Institute as a technical assistance and training
10 provider to embed principles of recovery-oriented
11 cognitive therapy, a cognitive behavioral
12 intervention, into the programs offered in the
13 jail. Incorporating CTR throughout reentry
14 programming will provide a cumulative dose of
15 cognitive behavioral interventions, taking a
16 strength-based approach to collaborate with
17 participants to achieve adapted models of living,
18 develop aspiration, engage in personally
19 meaningful activities, and strengthen their
20 beliefs about being capable of achieving their
21 desired future beyond just the system
22 involvement.

23 The jail's Reentry Program and
24 Discharge and Release Center has partnered with
25 the programs Colorful Background Expo and Fishers

1 of Men to provide workforce development,
2 employment, and training opportunities that will
3 support individuals in their transition back into
4 the community.

5 Educational Services. In
6 preparation for the upcoming primary election,
7 the caseworkers have been distributing voter
8 registration and absentee ballot forms to the
9 housing units. Everyone is being encouraged to
10 complete the forms and submit them to their
11 caseworker.

12 On February 28th, the jail hosted a
13 presentation for incarcerated veterans. The
14 subject matter of the event was employment.
15 Pittsburgh Hires Veterans, Partners for Work, and
16 the Allegheny County Department of Veterans
17 attended and met with incarcerated veterans to
18 provide them with an overview of their services
19 which includes assistance with resume writing,
20 interviewing techniques, and job placement.
21 Participants were provided with information on
22 how to access these supportive services and
23 resources. Pittsburgh Hires Veterans and PA
24 CareerLink are going to assign a representative
25 to the jail who will establish a one-on-one

1 relationship with incarcerated veterans prior to
2 release.

3 Allegheny County Veterans Services
4 currently has a representative who comes into the
5 jail weekly to meet with incarcerated veterans.

6 That concludes this month's report
7 for Programs. Amy Shaw will provide the
8 healthcare services update.

9 MS. SHAW: Thank you. Our
10 continuation of Medication Assisted Treatment
11 includes the following during the month of
12 February. There were 25 individuals prescribed
13 oral Naltrexone with 3 individuals receiving
14 Vivitrol Injection prior to community release.

15 254 individuals were treated with
16 Suboxone, and 34 individuals were treated with
17 Sublocade. Of these, 23 patients were
18 transitioned from Suboxone to Sublocade to
19 support their recovery. Methadone continuation
20 services have treated 39 individuals.

21 During the month of February, 10
22 patients were admitted and transferred to
23 Torrance State Hospital; 6 patients were
24 committed to Torrance State Hospital; 3 patients
25 had their commitment to Torrance for competency

1 restoration rescinded due to clinical
2 stabilization. Currently 25 patients are
3 awaiting admission to Torrance State Hospital
4 with the longest waiting since October of 2023.

5 In the month of February, one
6 individual was identified as a Tier 5; 26 unique
7 individuals were identified as Tier 4.

8 Sick call requests for medical, 61,
9 longest waiting 3 days. Sick call requests for
10 mental health, 6 with the longest waiting 2 days.
11 Psychiatry, 319 with the longest waiting 13 days,
12 and mental health specialists 12, longest waiting
13 1 day.

14 In updates in healthcare, we have
15 now onboarded a Medical Director for Mental
16 Health. Her name is Amy Silberschmidt and she
17 started with us in January.

18 We have also hired a new Medical
19 Director for Physical Health. Her name is Dr.
20 Mary Demko, and she will be joining us in May.

21 We acknowledge that we did have a
22 backlog of sick and chronic care calls. We're
23 working on getting new providers in and trained.
24 We are now in a better staffing situation and in
25 an effort to address these needs, we have started

1 to again hold level clinics, which allows us to
2 see the patient on the floor that they are housed
3 on in addition to seeing patients in our regular
4 clinic. By adding these additional level
5 clinics, 180 appointments were completed this
6 week.

7 It's also important to remember
8 that the jail offers both emergent and routine
9 healthcare. Emergent healthcare is always
10 available and jail healthcare staff respond to
11 emergencies within the four minutes allotted by
12 the ACA standards. Individuals can then be
13 transported to the jail's Medical Housing Unit or
14 sent to the hospital if deemed necessary.

15 The sick call queue functions more
16 like making an appointment with your doctor,
17 which can take weeks, maybe even months, outside
18 the facility.

19 That is all I have. Thank you.

20 JUDGE EVASHAVIK DILUCENTE:

21 Questions?

22 MS. HALLAM: Okay. I have a few.
23 I missed it. Did we get the number of forced
24 overtime shifts?

25 CHIEF DEPUTY BEASOM: Ms. Hallam,

1 we sent a request for clarification shortly after
2 the February meeting because we were unsure as to
3 what --

4 MS. HALLAM: Did you send it to me?

5 CHIEF DEPUTY BEASOM: It was sent
6 to the entire Board I believe, yeah.

7 MS. HALLAM: Well, can you tell me
8 what that message said? I didn't see it. Did
9 anybody get an e-mail about clarification?

10 Can you tell me what it said?

11 CHIEF DEPUTY BEASOM: It was just
12 the ask was unclear as to what was needed, okay?

13 MS. HALLAM: Oh. So in a lot of
14 the exit interviews that we've done and
15 conversations that I've had with staff at the
16 jail, over and over and over again, I hear that
17 the reason that staff leaves or is unhappy and
18 considering leaving is because they are forced to
19 work overtime shifts and they can't have a life
20 outside of work at the jail. So I had asked, you
21 know, actually exactly what the agenda says, is
22 how many overtime shifts are forced and how many
23 of them are -- you filled? Like how many do you
24 try to force, and how many do you successfully
25 force?

1 CHIEF DEPUTY BEASOM: Okay. So if
2 I could, Controller O'Connor and his staff did a
3 comprehensive audit of overtime. I mean all of
4 that information is available in the report that
5 was published, and it gives a -- it gives a
6 bigger picture of the overtime, the force
7 overtime, the reasoning behind it, you know, how
8 many people refused, that kind of thing. But
9 it's on -- it starts on Page 18 of his audit.

10 MS. HALLAM: I'm aware.

11 CHIEF DEPUTY BEASOM: If I -- okay.

12 MS. HALLAM: That was a historical
13 report. I want you to report this to us every
14 month going forward.

15 CHIEF DEPUTY BEASOM: Sure. Can I
16 ask to what end? I mean, where is this
17 information --

18 MS. HALLAM: To the end of the
19 existence of the Allegheny County Jail.

20 CHIEF DEPUTY BEASOM: What I'm
21 asking, Ms. Hallam, is the County and the jail
22 are currently engaged in interest arbitration
23 with the Corrections Officers Union to get our
24 new Collective Bargaining Agreement established.
25 So I just to make sure where -- where the

1 information is going, what's being used.

2 MS. HALLAM: Oh, this is completely
3 unrelated to that. This is -- as you know, we
4 have nothing to do with contract negotiations on
5 this Board. I mean, I don't even on Council have
6 anything to do with that. I'm really just trying
7 to understand as we're proceeding with the exit
8 interviews, and that is the issue that comes up
9 over and over and over again. I want to see if
10 it's changing at all. Are we filling staffing
11 holes and no longer requiring that? Are people
12 going to be happier? That's what I'm trying to
13 track is is it getting better over time?

14 CHIEF DEPUTY BEASOM: So you're
15 asking for the number of forced overtime by shift
16 per day?

17 MS. HALLAM: Oh, sure. That was
18 going to be -- that's great. I was really just
19 asking for it for the month, but if you're
20 offering to do it per day --

21 CHIEF DEPUTY BEASOM: Well, I mean,
22 that's why when you asked you for clarification
23 because we're unclear as to what to provide.

24 MS. HALLAM: Sure. By day would be
25 fantastic. But really if you could just tell me

1 every month how many -- how many shifts are
2 forced. How many people -- you know, and how
3 many of those actually are filled? Because I
4 have to imagine that sometimes you attempt to
5 force somebody to fill a shift and they say no.
6 Is that true?

7 CHIEF DEPUTY BEASOM: (Nodding
8 head.)

9 MS. HALLAM: Right. So I want to
10 know the total number that you're requesting
11 people to do and the total number that actually
12 happen.

13 DEPUTY WARDEN TOMA: So those
14 number -- that documentation exists but not in a
15 format where the data can be easily readily
16 available. So -- and it's burdensome. So we
17 just want to make you aware that that would be
18 drawing our resources from other things, like
19 exit interviews, like our payroll for those staff
20 members.

21 MS. HALLAM: Sure. I appreciate
22 that. I think this will be very helpful to us.

23 DEPUTY WARDEN TOMA: Those records
24 are also always available for you to view, or the
25 liaison, or anyone else to view at the facility

1 -- for them not to be correlated in a matter that
2 it can be put out.

3 MS. HALLAM: I think you guys do a
4 really great job at aggregating all of the data
5 that you provide to us for this meeting, and I'm
6 trying to constantly make sure that we have all
7 of the data that we need to be able to do our
8 job.

9 So it doesn't need to be per day if
10 that is too burdensome. I was really just
11 looking for it per month. How many overtime
12 shifts are being forced on the staff at the jail?

13 DEPUTY WARDEN TOMA: So to be
14 clear, if we have 100 forces, you want to know
15 that -- like 100 people got called --

16 MS. HALLAM: 100 shifts got called.
17 Sometimes the same person gets forced 10 times in
18 a month maybe. I want to know how many shifts
19 are forced every month.

20 DEPUTY WARDEN TOMA: Right. So for
21 the month, there are 100 forces, of that -- you
22 want a solid number is what you gave us --

23 MS. HALLAM: Yeah, 100 -- we
24 attempt to force 100 shifts. We were
25 successfully able to force 80 shifts. I would

1 like those two numbers.

2 Thank you very much.

3 Okay. Let's see where to start.

4 Okay. So my first question is
5 about damaged clothing. So that would be the
6 reds, you know, any underwear, undershirts,
7 socks. How often do incarcerated folks have the
8 opportunity to exchange damaged clothing? Once a
9 month? Once a week? Daily they can request it?

10 CHIEF DEPUTY BEASOM: They can
11 request it to their level staff, their unit
12 managers -- if something becomes soiled, if it's
13 not -- if it's not usable anymore we can -- we
14 can replace them realtime.

15 MS. HALLAM: And does that happen?
16 Is there any time that that -- those requests are
17 rejected?

18 CHIEF DEPUTY BEASOM: Not that I'm
19 aware of no. I mean -- yeah, if we get -- if we
20 have information that the person intentionally
21 damaged things, we'll replace them, but then that
22 individual will be charged a monetary replacement
23 value for that -- for those -- for those clothing
24 or mattresses or whatever it may be.

