

ALLEGHENY COUNTY
JAIL OVERSIGHT BOARD MEETING

Thursday
October 2, 2025

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

MEMBERS OF THE BOARD IN ATTENDANCE:

County Executive Sara Innamorato

Sheriff Kevin Kraus

Controller Corey O'Connor

Councilmember Bethany Hallam, for County Council

President Pat Catena

Man-E, Citizen Member

Robert Perkins, Citizen Member

Barbara Griffin, Citizen Member

JAIL ADMINISTRATION IN ATTENDANCE:

Warden Trevor Wingard

Chief Deputy Warden Lee Estock

Warden of Health Services Amy Shaw

Deputy Warden of Programs and Services

Connie Clark

COMMUNITY CORRECTIONS PRESENTERS

Gregory Price - Passages to Recovery

Adam Zak - The Renewal Center

Ronald Harris - Electronic Monitoring

PUBLIC SPEAKERS

Malikeya Khantrece

Jorge Palmas

John Kenstowicz

Tanisha Long

Cory Roma

Sharon Bonavoglia

Holly Hickling

Eric Miskovich

Jodi Lincoln

P R O C E E D I N G S

(4:04 o'clock p.m.)

CALL TO ORDER AND ATTENDANCE

MR. PERKINS: Hi. Good afternoon.
We're going to call the meeting to order and
start with attendance.

Barbara, would you like to try --

MS. GRIFFIN: Here.

MR. PERKINS: Sheriff.

MR. KRAUS: Sheriff Kevin Kraus.

MR. O'CONNOR: County Controller
Corey O'Connor.

MS. INNAMORATO: County Executive
Sara Innamorato.

MR. PERKINS: Rob Perkins.

MS. HALLAM: County Council Member
Bethany Hallam.

MAN-E: Man-E.

MR. PERKINS: All right. We'll
start with Community Corrections Reports and
Passages to Recovery.

COMMUNITY CORRECTIONS REPORTS

MR. PRICE: Good evening, Board.
Greg Price, Director of Operations, P-R-I-C-E.

For the month of September -- give

1 me one second. I apologize. We had two escapes,
2 two revocations, no medical transport. We had
3 one COVID test, staff. No HR, SI. No use of
4 force, and our current count is 22, with over 20
5 open beds.

6 Any questions?

7 MR. PERKINS: Thank you.

8 MR. PRICE: Thank you.

9 MR. PERKINS: Next up, Renewal
10 Center.

11 MR. ZAK: Good evening. Adam Zak
12 reporting for the Renewal Center.

13 We currently have 133 reentrants in
14 our program. The breakdown is 98 males in our
15 county work-release program, 23 males in our
16 inpatient program, 8 county work-release males,
17 and 4 drug and alcohol program females -- excuse
18 me, 8 county work-release females.

19 For the month of September, we had
20 37 successful discharges. We had 15 escapes, and
21 we had 12 revocations for various reasons.

22 EMTs were called to our facility
23 five times during the last month. We had zero
24 deaths, zero non-fatal overdoses, zero self-harm
25 incidents, and zero use of force incidents.

1 Also, this past Sunday,
2 September 28th, we had about 10 men who
3 volunteered for the Great Race in Downtown, and
4 I'm told it was a successful event.

5 MS. HALLAM: You said you had eight
6 county work-release females. Do you have no
7 women in the inpatient program right now?

8 MR. ZAK: So we have eight county
9 work-release females, and then four are in the
10 inpatient program.

11 MS. HALLAM: Oh, four, okay. I'm
12 sorry.

13 And so how many open beds do you
14 have right now?

15 MR. ZAK: We have -- I could get
16 back to you with the number, but we have a
17 significant amount of open beds.

18 MS. HALLAM: All right. In both
19 the inpatient programs and the work-release
20 programs?

21 MR. ZAK: Yes.

22 MS. HALLAM: Okay. Thank you very
23 much.

24 MR. PERKINS: Any other questions?

25 (No response.)

1 MR. ZAK: Thank you.

2 MR. PERKINS: Thank you.

3 Electronic Monitoring.

4 MR. HARRIS: Good evening, Board.

5 Ronald Harris. Adult Probation. H-A-R-R-I-S.

6 So for this reporting period, we
7 had 567 individuals on electronic monitoring. Of
8 those individuals, 88 -- 85, I'm sorry, completed
9 the program successfully, and 7 were returned for
10 program violations.

11 I'll take any questions.

12 MR. PERKINS: Any questions?

13 (No response.)

14 MR. PERKINS: All right. Thank
15 you.

16 MR. HARRIS: Thank you.

17 MR. PERKINS: All right. Next up,
18 we have no Board Actions or Motions this evening,
19 so moving on to the Meeting Minutes.