25 MS. HALLAM: Okay. What is the

1 monetary value that they are charged to replace a
2 red uniform?

3 CHIEF DEPUTY BEASOM: I don't have
4 the -- I don't have the cost sheet in front of
5 me.

6 MS. HALLAM: Okay. That's cool for
7 next month. We can do that for next month. But
8 at any time, someone can report and say, my reds
9 got ripped. My underwear has holes in it. My
10 socks have holes in it, and they can get new
11 ones?

12 CHIEF DEPUTY BEASOM: Yeah. We
13 have plenty in surplus.

14 MS. HALLAM: Okay. My next
15 question -- and I feel like we talked about this
16 before, but I just know a public commenter
17 brought this up tonight, so I wanted to clarify
18 on it about family notification for
19 hospitalizations. The public commenter alluded
20 to only if death is imminent is the family
21 notified that their loved one was sent to the
22 hospital. Can you expound on what that specific
23 policy is?

24 MS. SHAW: We don't -- we don't
25 notify the family when someone goes to the

1 hospital because obviously that poses a risk to
2 our officers and the person that's in the
3 hospital. So that would not be best practice.

4 But we do -- if the person gets
5 released from our custody while they are in
6 facility, then the hospital would notify them, or
7 if they are not doing well, maybe not imminent
8 death, but that they are not doing well, and it's
9 very acute, then at that point we would talk
10 about it and probably notify the family.

11 MS. HALLAM: Okay. Wouldn't we
12 want the family to know, like, before the person
13 is on their deathbed that their loved one was
14 sent to the hospital?

15 MS. SHAW: That would be great, and
16 generally, long before the person is on their
17 deathbed, we'd request release so that the family
18 can be with them.

19 MS. HALLAM: Okay. And then
20 speaking of those releases, I know we had
21 requested that we be notified when the 6-A
22 releases happened because somebody's sent to the
23 hospital or you're worried that they are not
24 going to make it, but I know for a fact that
25 there was one that happened last week and we were

1 not notified about it. Can you please speak to
2 that?

3 MS. SHAW: A 6A or a release in
4 general?

5 MS. HALLAM: When the jail releases
6 someone from custody because they're sent to the
7 hospital and they believe that potentially death
8 is imminent.

9 MS. SHAW: No. I -- that's a fine
10 line because that is part of what I do for my
11 job. I do the critical inmate review, and I
12 quite frequently request that people are released
13 from jail because I feel like probably it is not
14 the best case for them to be -- remain in jail in
15 order to get the services that they need. So
16 quite often, these people that end up going to
17 the hospital, I have already requested for them
18 to be released. So I will notify at that point
19 bail, probation, whoever is involved that, hey,
20 this person, I want you to know they are in the
21 hospital.

22 At that point they may take them to
23 Motions Court and have them released. It has
24 nothing to do with imminent death.

25 MS. HALLAM: Okay. But my question

1 was about the fact that we, as this Board, had
2 had a conversation with the administration and it
3 was said that we, as this Board, would be
4 notified when someone is released from custody
5 because of the reasons you just outlined. And I
6 know that one of those happened last week and we
7 were not notified.

8 MS. SHAW: There was a 6A release
9 last week but there was also someone else that
10 was in the hospital that was not part of a 6A
11 release that was released. So I'm not really
12 sure which one you're speaking of.

13 MS. HALLAM: I am talking about the
14 6A releases that I said --

15 MS. SHAW: I'm not sure who is
16 supposed to notify the Board of a 6A release.

17 MS. HALLAM: I can pull that up in
18 the recent meeting minutes. We had a very clear
19 conversation about that. And actually,
20 Mr. Bacharach chimed in on that. We were not
21 asking for names. We were asking the Board to be
22 notified when someone receives a 6A release as a
23 result of hospital --

24 WARDEN DADY: I guess then
25 clarification and we -- we were discussing like

1 certain e-mails that we can send information to
2 that, you know, if you have a county e-mail then
3 if -- that's more secure than either a Yahoo
4 account or something else. So you want the -- if
5 we would petition the Court to release, you want
6 us to e-mail saying that --

7 MS. HALLAM: We petitioned the
8 Court to release someone from the jail because of
9 a medical --

10 WARDEN DADY: Not a name, nothing
11 like that?

12 MS. HALLAM: No, kind of the same
13 way you notify us about deaths. I would like to
14 get that same, like, kind of very soon
15 notification that this -- maybe a death is
16 imminent, maybe just someone was so unwell that
17 you felt the need. But I don't need their name.

18 WARDEN DADY: Okay. So I guess
19 if -- I mean, we can send that. I just would
20 want to make sure that, you know, I guess the
21 e-mail that we're sending to are -- are correct
22 to send them to for us.

23 MS. HALLAM: Yeah, so you're not
24 sending them --

25 WARDEN DADY: We don't want to end

1 up in an issue later on with it. That's all.

2 MS. HALLAM: I think the County
3 Executive -- did you mention at a previous
4 meeting you were looking into getting, like, the
5 community members county ones?

6 MS. INNAMORATO: We are having a
7 conversation, yeah.

8 MS. HALLAM: We're going to have a
9 conversation?

10 MS. INNAMORATO: We were discussing
11 that for security purposes.

12 MS. HALLAM: Is there any update?
13 I don't know how difficult --

14 MS. INNAMORATO: There's no update.

15 MS. HALLAM: There's no update,
16 okay.

17 MS. INNAMORATO: That is something
18 that we are exploring.

19 MS. HALLAM: Okay. I appreciate
20 that.

21 WARDEN DADY: Are we -- I'm sorry.
22 Are we able to talk about that first prior to
23 starting sending these e-mails or --

24 MS. HALLAM: No, I think for now
25 you can send them --

1 JUDGE EVASHAVIK DILUCENTE: You can
2 send -- why don't you send them to me.

3 WARDEN DADY: Okay.

4 JUDGE EVASHAVIK DILUCENTE: And I
5 will distribute them to the Board members who
6 have county e-mails and --

7 MS. HALLAM: Call them up and tell
8 them about it.

9 JUDGE EVASHAVIK DILUCENTE: -- the
10 other Board members I will -- I think I will just
11 bring them a paper copy at the next meeting until
12 we figure something out. I don't --

13 MS. HALLAM: You guys are the ones
14 without the county e-mails. Do yinz have any
15 objections to that? It's discrimination against
16 the community members.

17 Yeah, does anybody have any
18 objection to that while we figure it out? I just
19 don't want to like wait any longer for it.

20 (No response.)

21 MS. HALLAM: Cool.

22 JUDGE EVASHAVIK DILUCENTE: Okay.
23 That's fine. But let's clarify. You are going
24 to provide notice whenever you, the jail --

25 WARDEN DADY: Yes.

1 JUDGE EVASHAVIK DILUCENTE: --
2 request of the Court, we'd like you to release
3 this individual for medical purposes, right?

4 WARDEN DADY: True.

5 JUDGE EVASHAVIK DILUCENTE: Okay.

6 MS. HALLAM: That's what I'm asking
7 for.

8 JUDGE EVASHAVIK DILUCENTE: It's
9 the jail requesting us.

10 DEPUTY WARDEN TOMA: So not the
11 actual individuals who are released, but just
12 when a request is made?

13 MS. HALLAM: No names.

14 JUDGE EVASHAVIK DILUCENTE: Oh.

15 MS. HALLAM: Oh, no. We want to
16 know that it's granted.

17 JUDGE EVASHAVIK DILUCENTE: Right.

18 DEPUTY WARDEN TOMA: So it's only
19 those where we petition the Court --

20 JUDGE EVASHAVIK DILUCENTE: And
21 it's granted.

22 DEPUTY WARDEN TOMA: And it's
23 granted.

24 JUDGE EVASHAVIK DILUCENTE: Yes.

25 MS. HALLAM: Well, I mean, the

1 first one is interesting as well. I would like
2 that as well. If the jail thinks someone is so
3 bad off that they would need it --

4 JUDGE EVASHAVIK DILUCENTE: I
5 don't -- do you want both? Is there a big
6 difference in the numbers?

7 MS. SHAW: Yes.

8 JUDGE EVASHAVIK DILUCENTE: Yes.

9 MS. HALLAM: You ask for them often
10 and are denied by the Courts?

11 WARDEN DADY: Well, it's a 50/50.

12 MS. HALLAM: Well, then yes, I
13 definitely would like to know both.

14 MS. SHAW: I mean, I have a long
15 list of people that I request to be considered
16 for release. Obviously they're not released
17 because their charges are so severe. But I can
18 tell you I started this process in December of
19 '22, and 344 releases occurred because of it.

20 MS. HALLAM: What, September of '22
21 until now?

22 MS. SHAW: December of '22.

23 MS. HALLAM: December of '22. So
24 what's that, like 15 months?

25 Yeah, I would definitely like both

1 of those numbers.

2 JUDGE EVASHAVIK DILUCENTE: Okay.
3 But that's not necessarily people that went to
4 the hospital.

5 MS. SHAW: No, those are -- a lot
6 of those didn't go to the hospital.

7 JUDGE EVASHAVIK DILUCENTE: Because
8 the request was people who go to the hospital.

9 MS. HALLAM: Yeah. Sorry. That is
10 really what I want to know. I mean, that is a
11 very interesting number to me as well. I would
12 like to know that. Can you tell me a little bit
13 about why -- other reasons that you would ask if
14 it wasn't somebody's medical condition?

15 MS. SHAW: Well, no, they
16 are related --

17 JUDGE EVASHAVIK DILUCENTE: It is
18 their medical condition.

19 MS. HALLAM: Oh. Then, yeah, I
20 want to know all of them.

21 JUDGE EVASHAVIK DILUCENTE: What's
22 the Board?

23 JUDGE BIGLEY: What was the -- what
24 the relevance would be if it's not -- if we're
25 inquiring about release to hospital, what would

1 the relevance be then otherwise?

2 MS. HALLAM: To see --

3 JUDGE BIGLEY: Because we're not
4 getting -- we're not getting specific information
5 about who the people are.

6 MS. HALLAM: Right.

7 JUDGE BIGLEY: So what exactly
8 would the relevance be?

9 MS. HALLAM: To me it would be how
10 many people the jail identifies as in serious
11 health concern, even if they're not being sent
12 out to the hospital. I think a big thing that
13 this Board has been trying to focus on is
14 improving the healthcare at the jail and making
15 sure that people don't die. And I think that
16 that's a really big one. Especially, I'd like to
17 see, you know, are people dying because they were
18 denied release by the Courts.

19 JUDGE BIGLEY: Well, then what I
20 would want to see is, if that's the case, then
21 where's their location in the jail. In other
22 words, if they --

23 JUDGE EVASHAVIK DILUCENTE: Can you
24 turn your mic on?

25 MS. HALLAM: Oh, yeah. That would

1 be cool to me.

2 JUDGE BIGLEY: I think it is on.

3 JUDGE EVASHAVIK DILUCENTE: Oh.

4 JUDGE BIGLEY: If they're denied
5 release, then are they sitting on a pod, or are
6 they in your medical ward? Because I've
7 personally been asked by people who weren't even
8 in the medical.

9 MS. HALLAM: Yeah, I think that's a
10 really good one. I would like that.

11 MS. SHAW: I can tell you that most
12 of those that are on my critical inmate list are
13 either on 5-B, which is our medical unit or on
14 5-E, which is our stepdown.

15 JUDGE BIGLEY: Right. I've been
16 asked to release people that aren't even on the
17 medical unit.

18 MS. SHAW: Right.

19 MS. HALLAM: Yeah. So I think that
20 would be helpful then.

21 JUDGE BIGLEY: I'm just saying so
22 be -- when you're told that people are being
23 asked for medical reasons, they're not
24 necessarily so critically ill that they're in a
25 medical ward.

1 MS. SHAW: Uh-huh.

2 MS. HALLAM: Maybe they're very
3 elderly.

4 JUDGE BIGLEY: They're on regular
5 pods, so you have to look at these -- so if
6 you're --

7 MS. HALLAM: Are you cool with that
8 by pod?

9 JUDGE BIGLEY: -- going to get that
10 information, get the information about where they
11 are in the jail, too, because they're not --
12 again, ill enough to be in a hospital. So if
13 you're going to ask for a medical release, then
14 where are they in the actual jail?

15 MS. HALLAM: I like that, Judge
16 Bigley. I think that's a good idea.

17 JUDGE EVASHAVIK DILUCENTE: Okay.
18 Tell -- Judge Bigley, exact, can you phrase what
19 should be --

20 JUDGE BIGLEY: So if you're going
21 to disseminate the information about if medical
22 releases were denied, where were they individuals
23 being housed in the jail.

24 JUDGE EVASHAVIK DILUCENTE: Oh,
25 just to include that information.

1 JUDGE BIGLEY: Were they on the
2 medical unit or not?

3 MS. HALLAM: In the information
4 they're giving us, can they include the pod that
5 the person was on?

6 JUDGE EVASHAVIK DILUCENTE: Okay.
7 I'd just hate this to be a fishing expedition,
8 okay?

9 MS. HALLAM: I'm not fishing. I'm
10 just trying to count numbers.

11 JUDGE EVASHAVIK DILUCENTE: But our
12 function as the Jail Oversight Board is not the
13 Court Oversight Board.

14 MS. HALLAM: Oh, I'm sorry. I'm
15 not trying to get oversight --

16 JUDGE EVASHAVIK DILUCENTE: And I'm
17 not -- no, no, no, no, no.

18 MS. HALLAM: Well, I would like
19 that, but I won't --

20 JUDGE EVASHAVIK DILUCENTE: I'm
21 just saying -- I'm just saying --

22 MS. HALLAM: Yeah.

23 JUDGE EVASHAVIK DILUCENTE: We have
24 to remember what our job is.

25 MS. HALLAM: And I think it's

1 helpful because we will never know who the judge
2 was, right? So it's not really a court
3 expedition.

4 JUDGE EVASHAVIK DILUCENTE: I'm not
5 trying to hide something.

6 JUDGE BIGLEY: No, or who the
7 defendant was.

8 MS. HALLAM: Or the defendant was.

9 JUDGE BIGLEY: I think it's
10 important, though, like you said, just to figure
11 out what was the reasoning behind asking. You
12 know, sometimes I always wonder too, is it an
13 issue of was the person really ill or did we just
14 not want to pay for this person's treatment?
15 Like, you know, what is it? Because that's the
16 first thing I wonder, too. Do you just not want
17 to treat the person? You don't want to pay for
18 it? Like, what is it?

19 So I'd want to see, too, where was
20 the person in the jail? Was the person just
21 sitting on the pod? Was the person ill enough to
22 be in the medical ward or was the person in the
23 hospital? You know, I think that's interesting
24 too. Find out where they were.

25 MS. HALLAM: It's just data for us.

1 JUDGE EVASHAVIK DILUCENTE: Okay.

2 JUDGE BIGLEY: Data is data.

3 JUDGE EVASHAVIK DILUCENTE: Okay.

4 So we are requesting the jail administration to
5 provide notice of all administration requests of
6 the Court to release an inmate for medical
7 reasons and to include in your request what pod
8 the person was on.

9 JUDGE BIGLEY: Going forward. Not
10 going backward.

11 MS. HALLAM: And to include if the
12 request was fulfilled.

13 JUDGE EVASHAVIK DILUCENTE: Yeah.

14 MS. HALLAM: Yeah, not going
15 backwards. Starting like now going forward. But
16 also -- and if it was granted.

17 MS. SHAW: Every person I make a
18 request for, you want to know even if they're not
19 hospitalized?

20 MS. HALLAM: Correct.

21 JUDGE EVASHAVIK DILUCENTE: How
22 cumbersome is this?

23 MS. HALLAM: She's already
24 reporting it.

25 MS. SHAW: It could be a lot. I

1 mean, I already -- I already reported out to the
2 Court depending on the --

3 JUDGE EVASHAVIK DILUCENTE: But all
4 you're -- okay. But you already prepare it, so
5 who cares if you just forward it to me also.

6 MS. SHAW: Okay.

7 JUDGE EVASHAVIK DILUCENTE: Right?
8 I mean, that's not going to take you --

9 MS. HALLAM: The one thing I think
10 you did miss, Judge Evashavik, is we want to know
11 like the -- which ones were granted too. So if
12 she's going to give us all the requests with the
13 pods, make sure that they denote this one was
14 granted and released. Cool?

15 JUDGE EVASHAVIK DILUCENTE: Okay.

16 MS. HALLAM: Awesome.

17 JUDGE EVASHAVIK DILUCENTE: All
18 right. Thank you.

19 MR. PERKINS: And just to clarify.
20 One of the reasons, like the medical history and
21 the reasoning for the request, will be set forth
22 in the --

23 MS. SHAW: I put it all on the
24 form.

25 MS. HALLAM: Okay. That was only

1 one question. I do have some more. But I think
2 that is going to be really, really helpful,
3 especially with our Healthcare Advisory Board
4 that we're putting together. I think that would
5 be really good information for them.

6 Okay. So another thing that was
7 brought up in the public comments was about the
8 mortality reviews. And we got the report today
9 about the NCCHC doing the comprehensive mortality
10 reviews. But my understanding was those were
11 going backwards, like historical mortality
12 reviews. And the standard actually says that we
13 need to conduct those within 30 days. So is
14 there -- is the NCCHC contracted to come to the
15 jail within 30 days of any death in custody, or
16 is there another entity or staff person at the
17 jail being hired to do that?

18 WARDEN DADY: When someone dies we
19 do a mortality review within the jail within 30
20 days with our staff, and then we take that
21 information and when NCCHC comes in to do the
22 mortality review, we provide them all of the
23 information that we have, and any changes that
24 we've made. And then they follow up to make sure
25 that we've actually made those changes related to

1 that death.

2 MS. HALLAM: And there are two
3 different types of mortality reviews, the one
4 you're doing internally and the one that NCCHC is
5 doing?

6 MS. SHAW: It's basically along the
7 same lines. We investigate what happened,
8 timelines, all of that, and then we provide them
9 with that data. And then they look at maybe
10 other things that we didn't think about looking
11 at.

12 MS. HALLAM: Okay. So there is a
13 mortality review happening within 30 days of
14 every death in the jail?

15 MS. SHAW: Absolutely.

16 MS. HALLAM: And when did that
17 practice start, because I know that wasn't the
18 case at least a few months ago?

19 MS. SHAW: Oh, no. That's been for
20 at least a year, over a year.

21 DEPUTY WARDEN TOMA: So when I was
22 at the last Jail Oversight Board I was confused
23 between the administrative and the clinicals. I
24 was clarified after that. I apologize for not
25 following up with the Board when we -- because I

1 spoke to it at that last one.

2 MS. HALLAM: Oh, no. That's okay.
3 I don't blame you at all. I just want to make
4 sure that we all understand.

5 DEPUTY WARDEN TOMA: But she, as
6 DHSA Shaw mentioned, the clinical death reviews
7 are being conducted as well as administrative
8 reviews. The clinical ones started -- I believe
9 we said it was last -- sometime last year. And
10 again, the County Manager's Office has contracted
11 to make sure that -- as well as we make sure that
12 NCCHC comes back and does a comprehensive, which
13 includes review of the administrative and the
14 clinicals. So they're looking at all the death
15 reviews that are conducted on any mortalities
16 reviewed in the facility.

17 MS. HALLAM: But it's my
18 understanding that the standard says the full
19 scope of mortality review has to be done within
20 30 days because they spec- -- they specifically
21 say that -- so that people, you know, tend to
22 forget things over time, evidence tends to
23 disappear, and people tend to leave.

24 DEPUTY WARDEN TOMA:
25 Administrative, clinical, those are completed.

1 Psychological until the autopsy report is done
2 cannot be conducted, so we don't know if it was a
3 suicide because that's only done on suicides. So
4 that one doesn't require the 30 days.

5 So we are fulfilling it internally
6 as DHSA Shaw said, and then we have a
7 comprehensive one, just somebody else coming in
8 and looking at the mortality death review. So we
9 do it twice. Every death now has two reviews
10 completed, one internally and one by an external
11 provider.

12 MS. HALLAM: Okay. But only one
13 happens within 30 days?

14 DEPUTY WARDEN TOMA: Right, unless
15 one of those deaths happens within 30 days of
16 when NCCHC comes in.

17 MAN-E: Are those internal reviews
18 available to us?

19 DEPUTY WARDEN TOMA: Those internal
20 reviews are available -- records are always
21 available for you to view when you come to the
22 facility.