20 Does someone want to move to
21 approve the meeting minutes from last month?

22 MS. HALLAM: So moved.

23 MR. PERKINS: Second.

24 All in favor?

25 (Chorus of ayes.)

1 MR. PERKINS: Approved.

2 Are there any subcommittee updates
3 from the last month?

4 (No response.)

5 MR. PERKINS: We'll give a
6 subcommittee substantive update next month.

7 But moving on to New Business.

8 **NEW BUSINESS**

9 MS. INNAMORATO: So for New
10 Business, I wanted to address a long-standing
11 issue that has been a topic of conversation with
12 the Jail Oversight Board for quite some time,
13 which is the use of leg shackles for hospital
14 runs, and I know there has been a lot of concerns
15 to come from the community.

16 Obviously, the safety and
17 well-being of our correctional officers, the
18 humane and appropriate treatment of incarcerated
19 individuals, you know, broader concerns around
20 public safety, and really about good governance
21 and respecting the will of the voters who, you
22 know, rejected the use of shackles in the 2021
23 referendum.

24 So the Jail Oversight Board, we did
25 a Motion to study the issue, and I tasked the

1 County Manager and the Warden to look at
2 different solutions that may be available for us
3 to balance all of these concerns and come up with
4 a resolution.

5 So today, I just want to talk about
6 an agreement that we've reached with our hospital
7 partners to address the issue that balances all
8 of those needs and concerns.

9 So per these agreements with the
10 hospital, during the admissions process, when a
11 CO is guarding the individual awaiting care,
12 hospital police will apply appropriate
13 restraints, including shackles, consistent with
14 policies, procedures, and legal requirements in
15 place to ensure safety of the individual and the
16 facility.

17 So we believe that this solution is
18 compliant with the referendum that was voted on
19 overwhelmingly in favor of by Allegheny County
20 residents, while also respecting the -- the
21 safety for the incarcerated individual receiving
22 care, the CO, and the broader public who may be
23 present at the hospital.

24 It is also a cost-effective measure
25 because the cost incurred will fall on the

1 hospital and their teams.

2 So I just want to thank our
3 hospital partners in working out a solution with
4 us. And, you know, as these agreements are
5 finalized and the new process is implemented, the
6 County Manager and Warden will continue to
7 provide appropriate updates to the Jail Oversight
8 Board, to County Council, and the public.

9 So there is currently listed on the
10 County Council agenda is, you know, specifically
11 something around, you know, the use of shackles
12 for hospital runs, and I believe that the
13 solution that has been worked out with all
14 parties does address those concerns. And, you
15 know, if that current bill advances through
16 County Council and it reaches my desk, I will
17 veto it because it is redundant and does not --
18 we actually have a solution in place.

19 So, you know, I just want to
20 reiterate that, you know -- and we can all kind
21 of work together and bring in partners, we can
22 really balance public safety with the rights of
23 the incarcerated individuals, and, you know,
24 respect the will of the voters and the public.

25 So thank you all for your continued

1 collaboration. And, you know, I'm happy to take
2 any questions from the Jail Oversight Board
3 Members.

4 MS. HALLAM: Is there any progress
5 on the solution to have the Sheriff's Office do
6 the hospital runs? Are those still conversations
7 that are happening? Is that still something
8 that's being explored, or are you just saying
9 this is what we're doing and that's over?

10 MS. INNAMORATO: Well, this is an
11 immediate solution. So we are, you know, always
12 still looking at solutions with the Sheriff's
13 Office.

14 In order for us to -- for them to
15 take that on completely, it's an incredible cost
16 to the County and it would require the Sheriff
17 having to hire a number of individuals. So that
18 is a longer-term solution. This allows us to
19 address concerns immediately.

20 MS. HALLAM: All right. But I
21 haven't seen any evidence that there is a problem
22 right now. And so I'm just wondering, like, what
23 this is a solution to.

24 MS. INNAMORATO: So this is around
25 that in-between time where an individual is

1 transported to the hospital and they're awaiting
2 admission.

3 MS. HALLAM: Right.

4 MS. INNAMORATO: And once they're
5 admitted, the Sheriff takes over, and there are
6 shackles that they have -- that is -- restraints
7 that they're allowed to carry. So we're talking
8 about that in-between time. So this does not
9 give the COs access to shackles, but rather the
10 hospital police would -- would take over in that
11 time between arriving to the hospital and
12 admission.