23 MS. HALLAM: John K is shaking his
24 head, so I don't really believe what I'm hearing
25 right now. Can I phone a friend real quick? Can

1 I just phone a friend real quick to John K.
2 because he's --

3 MR. KENSTOWICZ: I'd like to say
4 something real quick.

5 MS. HALLAM: Uh-huh.

6 MR. KENSTOWICZ: In terms of the
7 mortality review in meeting the standard it's
8 very important that doctor -- that the doctor
9 that conducts that and it's not the doctor that
10 was providing that particular service.

11 MS. HALLAM: Right. That's why I
12 thought it had to be an outside one.

13 MR. KENSTOWICZ: So the question is
14 whether that provider was involved -- we have to
15 make sure the doctor that was providing the
16 service is not the same doctor that conducts the
17 review.

18 JUDGE EVASHAVIK DILUCENTE: So
19 you're saying an independent doctor, not the
20 treating doctor, has to conduct their review.

21 MR. KENSTOWICZ: According to the
22 standard.

23 JUDGE EVASHAVIK DILUCENTE: Okay.
24 Is that what you do?

25 DEPUTY WARDEN TOMA: Yes.

1 MS. HALLAM: Okay. Within 30 days.

2 DEPUTY WARDEN TOMA: Yes.

3 MR. KENSTOWICZ: All right.

4 MS. HALLAM: Awesome. That is news
5 to me. But thank you for that.

6 Okay. Next thing is I want to --
7 what kind of things do you call the hospital for?
8 Like, I'm trying to get an understanding of,
9 like, what medical services can be provided
10 inside the jail. Because I've seen -- I know
11 when we were there like a week ago, somebody was
12 getting like an arm reset. Like there's some
13 pretty intensive medical procedures you're
14 capable of doing in the jail. How do you decide
15 what things you call out for?

16 MS. SHAW: So we have orthopedics
17 that comes in the jail. We have cardiology that
18 comes in the jail. We have women's health that
19 comes in the jail. Those are limited by the
20 equipment that they have in the jail. So say if
21 someone needed an ultrasound that we can't
22 actually provide in the jail -- like for a woman
23 that needs a mammogram, we generally get an
24 ultrasound done with that at the same time to
25 rule out anything because it is difficult to get

1 people in and up to appointments. So we would
2 have both of those done outside of the jail.

3 Anybody -- cardiologist or the
4 orthopedic doctor in the jail a lot of times
5 makes that decision whether it's something that
6 can be done in the jail or needs to be sent out
7 for.

8 MS. HALLAM: Okay. So it is always
9 a medical professional determining if the
10 hospital needs to be called?

11 MS. SHAW: Yes.

12 MS. HALLAM: Okay. Always?

13 MS. SHAW: Yes.

14 MS. HALLAM: Okay.

15 I also heard -- again, another
16 thing -- I'm just trying to make my way through
17 my public comments is someone saying that they
18 were denied access to their own medical records
19 while they were in the jail. What -- are you
20 not -- can somebody speak to that? Are you
21 allowed to access your medical records while you
22 are currently incarcerated? I know the process
23 for once you're released.

24 MS. SHAW: If you want to see your
25 medical records while you're in the jail, you do

1 an ROI request for information, and then they
2 would -- medical records would run that and bring
3 the records to you.

4 MS. HALLAM: Okay. So is there
5 ever an instance where someone would be denied
6 access to their own medical records in the jail?

7 MS. SHAW: I can't think of any.

8 MS. HALLAM: Okay. My next
9 question is about -- I mean, the Suboxone, guys,
10 I'm going to say this for like the 100th time.
11 I'm so mad about how we're giving out Suboxone.
12 Even just like seeing the reports of like -- it
13 literally looks like the Suboxone provider is
14 copy and pasting the same evaluation every time
15 she's doing them for people. The words are the
16 same, even like weeks apart and months apart. It
17 is truly a copy and paste of the evaluation of
18 people on Suboxone. So I would implore, if you
19 are the supervisor for that, I would really
20 implore you to please look at how that program is
21 running. I'm so, so glad we have Suboxone
22 offered in the jail, but I am so concerned about
23 how it's running.

24 I've told you I was on Suboxone for
25 many years, and if I would have taken my entire

1 daily dose at once, let alone in the middle of
2 the night, I mean, I would have been super high
3 in the middle of the night and then sick before
4 the day is over. But also, you know, I wouldn't
5 have slept. It just doesn't make sense to me how
6 we're doing it, and I know individual
7 determinations are not being made, because I see
8 even within individual's medical record how it is
9 literally being copy and pasted, saying this
10 person has no complaints. Everything is going
11 great. Exact same symptoms that the provider is
12 seeing every single time she talks to them.
13 There is no way that that's true, and there's no
14 way that's a coincidence.

15 So I really want to implore -- I am
16 going to be, in addition to this Healthcare
17 Advisory Committee, which I love you for that --
18 that is such a great idea. It is so needed. I
19 am going to -- under our statute, we have
20 investigatory powers on the next month's -- under
21 New Business, I am going to be putting a Motion
22 for an official investigation into the Suboxone
23 practice of how it's being handed out, all the
24 doses at once and then in the middle of the
25 night. And it seems very clear that individual

1 determinations are not being made.

2 So I would just implore you that if
3 you can fix that, please do it before next month
4 because I do not think anybody on this Board
5 would stop that investigation from happening.

6 MS. INNAMORATO: Just a point of
7 clarity on that. That's a service that's
8 provided by someone you contract with.

9 MS. SHAW: Yes.

10 MS. INNAMORATO: Correct?

11 MS. SHAW: Yes.

12 MS. INNAMORATO: Would they be
13 available to provide us --

14 MS. SHAW: Absolutely. I was just
15 going to say I implore you to come in and make
16 rounds with her one day.

17 MS. INNAMORATO: Yeah.

18 MS. HALLAM: I can't come in in the
19 middle of the night. I have a full-time job.

20 MS. SHAW: She's not there in the
21 middle of the night. She's there during the day
22 and I would like you to make rounds with her and
23 actually see the people and listen to the
24 evaluations that she does.

25 MS. HALLAM: So I know for a fact

1 that at least one patient has complained and that
2 in their medical report, it was put no complaints
3 were made about the way -- about the way that
4 this medication is affecting them.

5 MS. SHAW: I still say to you I
6 wish that you would come in and make rounds with
7 her one day.

8 MS. HALLAM: Sure. Can you please
9 invite her to the next Jail Oversight Board
10 meeting, and I would like to talk to her here?

11 MS. SHAW: I will see if she is
12 available.

13 MS. HALLAM: Okay. Yeah. When is
14 she on-site? I know I tried to find that out
15 from another staff member previously. But my
16 understanding is she is not on staff at the jail
17 40 hours a week.

18 MS. SHAW: Yes, she is.

19 MS. HALLAM: She is? At what time?

20 MS. SHAW: I'm not sure what her
21 hours are. I think she's 7 to 3 or 8 to 4. I'm
22 not sure.

23 MS. HALLAM: Okay. All right.
24 Anybody else want to do that with me? Do you
25 want to ask a question about that?

1 MR. PERKINS: I have a question.
2 So what is the medical background of the person
3 that prescribes the administration of the
4 medicine in the middle of the night?

5 MS. SHAW: The Suboxone?

6 MR. PERKINS: Yes.

7 MS. SHAW: That would be a nurse
8 practitioner.

9 MR. PERKINS: So it's not an MD
10 that makes that determination?

11 MS. SHAW: No, no. We're hoping
12 that eventually we can get one on board to
13 facilitate the growth of our program, to oversee
14 two nurse practitioners. That's our ultimate
15 goal but right now, now, we don't have a doctor
16 in the facility that just does that.

17 MR. PERKINS: Can we speak to a
18 physician about the practice of waking people up
19 in the middle of the night and giving them this
20 medicine?

21 MS. SHAW: You want to speak to the
22 practitioner that does that? I mean, we also
23 work with Dr. Venkat in the community who
24 tours -- speaks to often about prescribing.

25 MR. PERKINS: I'm not an MD, but I

1 think we should talk to an MD to make sure that
2 that --

3 MS. SHAW: Sure.

4 MR. PERKINS: I'm certain that
5 that's not best practice.

6 MS. SHAW: That's who wrote all of
7 our protocols.

8 MS. INNAMORATO: Can I say, we
9 talked about this. If you wanted the Jail
10 Oversight Board meeting of -- when did we -- they
11 explained the reason why it's done at this time.
12 Was that January or February?

13 MS. HALLAM: Staffing issues and
14 because they need to --

15 JUDGE BIGLEY: No, they
16 specifically did not also say staffing issue.
17 They also explained about the incarcerated
18 population --

19 MS. HALLAM: That was the
20 observation.

21 JUDGE BIGLEY: -- and then the need
22 for people who are going into court and all that.
23 I'm not excusing it. I'm just saying we went
24 through this whole explanation of why at this
25 point, until they can change it, that it's being

1 done at this time, and that they hope, going
2 forward, to change it.

3 I'm just saying -- but to -- at
4 least at this time, we went over this, I think,
5 both in January and in February.

6 MS. HALLAM: Uh-huh.

7 JUDGE BIGLEY: But if somebody --
8 but if you could watch the explanation of at
9 least why.

10 MR. PERKINS: I did listen in the
11 February meeting, but there was no physician that
12 came in and said that it's okay to wake people up
13 in the middle of the night to give them medicine
14 that's going to interrupt their sleep.

15 JUDGE BIGLEY: Well, the person --
16 all I'm saying, though, is that the person is
17 qualified. She's qualified to write a script. I
18 don't know -- I'm sure you can find somebody who
19 will disagree, but she's not unqualified is all
20 I'm saying. I'm not -- we can agree or disagree,
21 but that's what's being done now. We hope not to
22 do it going forward, but I'm just saying what's
23 the point of bringing someone in who agrees or
24 disagrees?

25 MR. PERKINS: I guess,

1 respectfully, I want them to change it.

2 JUDGE BIGLEY: I totally get that.
3 I'm just saying -- but saying can we bring in a
4 doctor that says it's okay to do it; I don't see
5 the point of that. I guess we're all saying it's
6 not the ideal situation. We all agreed with
7 that. It's not ideal, but it's what they're
8 doing out of, I guess, necessity and then also
9 because of both the fact that it's an
10 incarcerated population and then the fact that
11 they have to, you know, the observation and the
12 fact that they have these I guess -- I don't
13 know, it wasn't activities but the schedule and
14 also that they may go to court and for all these
15 things and for the scheduling and they way --
16 they're working on it. They're coming up with a
17 plan, but at least for now, this is what they
18 were doing.

19 I'm not trying to be difficult.
20 I'm just saying the fact that the person is a
21 nurse practitioner doesn't make her necessarily
22 unqualified.

23 MS. HALLAM: And point of
24 clarification, Judge Bigley, I don't believe that
25 I or Mr. Perkins or anybody was saying that we

1 believe that anyone is unqualified medical
2 professional-wise. What we're saying is -- well,
3 at least -- sorry, I don't want to speak for you.
4 What I'm saying is that I know for a fact that
5 this practice is not best practice. And in these
6 exit interviews that we've been having and these
7 conversations that we've been having with medical
8 staff in the jail, overwhelmingly, the reason
9 that they're leaving is because they feel that
10 the jail administration, because of staffing
11 issues or whatever other issues, are requiring
12 them to do their medical professional job in a
13 way that violates their licensing requirements,
14 in a way that violates best practices of medical
15 practice and medical care. And so if we want to
16 keep these staff, which we need to so badly, we
17 need to make sure that the jail is putting best
18 practices first and is not tailoring medical
19 decisions to staffing needs and convenience. And
20 that's what it seems like is happening with the
21 Suboxone.

22 JUDGE BIGLEY: I totally get it,
23 which is why we're setting up all these
24 committees is just that --

25 MS. HALLAM: Sure.

1 JUDGE BIGLEY: -- we all understand
2 that that is what they are doing now in the hopes
3 that we're going to get to where we're going.

4 But again, the fact that we keep
5 going back to what they're doing now, we have
6 been saying for the past two months that that's
7 what we hope to not do in the future.

8 MS. HALLAM: But if, in the
9 meantime, records are being falsified, I think
10 that that is a very serious issue that we should
11 be talking about.

12 JUDGE BIGLEY: Well, who says
13 they're being falsified?

14 MS. HALLAM: Well, I don't want to
15 make any allegations without citing to specific
16 evidence, but I have personally seen things that
17 make me worry --

18 JUDGE BIGLEY: Well, how are we
19 seeing medical records? How is anyone --

20 MS. HALLAM: Individuals have
21 access to the medical records after they leave
22 incarceration and while they're in the jail. And
23 so when I see documentation that shows me copy
24 and pasted reports about the assessments that are
25 required when they are giving MOUD, when I see

1 and talk to many medical providers that say in no
2 world are individualized determinations being
3 made about these folks receiving their MOUD, if
4 every person is being individually determined to
5 receive these medications all at once and in the
6 middle of the night, when I have all this
7 information, I am very, very concerned that it's
8 not just the jail is trying and they're not there
9 yet, but that actually there's potential that
10 illegal things are happening and things that are
11 causing people to leave their job at the jail.

12 JUDGE BIGLEY: I think that's -- I
13 don't know. I just think you're -- I don't know.
14 That's irresponsible to say something that -- I
15 do. I do.

16 JUDGE EVASHAVIK DILUCENTE: Okay.
17 I think --

18 MS. HALLAM: It's something I'm
19 concerned about, but I can move on to a different
20 line of questioning.

21 JUDGE BIGLEY: I would -- being
22 concerned is one thing, but saying something -- I
23 just think is -- that is irresponsible to say
24 something that explosive when you don't have the
25 actual proof that that's the case.

1 MS. HALLAM: Well, you asked for
2 clarification, so I wanted to tell you why I'm so
3 concerned.

4 JUDGE BIGLEY: No. Clarification
5 is one thing, but to -- for an individual who you
6 haven't met, talked to, or made rounds with and
7 to say that she would -- to not make her rounds
8 and not make an individual determination, from
9 individual to supposedly provided you with copies
10 of their own medical records, and then you've
11 gone outside and -- with all due respect,
12 Councilwoman, that you've talked to other doctors
13 who don't have any dealings with the jail, okay?

14 MS. HALLAM: Uh-huh.

15 JUDGE BIGLEY: Who are now
16 questioning an individual who they don't know
17 who's employed by the jail and say that she
18 couldn't possibly have done these assessments is
19 ridiculous.

20 MS. HALLAM: But --

21 JUDGE BIGLEY: Let's at least get
22 the proof and then deal with it, but I'm
23 otherwise going to assume that she's responsible
24 and has done them, and then from now on, again,
25 we're going to go forward hoping that we can

1 change the practice. But to assume that she's
2 not doing it, I'm just not going to take that.

3 MS. HALLAM: I'm sorry,
4 Judge Bigley, but you yourself just said and
5 recited what the jail has told us previously,
6 that the reasons that they're doing things the
7 way they are are not because of individualized
8 determinations.

9 JUDGE BIGLEY: No. They very
10 clearly on every occasion have said that that
11 individual did those assessments individually,
12 and that there were other considerations. And
13 they were multiple in nature, but that every
14 individual that was -- every resident had an
15 individual assessment, but that -- and in
16 addition to those there were other considerations
17 that went into the timing of the administration.

18 JUDGE EVASHAVIK DILUCENTE: The
19 timing. The timing of the administration.

20 JUDGE BIGLEY: But that the
21 dosage --

22 MS. HALLAM: The timing is what I'm
23 very concerned about along with the dosage.

24 JUDGE BIGLEY: -- but that the
25 dosages came from individual assessments.

1 JUDGE EVASHAVIK DILUCENTE: Okay.
2 I'm stopping the discussion because we're going
3 round and round in circles. I think every member
4 of this Board would like to see the medication
5 administered at separate times and not all at
6 once. I think every member of the Board would
7 like to see the medication not administered in
8 the middle of the night, okay? Where are we
9 going if we keep talking about this?

10 MS. HALLAM: No. I was just
11 letting people know that I'm going to be
12 Motioning for an official investigation --

13 JUDGE EVASHAVIK DILUCENTE: Okay.

14 MS. HALLAM: -- into this by this
15 Board at the next month's meeting. But I can
16 move on to the next things.

17 MAN-E: I'm sorry. Excuse me. I
18 hate to interject before we move on. In the
19 letter that Tanisha from the ALC provided to the
20 full Board, it mentions this very thing. I'm
21 going to read two paragraphs.

22 "For five months, ACJ has continued
23 to administer Mr. Sabo 24 milligrams of his
24 extended release Suboxone at 3 a.m. The improper
25 administration of his Suboxone has caused him to

1 feel withdrawal symptoms, experiencing cravings
2 and pain. It adversely affects his other medical
3 and mental health conditions as well."

4 Another one. "Importantly,
5 Mr. Sabo has reportedly told Tori Pipak, the
6 physician assistant who prescribes his Suboxone
7 medication, as well as his Suboxone nurses, that
8 he objects to his Suboxone being administered in
9 this manner and has explained in detail all the
10 ways that it has been harming him."

11 That's it.

12 JUDGE EVASHAVIK DILUCENTE: Thank
13 you.

14 MS. HALLAM: Thanks, Man-E.

15 Yeah, so we're going to be on that.
16 So I just implore you guys to kind of get that
17 together over the next month. But if I can get a
18 day off work, I will try to get down to the jail
19 between 7 a.m. and 3 p.m. to talk to her.

20 So I'm going to move on to my next
21 line of questioning. This is specifically about
22 administrative custody and disciplinary housing.
23 I don't know who I should -- Beasom, direct my
24 questioning to?

25 Okay. So I know we've talked at

1 previous meetings. Actually you gave like really
2 detailed information about the difference between
3 DHU, RHU, and administrative custody, and so I'm
4 not going to go through that again because you
5 actually answered all my questions about that.

6 I want to know if you can --
7 specifically about DHU, RHU, walk me through the
8 process. A lot of the complaints that we've
9 received when we've been going to the jail for
10 our inspections lately have been about
11 misconducts. It seems like a lot of people are
12 just, you know, receiving misconducts that they
13 don't have much information about, being held in
14 administrative custody with like no end-date in
15 sight. So I'm wondering if you can walk me
16 through the process of how somebody gets onto DHU
17 and answer a couple questions about it?

18 So first would be what happens
19 after somebody receives a misconduct ticket?

20 CHIEF DEPUTY BEASOM: So a couple
21 things could happen. Depending on the severity
22 of the misconduct, they could either go to 6-F or
23 to AD. And this is -- both of those moves are
24 after they're taken to the Medical Housing Unit
25 where they're cleared by physical and mental

1 health before they're placed in restrictive
2 custody, okay?

3 Once they're placed there, then
4 they have their hearing, this misconduct hearing
5 held within 10 business days, minus weekends and
6 holidays. And if they're found guilty, then a
7 sentence is handed down by the hearing officer.

8 MS. HALLAM: Okay. So are they
9 informed of their rights for that hearing when
10 they are given the misconduct ticket?

11 CHIEF DEPUTY BEASOM: As far as
12 what?

13 MS. HALLAM: Well, that's kind of
14 my next question. What are their rights in that
15 hearing?

16 CHIEF DEPUTY BEASOM: So they have
17 a right to call witnesses. They have a right to
18 give an inmate statement at those hearings.

19 MS. HALLAM: Do they have a right
20 to legal representation?

21 CHIEF DEPUTY BEASOM: No. They're
22 not being charged criminally.

23 MS. HALLAM: Okay. Can one of
24 their -- do their witnesses have to be other
25 incarcerated individuals?

1 CHIEF DEPUTY BEASOM: They don't
2 have to be, no.

3 MS. HALLAM: Can their witness be
4 someone who also happens to be a lawyer?

5 CHIEF DEPUTY BEASOM: A jail
6 employee?

7 MS. HALLAM: No, I'm just saying in
8 general. Can it be --

9 CHIEF DEPUTY BEASOM: No, nobody
10 from the outside if that's what you're asking.

11 MS. HALLAM: No one from the
12 outside can be called as a witness?

13 CHIEF DEPUTY BEASOM: Correct.
14 Right.

15 MS. HALLAM: So are they informed
16 of these rights to call witnesses and to give a
17 statement and that's to have a hearing in ten
18 days?

19 CHIEF DEPUTY BEASOM: I have to
20 look at the misconduct form, but I believe
21 there's verbiage on there. But I'll verify that.

22 MS. HALLAM: On the form?

23 CHIEF DEPUTY BEASOM: Don't quote
24 me on that.

25 MS. HALLAM: And are those -- no,

1 but you'll come back with something I can quote
2 you on next month, right?

3 JUDGE EVASHAVIK DILUCENTE: Why
4 don't you provide a copy of the misconduct form?

5 MS. HALLAM: Yeah, thank you.
6 That's a really good idea.

7 CHIEF DEPUTY BEASOM: Absolutely.
8 Sure.

9 MS. HALLAM: And are they all done
10 on paper still or are these things that have been
11 translated to getting on the tablets now?

12 CHIEF DEPUTY BEASOM: The
13 misconducts are all on paper.

14 MS. HALLAM: All on paper?

15 CHIEF DEPUTY BEASOM: Yeah.

16 MS. HALLAM: Okay. This is the
17 carbon copy?

18 CHIEF DEPUTY BEASOM: Correct.

19 MS. HALLAM: Okay. Gotcha. Is
20 there -- what if someone is unable to read or a
21 non-native English speaker? How do you handle
22 notifying them of the misconduct?

23 CHIEF DEPUTY BEASOM: We could do
24 that through Language Line.

25 MS. HALLAM: Okay.

1 CHIEF DEPUTY BEASOM: Or if they
2 don't read we could -- we could always read it to
3 them.

4 MS. HALLAM: Okay. Do they find
5 out in that misconduct ticket -- what all is on
6 there? Like, I know that I've seen what they're
7 accused of, the date and time. Is there any
8 other pertinent information? I guess we'll find
9 that out when we see it.

10 CHIEF DEPUTY BEASOM: The body of
11 the misconduct is the narrative of what occurred,
12 prompting the misconduct to be issued.

13 MS. HALLAM: Okay.

14 CHIEF DEPUTY BEASOM: Yeah.

15 MS. HALLAM: So now do they have
16 the option to, you know, plead guilty to the
17 misconduct or fight the misconduct?

18 CHIEF DEPUTY BEASOM: Yes. They
19 have -- they have the opportunity to plead not
20 guilty or guilty.

21 MS. HALLAM: Right.

22 CHIEF DEPUTY BEASOM: And then the
23 hearing officer, then, you know, based on video
24 review, misconduct reports, reports from anybody
25 else that may have been involved with it, then

1 they make their determination.

2 MS. HALLAM: Okay. And is there a
3 difference between potential punishment actions
4 that can be taken against them, whether they
5 plead guilty or not guilty to the alleged
6 misconduct?

7 CHIEF DEPUTY BEASOM: I mean,
8 they're not really working on plea deals, no.

9 MS. HALLAM: But if I am charged
10 with a misconduct and I plead guilty, am I going
11 to receive a lesser sentence than someone who is
12 found --

13 CHIEF DEPUTY BEASOM: That's really
14 up to the officer that's doing the hearing.

15 MS. HALLAM: There's no policy on
16 that?

17 CHIEF DEPUTY BEASOM: Right.

18 MS. HALLAM: Okay. Are they
19 informed of what the potential ramifications
20 could be if they are found to have, you know,
21 done this misconduct when they are charged with
22 it.

23 CHIEF DEPUTY BEASOM: I don't know
24 what you're asking me.

25 MS. HALLAM: For example, if I'm

1 charged with having contraband, whenever I
2 receive my misconduct, am I informed you could
3 get 30 days in the hole up to 60 days in the
4 hole, something like that?

5 CHIEF DEPUTY BEASOM: I mean, it's
6 been a long time since I did a misconduct
7 hearing, but, you know, there's always the
8 potential per incident to receive up to 40 days
9 of --

10 MS. HALLAM: And that's the same
11 for every single incident?

12 CHIEF DEPUTY BEASOM: Right.

13 MS. HALLAM: And are they informed
14 of that?

15 CHIEF DEPUTY BEASOM: I believe
16 they are, yeah.

17 MS. HALLAM: Is that in the
18 misconduct sheet that we're going to see?

19 CHIEF DEPUTY BEASOM: I don't think
20 that's on that sheet, no.

21 MS. HALLAM: How are they informed?

22 CHIEF DEPUTY BEASOM: I'll find
23 out.

24 MS. HALLAM: Okay. Thank you very
25 much.

1 Are they able to review the
2 evidence against them prior to the proceeding?

3 CHIEF DEPUTY BEASOM: They have --
4 they have the report that's contained within the
5 misconduct report. That's all the access they
6 have.

7 MS. HALLAM: So just what's in the
8 body of that text on the misconduct report?

9 CHIEF DEPUTY BEASOM: Correct.

10 MS. HALLAM: So any video footage
11 or anything else that you have, they don't get to
12 see that prior to their hearing?

13 CHIEF DEPUTY BEASOM: Right.

14 MS. HALLAM: Okay. What type of
15 evidence is used in these hearings other than
16 witness testimony and the incarcerated
17 individual's testimony?

18 CHIEF DEPUTY BEASOM: They take the
19 individual involved, they take their plea, their
20 information, their version of the events and then
21 compare that with what the reports, video that
22 they have available to them.

23 MS. HALLAM: Okay. So reports from
24 jail staff?

25 CHIEF DEPUTY BEASOM: Right.

1 MS. HALLAM: Reports from other
2 incarcerated individuals?

3 CHIEF DEPUTY BEASOM: If they're
4 called as witnesses or they -- or they bring
5 inmate statement forms, yes.

6 MS. HALLAM: Okay. Video footage.

7 CHIEF DEPUTY BEASOM: Right.

8 MS. HALLAM: Anything else?
9 Anything that has been confiscated? I'm just
10 trying to find out what all the types of evidence
11 are that could be used against them in the
12 hearing.

13 CHIEF DEPUTY BEASOM: If anything
14 is confiscated, I mean, there's photographs
15 available too, but the actual evidence is given
16 to the Internal Affairs Detachment with the jail.

17 MS. HALLAM: Okay. And you said
18 that the individual being charged with the
19 misconduct can bring witnesses that are other
20 incarcerated individuals. Does the jail also
21 have the right to request other incarcerated
22 individuals as witnesses against the person being
23 charged with a misconduct?

24 CHIEF DEPUTY BEASOM: We don't
25 really need to.

1 MS. HALLAM: Okay. Why is that?

2 CHIEF DEPUTY BEASOM: We already
3 have the video and the reports, so we have the --
4 we have the video of what happened.

5 MS. HALLAM: So you have the video,
6 but the person being charged with the misconduct
7 does not? That's why they have to bring
8 witnesses, and you do not?

9 CHIEF DEPUTY BEASOM: If they
10 have -- if they feel that our version of it is
11 incorrect, yes.

12 MS. HALLAM: Okay. Can they
13 challenge any of the evidence that is presented
14 against them in this hearing?

15 CHIEF DEPUTY BEASOM: They can
16 appeal it, yes.

17 MS. HALLAM: So -- but that's after
18 a -- I don't know if you call it a verdict, the
19 decision?

20 CHIEF DEPUTY BEASOM: After a
21 guilty -- after a guilty -- you can call it
22 verdict, sure.

23 MS. HALLAM: Okay.

24 CHIEF DEPUTY BEASOM: After a
25 guilty verdict is handed down, a sentence is

1 levied on that individual. Then they have a
2 certain amount of time to issue an appeal. I
3 think it's -- I think it's five or ten days after
4 that.

5 MS. HALLAM: Okay. Five to ten
6 days after they receive that guilty verdict,
7 okay.

8 And are they made aware in writing
9 of that ability to appeal?

10 CHIEF DEPUTY BEASOM: That was all
11 contained in the Inmate Handbook. That's
12 available on the tablets.

13 MS. HALLAM: Okay. So it's in the
14 handbook. Is it in the actual misconduct slip
15 that you give them?

16 CHIEF DEPUTY BEASOM: I don't
17 believe so -- I'll find out.

18 MS. HALLAM: We will all find out
19 together when we get the form.

20 CHIEF DEPUTY BEASOM: I'll get you
21 a copy, yeah.

22 MS. HALLAM: Yes. I'm excited
23 about that. And so how do they appeal?

24 CHIEF DEPUTY BEASOM: That's
25 usually a tablet request.

1 MS. HALLAM: Okay.

2 CHIEF DEPUTY BEASOM: So that goes
3 to the Warden's Group that's in there and that's
4 fielded by -- usually by one of the Majors who
5 then reviews the incident, you know, the
6 misconduct hearing, what happened, and then
7 another decision is made.

8 MS. HALLAM: Okay. So the appeals
9 process would be five to ten days, which we're
10 going to find out for sure. Five to ten days to
11 submit an appeal, and then a Major will review --
12 based off receiving that request, a Major will
13 review it, basically look at the evidence?

14 CHIEF DEPUTY BEASOM: Right.

15 MS. HALLAM: And say --

16 CHIEF DEPUTY BEASOM: They'll
17 either overturn it or uphold it.

18 MS. HALLAM: So there's not an
19 actual appeal hearing? It's just a Major's
20 decision?

21 CHIEF DEPUTY BEASOM: Correct.
22 Right.

23 MS. HALLAM: And so there's no
24 opportunity to provide additional evidence or
25 witnesses at that appeals process because there

1 is no hearing?

2 CHIEF DEPUTY BEASOM: If the person
3 puts that there's additional information
4 available in that request, they sure, we would go
5 see that person.

6 MS. HALLAM: Okay. Sorry. Were
7 you going to add something else?

8 CHIEF DEPUTY BEASOM: No.

9 MS. HALLAM: Okay. Is that -- do I
10 kind of have the whole totality of the DHU
11 misconduct status? Is there anything else that
12 we missed?

13 CHIEF DEPUTY BEASOM: Every 30 days
14 a Program Review Committee is done.

15 MS. HALLAM: Program Review
16 Committee.

17 CHIEF DEPUTY BEASOM: Program
18 Review Committee, PRC Hearings. That's done
19 by -- usually done by a Major also. So they
20 base -- they have the ability to either uphold
21 the original sentence or we can cut time off to
22 let them out early if they've been -- you know,
23 if their behavior has been appropriate in the,
24 you know, in the RHU.

25 MS. HALLAM: But if they can only

1 get like a max of 40 days.

2 CHIEF DEPUTY BEASOM: Uh-huh.

3 MS. HALLAM: Uh-huh, how helpful --
4 like how often do people actually get it
5 overturned every 30 days?

6 CHIEF DEPUTY BEASOM: It happens.
7 We don't have a percentage of it.

8 MS. HALLAM: It happens. Okay.
9 And what is that based off of? Is it based off
10 of behavior? Is it based --

11 CHIEF DEPUTY BEASOM: Yes.

12 MS. HALLAM: -- off of other
13 metrics?

14 CHIEF DEPUTY BEASOM: Yeah, based
15 off behavior from the officers that work those
16 units, their reports of what's going on with the
17 individual. Obviously, if they've caught
18 additional misconducts, we're not going to cut
19 any time off because now they have more time to
20 walk off, right?

21 MS. HALLAM: So you could get a 40
22 on top of a 40 on top of a 40 on top of a 40?

23 CHIEF DEPUTY BEASOM: Correct.

24 MS. HALLAM: Okay. And is there
25 any limit on that?

1 CHIEF DEPUTY BEASOM: No.

2 MS. HALLAM: Or you could be in
3 DHU, RHU indefinitely if you keep receiving
4 misconducts?

5 CHIEF DEPUTY BEASOM: That's based
6 on the individual's behavior.

7 MS. HALLAM: And then for the AC
8 status, is this the same process --

9 CHIEF DEPUTY BEASOM: Right.

10 MS. HALLAM: -- that's followed?
11 So they still -- because my understanding is for
12 administrative custody they can be on that
13 indefinitely.

14 CHIEF DEPUTY BEASOM: Correct.
15 Same review, though. It's still done by the PRC
16 review every 30 days, so those individuals are
17 reviewed. And if it's appropriate, then they're
18 removed from that status.

19 MS. HALLAM: Okay. Is there ever a
20 time where someone could be reviewed, you know,
21 in less time than the 30 day review period?

22 CHIEF DEPUTY BEASOM: Sure.

23 MS. HALLAM: And what would elicit
24 that additional review?

25 CHIEF DEPUTY BEASOM: If it would

1 be a juvenile.

2 MS. HALLAM: What's the process for
3 them?

4 CHIEF DEPUTY BEASOM: It's 14 days
5 for them.

6 MS. HALLAM: So every 14 days, you
7 review every juvenile on DHU, RHU or
8 administrative custody?

9 CHIEF DEPUTY BEASOM: Right.

10 MS. HALLAM: And what criteria is
11 it that they're reviewed upon? Just behavior?

12 CHIEF DEPUTY BEASOM: Based on --
13 based on why they were placed on that status, if
14 anything had changed, if there's any updates.

15 MS. HALLAM: And with the 14-day or
16 30-day review, is it communicated to them why
17 they were even -- either, you know, denied early
18 release or approved to be let out early?

19 CHIEF DEPUTY BEASOM: Yes. It's a
20 face-to-face interview.

21 MS. HALLAM: Okay. And they will
22 say, hey, you keep getting in trouble or, hey,
23 you're doing great?

24 CHIEF DEPUTY BEASOM: Right.

25 MS. HALLAM: Okay. Is that in

1 writing, or is that just verbal?

2 CHIEF DEPUTY BEASOM: There's a
3 form, yeah.

4 MS. HALLAM: And they get a copy of
5 that?

6 CHIEF DEPUTY BEASOM: They do not,
7 no.

8 MS. HALLAM: And for administrative
9 custody, there's also an appeals process for
10 that?

11 CHIEF DEPUTY BEASOM: I mean, the
12 appeals process would be the Program Review
13 Committee, so every 30 days, you'll have face
14 time with somebody.

15 MS. HALLAM: So it is different
16 than the DHU, RHU process that we just walked
17 through?

18 CHIEF DEPUTY BEASOM: Right.

19 MS. HALLAM: I'm sorry. I thought
20 you had said earlier that it was the same
21 process. So what happens when someone is placed
22 on administrative custody?

23 CHIEF DEPUTY BEASOM: I don't know
24 what you mean.

25 MS. HALLAM: Do they get a

1 misconduct ticket? Do -- is the notification
2 that they've been placed on that the same?

3 CHIEF DEPUTY BEASOM: No.
4 Administrative custody isn't based on behavioral
5 issues all the -- not -- not all the time. If we
6 have somebody that's a significant behavioral
7 issue continually, then we'll place them on
8 administrative custody, okay? This could be -- I
9 mean, there's a lot of reasons to do it. It
10 could be somebody that didn't want to check into
11 protective custody. Maybe they have a
12 high-profile case on the outside, so we place
13 them on AC status for their own protection, okay?

14 So then the review process happens
15 every 30 days.

16 MS. HALLAM: If it's for their own
17 protection, does that mean that they can opt out
18 of AC custody?

19 CHIEF DEPUTY BEASOM: No.

20 MS. HALLAM: Okay. So what is the
21 due process that's given to the individuals who
22 are in AC status?

23 CHIEF DEPUTY BEASOM: The Program
24 Review Committee.

25 MS. HALLAM: Okay. So there is

1 no -- once they are placed on it, there is no
2 hearing. There is no evidence used against them.
3 There are no witnesses called to testify to say
4 they should be in administrative custody?

5 CHIEF DEPUTY BEASOM: Right.

6 MS. HALLAM: And then once they are
7 placed on that, there is also no appeals process
8 that they can request. The only review once they
9 are in there, the only information whatsoever
10 happens every 30 days by the PRC?

11 CHIEF DEPUTY BEASOM: Sure.

12 MS. HALLAM: Okay. You know,
13 that's kind of all I have. I just have one last
14 thing that I want to say is I know we've been
15 talking a lot about exit interviews. So for
16 anyone that's here, current staff, former jail
17 staff, anybody watching at home, if you currently
18 work at the jail or you have left the jail within
19 the past two years and you want an exit
20 interview, hit me up. My DMs are open on social
21 media. The County Council Office phone number is
22 (412) 350-6490. You can call my office. Please
23 do not e-mail me. The whole county has access to
24 those e-mails. You never know. I will keep your
25 name anonymous unless you ask me not to. I would

1 really like to talk to as many people as
2 possible. We have a very functioning Board now
3 who really wants to get stuff done. Please,
4 please, please reach out to me if you want to
5 talk to us. We can do it on your terms.
6 Whatever you want. I just want to get your
7 information, and we want to help. So looking at
8 you guys at home, looking at yinz in here.
9 Please let me know if you want to talk to us.

10 That's all I got.

11 Thank you.

12 JUDGE EVASHAVIK DILUCENTE: Thank
13 you. Anybody else?

14 MAN-E: Yeah. I have a few
15 questions very similar to the questions
16 Ms. Hallam was asking.

17 So I met a man on the 27th named
18 Jamal Crosby. He gave me permission to use his
19 name. He was held in I guess you call it DHU
20 status. We call it the hole. Long story short,
21 he tried to appeal and he told me he got the
22 run-around for a couple months. And even the
23 policies that are listed in his Inmate Handbook
24 that he found on his tablet were not followed.

25 So I mean, first off, I want to

1 know why that happened. But secondly, I want to
2 know if we can get statistics on how many
3 hearings are done per month and what are the
4 outcomes and what are the sentences and how many
5 are appealed.

6 CHIEF DEPUTY BEASOM: We can
7 definitely look into Mr. Crosby's case for
8 specifics. What time frame are we looking at?
9 Was it recently? Is he still incarcerated?

10 MAN-E: He's still incarcerated.
11 It was the end of last year. I think he said it
12 was in November.

13 CHIEF DEPUTY BEASOM: Of '23?

14 MAN-E: And he -- yes. Yeah.

15 CHIEF DEPUTY BEASOM: Okay. And as
16 far as statistics, we don't really generate any
17 spreadsheets or anything like that for numbers of
18 hearings or outcomes, appeals, things like that
19 because those all go through the OMS operating
20 system. So for us to -- there's no report made
21 that we could pull that information out.

22 MAN-E: You have access to it,
23 though?

24 CHIEF DEPUTY BEASOM: To see it?

25 MAN-E: Yeah.

1 CHIEF DEPUTY BEASOM: Yes.

2 MAN-E: If we were to come and
3 visit the jail, would we be able to see it?

4 CHIEF DEPUTY BEASOM: Yes.

5 MAN-E: Oh, I gotcha.

6 Second question is I met another
7 man who gave me permission to use his name. His
8 name is Brian. He got released from the jail on
9 Friday around like 5:30. And what he told me is
10 very similar to what we've heard a lot, was that
11 the cashier was no longer there after he got
12 released. So the money that he had on his
13 books -- he had \$81. He didn't have access to
14 it. He had no way to get home. He wasn't even
15 given a bus ticket like the Discharge Center is
16 supposed to. I ordered him a Lyft from my phone
17 which is how he got home. And he also didn't
18 have some of his other belongings, wallet,
19 sunglasses. He didn't even have his ID, didn't
20 have a bank card.

21 So my question is, bottom line, why
22 are people released without access to their
23 belongings? Why is the cashier not available
24 during the duration of releases throughout the
25 day?

1 DEPUTY WARDEN TOMA: I can speak
2 for the cashier. We recently had a resignation,
3 so we don't have that second shift filled at this
4 time. We're working to fill that and then we'll
5 be reestablished to have them to the 8:00 release
6 time.

7 What is the last name of the
8 individual? You only provided a first.

9 MAN-E: Hatlapatka. Yeah, I'll
10 spell it. H-A-T-L-A-P-A-T-K-A. He said it was
11 Russian. But, but, but, not to be a jag, but
12 I've been tabling outside of the jail for a while
13 now, and every time somebody gets released during
14 that window that we're out there from 5 to 8,
15 they say the cashier isn't there. So this man
16 got released on Friday. He wasn't able to go
17 back for his belongings until Monday, so leaving
18 him, you know, essentially stranded for a couple
19 days.

20 DEPUTY WARDEN TOMA: Yeah, and that
21 is -- I that was brought to our attention.
22 That's absolutely something for seven days a week
23 that we're willing to explore and look into. But
24 like I mentioned, the one individual did resign
25 so we have that second shift that we are working

1 to staff to the 8:00 release time. So we heard
2 you on that one.

3 MAN-E: All right. Thank you.

4 MR. PERKINS: I have a quick one.

5 JUDGE EVASHAVIK DILUCENTE: Hurry
6 up, Mr. Perkins.

7 MR. PERKINS: I have a couple
8 medical related questions. Is it okay if I
9 e-mail you a list of questions?

10 MS. SHAW: Okay.

11 MR. PERKINS: I'm new to the Board
12 so probably a lot of them are probably basic and
13 you probably communicated in the past. But the
14 one question I have is that you indicated that
15 there's not going to be -- the new medical
16 director is going to start in May?

17 MS. SHAW: In May.

18 MR. PERKINS: Is there currently a
19 Medical Director?

20 MS. SHAW: We have an Interim
21 Medical Director right now and he is only there
22 usually a couple days a week, but he is available
23 by phone if we need him.

24 We do have other physicians that
25 are on-site that work there throughout, and PAs

1 and nurse practitioners. So there's always a
2 practitioner there. It's just not the medical
3 director.

4 MR. PERKINS: Is there --
5 like 27/7, is there a medical doctor on staff?

6 MS. SHAW: Well, a practitioner or
7 some sort, a nurse practitioner, PA, MD, DO,
8 something. Somebody is there.

9 MR. PERKINS: Okay. Thank you.

10 MS. INNAMORATO: I do appreciate
11 you Councilwoman Hallam for asking all the
12 questions about 6-A because those were on my list
13 of questions. So we got that out of the way.

14 I'll be brief. Warden, you touched
15 on, you know, accommodating individual dietary
16 restrictions. We know that Ramadan is coming up
17 here on March 10th, and just wanted to hear from
18 the team on how we plan on accommodating those
19 who practice, what offerings we expect to have,
20 and how we'll adjust times during which the food
21 will be delivered so that it can meet the needs
22 of those individuals?

23 REVEREND DR. HOWE: I'm on it.
24 Reverend Dr. Howe. I direct Chaplaincy at the
25 jail. We sent out at the beginning of February

1 to everyone who we had listed as Muslim in the
2 facility, we sent them an application to ask them
3 if they planned on participating in the Ramadan
4 fast. Just like not everybody goes to church on
5 Sunday morning, not everybody practices the fast
6 during the fasting time.

7 Those who selected that they did
8 want to participate in the fast, we sent a list
9 over to medical just to clear if it was medically
10 advisable for those individuals to spend that
11 amount of time in fasting each day for that long
12 of a time. They let us know who was medically
13 advised to fast or not to fast.

14 For those who were advised not to
15 then, we do have a waiver they can sign if they
16 still plan on participating in the fast just so
17 that they know that the doctor has said it's
18 probably not a great idea for you to fast for
19 this time.

20 Then we have a list that goes into
21 the system. They're added to our religious diets
22 list that comes out every day so that the kitchen
23 team has that information, so they'll be getting
24 that updated list every single day. People get
25 transferred from one pod to another, released, so

1 that way they'll have a daily updated list.

2 Anyone new who comes into the
3 facility within that time frame who identifies
4 that they want to participate in the fast will
5 then get that same process at that time so that
6 we can get them added to the list.

7 Starting on Sunday evening, each
8 person will be given a suhoor or a breakfast bag
9 in the evening that they can keep in their cell
10 until the morning, and then that way they'll be
11 able to eat before the sun comes up. Since
12 that's a little bit early to get breakfast trays
13 out, we make sure to accommodate in that way.
14 And then in the evening after the sun goes down,
15 they'll get a double dinner tray that day.

16 MS. INNAMORATO: Great. Thank you
17 for that.

18 MS. HALLAM: Can I go? I promise
19 this is so quick.

20 Okay. The other night when Man-E
21 and I were at the jail doing a visit -- sorry,
22 inspection, we saw -- there was a person who was
23 Intake. It was probably what, 10:30, 11:00 at
24 night and there was a person in Intake who was
25 just begging for water. He couldn't drink the

1 juice box that he got because he had a liver
2 transplant, and he just really needed water. I
3 will say also while we were talking to him and
4 trying to get him water, a man had a seizure in
5 front of our eyes, and it was terrifying, and I
6 felt like the jail staff, of which there were
7 many corrections officers standing around at the
8 time that it happened really just kind of took
9 their time. And I know I personally was appalled
10 because I was like -- I mean, I'm pretty loud and
11 can be obnoxious about things that I care about a
12 lot. And they knew that we were right there
13 watching this happen, and they just kind of like
14 took their time and this man -- it was -- I mean,
15 I was terrified personally watching it happen
16 behind a steel door that we couldn't do anything.
17 So I did want to point that out and just hope
18 maybe you can talk to the folks at Intake when
19 people are having medical emergencies. Because
20 if we wouldn't have been there trying to talk to
21 this guy about getting him water, who knows when
22 they would have found this man mid-seizure,
23 right?

24 But sorry. I digress. My question
25 is about what I saw in the Warden's Report. This

1 thing about the NCCHC staff were complimentary of
2 the jail's efforts at improvements that have been
3 made, including the increased hydration offered
4 at Intake. And when I was asking for this man to
5 get him a cup of water, the jail said he came in
6 too late. He can't have any until the morning.
7 And so I was just wondering, you know, if you're
8 being commended for the hydration offered at
9 Intake, what is that process because this was
10 like 10:30, 10:45. He had gotten there, I guess,
11 after the last time they had given out water and
12 was told he couldn't have any until the next
13 morning. And they said that even to us, so I
14 know he was told that. We had -- I was like
15 begging them, can you please just make an
16 exception.

17 MS. SHAW: I can't even imagine why
18 that would have happened. Usually they always
19 have water in the back of Intake for the nurses
20 to give out, so I -- that doesn't really make
21 sense to me.

22 MS. HALLAM: To anybody on request
23 at any time?

24 MS. SHAW: It's not necessarily on
25 request. It's for detox people, pregnant women.

1 Those are the ones that we generally give water
2 and Gatorade to. Otherwise, there's water in the
3 cells.

4 MAN-E: You mean like in a sink?

5 MS. SHAW: Yeah.

6 MS. HALLAM: I mean, but this was
7 like a liver transplant recipient, and they said
8 that they couldn't give him any water, not
9 because he wasn't eligible to get water but
10 because of the time of the day.

11 MS. SHAW: Yeah, I can't -- I can't
12 imagine because he would have been banded at that
13 point if he had had medical issues, and they
14 would --

15 MS. HALLAM: Luckily I now have a
16 witness that is there as well. He can tell you
17 the --

18 WARDEN DADY: We'll look into --
19 we'll look into --

20 JUDGE EVASHAVIK DILUCENTE: Will
21 you look into this? What was the day, and what
22 time?

23 WARDEN DADY: -- this and what
24 happened with this and make sure that there's
25 fluids down there because, I mean, we were

1 commended on our efforts in hydration.

2 MAN-E: He literally begged us for
3 water.

4 JUDGE EVASHAVIK DILUCENTE: What
5 was the date and time?

6 MAN-E: It was the 27th. It was
7 between 10 and 11. I think it was like 10:30 or
8 so.

9 JUDGE EVASHAVIK DILUCENTE: 2/27.

10 MS. HALLAM: Like 10:30 or 11.

11 JUDGE EVASHAVIK DILUCENTE: Can you
12 just look into who was on that shift and --

13 MS. HALLAM: Lots of people.

14 JUDGE EVASHAVIK DILUCENTE: -- do
15 they know anything about this?

16 WARDEN DADY: Yeah.

17 MS. HALLAM: There were many, many,
18 many -- there was one medical staff and like tons
19 of people in this -- Beasom's uniform. I don't
20 want to say they were all COs. They might have
21 been, you know, other positions as well. But
22 there were so many people there and they wouldn't
23 give this guy water.

24 MAN-E: And just an additional
25 point to like the staff taking their time to

1 respond to this medical emergency, that's
2 literally how Frank Smart died, all right? We
3 call him Bucket. That's his nickname. He had a
4 seizure in Intake. He's the whole reason that we
5 have a Bell Fund in Pittsburgh, you know what I
6 mean, to prevent stuff like this from happening.

7 So for me to witness it, it was
8 kind of jarring, you know what I mean, but, you
9 know, just be a little bit cognizant, I guess.

10 But on the point of the water, I
11 know you're saying it's unbelievable. I'm saying
12 I thought it was unbelievable too that he
13 wouldn't give him the water. He was literally
14 begging for it.

15 JUDGE EVASHAVIK DILUCENTE: Can
16 I -- one more thing. I think it's really
17 horrible if people are released from jail and
18 they can't get their personal possessions. Can
19 you like, you know, put somebody over there
20 temporarily until you get somebody to fill this
21 shift?

22 DEPUTY WARDEN TOMA: Personal
23 property is different. I was only speaking to
24 money on their trust account. So I couldn't
25 speak to the property question that was asked.

1 MS. HALLAM: Give them their money.

2 MAN-E: Well, yeah, just to
3 reiterate, he was denied some of his personal
4 property, but like she said, even the money.
5 Like he literally wouldn't have been able to get
6 home if I wasn't there, and I know this happens
7 often.

8 JUDGE EVASHAVIK DILUCENTE: Okay.
9 Is there two different places you go for your
10 personal possessions and your money?

11 DEPUTY WARDEN TOMA: Uh-huh.

12 JUDGE EVASHAVIK DILUCENTE: So
13 you're saying everybody can always get their
14 personal possessions but there's been a problem
15 to get the money because somebody quit on the
16 second shift?

17 DEPUTY WARDEN TOMA: Yeah. And
18 we're working to fill it. And I understand the
19 request and we're doing our best to address it.

20 MS. INNAMORATO: Just quick. Are
21 those individuals county employees, or are they
22 contracted out?

23 DEPUTY WARDEN TOMA: They're county
24 employees.

25 MS. INNAMORATO: Okay.

1 JUDGE EVASHAVIK DILUCENTE:

2 Ms. Hallam.

3 MS. HALLAM: Yeah. What about --
4 maybe -- I mean, this is just an idea, can we
5 like reach out to the Treasurer's Office? I know
6 they do a lot with money. Maybe we can see if
7 they have any ideas we can brainstorm some things
8 to do because Man-E's right. Like that's all the
9 money they have. It includes the money they came
10 in with and any money on their books. How do
11 they get home? You know, how do they -- you
12 know, buy a phone charger to charge their phone?
13 Buy clothes because it's cold out now and they
14 came in in summer? Like, they really need to get
15 that money when they leave.

16 And so many people I know from -- I
17 think if Brad is still here, I remember him
18 saying things about how like a lot of people just
19 don't ever get their money because they don't
20 want to come back to the jail on Monday. It's
21 like I was just in there. I never want to go
22 back there again, so they just leave their stuff.

23 **ADJOURNMENT**

24 JUDGE EVASHAVIK DILUCENTE: Okay.

25 Do I have a Motion to adjourn?

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MS. HALLAM: So moved.

MS. GRIFFIN: Did somebody second?

JUDGE EVASHAVIK DILUCENTE: No.

MS. GRIFFIN: I second.

JUDGE EVASHAVIK DILUCENTE: Thank
you everybody.

(Whereupon, the hearing was
concluded at 7:18 p.m.)

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C E R T I F I C A T E

I hereby certify that the proceedings and evidence are contained fully and accurately to the best of my ability in the notes taken by me via an audio recording of the within cause and that this is a true and correct transcript of the same.


Diane G. Galvin
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Diane G. Galvin, Notary Public
Allegheny County
My commission expires July 22, 2026
Commission number 1055705
Member, Pennsylvania Association of Notaries

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The minutes of Thursday, March 7, 2024's Jail Oversight Board meeting are provided by the County of Allegheny Office of the Controller Corey O'Connor.

Sincerely,

Corey O'Connor
Allegheny County Controller