13 MS. HALLAM: So who will have -- so
14 will the -- what will the corrections officers do
15 then once the people get to the hospital? Are
16 they then leaving because the hospital police is
17 taking -- are taking over custody, or are the
18 hospital police just the one putting on the
19 shackles, and the COs are still going to have the
20 custody of the people?

21 MS. INNAMORATO: The COs would
22 still have custody.

23 MS. HALLAM: So the COs will still
24 be having custody of shackled people. They're
25 just not physically putting on the shackles

1 themselves. That's the only --

2 MS. INNAMORATO: Yes. They will
3 not -- they will not have access to the shackles.

4 MS. HALLAM: But they will have the
5 shackled people.

6 MS. INNAMORATO: They will have the
7 individuals. They will be responsible for them
8 still. That process is still --

9 MS. HALLAM: Okay. And again, like
10 kind of to reiterate my last question, what is
11 the problem? Because I monitor the data that the
12 jail submits to the State, saying there have not
13 been an increase in escape attempts, so I'm just
14 wondering what is the problem that this is a
15 solution attempting to address?

16 MS. INNAMORATO: So I think the
17 concerns that have been expressed on what happens
18 in that in-between time, and this essentially
19 gives the tools to the hospital police and not to
20 the COs.

21 MS. HALLAM: But the concerns are
22 coming from the COs themselves, who are directly
23 benefiting from doing these hospital runs and
24 shackling people. The data does not support the
25 concerns that are being presented to us. So

1 again, I just want to know, like, what is the
2 actual problem?

3 MS. INNAMORATO: So I think it's
4 what the -- what has been discussed in having the
5 Sheriff take over transport.

6 MS. HALLAM: To address staffing
7 concerns at the jail?

8 MS. INNAMORATO: Yes. And that
9 remains -- you know, staffing and retention and
10 FMLA and all of those continue to be challenges
11 that I think we are all working on collaborative
12 solutions towards. This addresses, you know, a
13 safety concern that was brought up and kind of a
14 breakdown in the system that, you know,
15 doesn't -- doesn't -- it still respects the will
16 of the voters, but also, you know, addresses a
17 gap in custody.

18 MS. HALLAM: All right. I get the
19 gap you're talking about. I'm just saying there
20 has been no increase risk of a lack of safety.
21 There is no data that supports that whatsoever.
22 So that's more what I'm asking about is what is
23 this solving?

24 MS. INNAMORATO: This is --

25 MS. HALLAM: Still have the same

1 number of COs outside of the jail. Still have
2 them out for the same amount of hours. What is
3 this solving?

4 MS. INNAMORATO: It solves that --
5 that gap where the individual is not yet
6 admitted. That's what it solves. And it's not
7 necessarily solving everything else you're
8 talking about with, like, COs and getting back
9 and having the, you know, having the Sheriffs
10 take over completely. Like all of that is still
11 in conversation. And again, is -- requires costs
12 and time. And, you know, we will continue to
13 work towards that.

14 MS. HALLAM: Yeah. I understand
15 the time that it takes to do a big change like
16 giving to the Sheriffs. I'm just not
17 understanding this gap that you're referencing.
18 I know what time gap you mean, but what is the
19 problem that is happening? Because there are not
20 increased escape attempts. We have all the data
21 that is reported to the State that proves that.
22 So what is the problem that this is solving?

23 MS. INNAMORATO: So we've talked
24 about the fact that COs want access to shackles
25 because they are transporting individuals to the

1 hospital. That individual, once admitted, does
2 have appropriate restraints put on them by the
3 Sheriffs when they're admitted to the hospital.

4 This is saying that upon entrance,
5 if restraints are required, it will not require a
6 CO to ad- -- to have possession or to put them on
7 that individual. It will be the responsibility
8 of the hospital police.

9 MS. HALLAM: So it's just a
10 workaround to the referendum to say -- it's not
11 the COs putting them on, but it's the COs holding
12 the people in shackles.

13 MS. INNAMORATO: I think the -- one
14 of the major concerns that I've heard expressed
15 by this body with putting restraints in the hands
16 of COs, it could potentially be a slippery slope,
17 where if we're using it here, can't we use it
18 here, back into using them into the facility.

19 This avoids any of that
20 conversation.

21 MS. HALLAM: But it doesn't,
22 because they're still being given shackled
23 people. They're just not -- the only thing
24 they're not doing is putting the shackles on
25 themselves.

1 MS. INNAMORATO: Yes. And they are
2 not -- they are not responsible for those
3 restraints in any way.

4 MS. GRIFFIN: Can I interject with
5 a comment and maybe a question?

6 I mean, I think that would be true
7 also, Bethany, if we turned over transportation
8 from the jail to the hospital to the Sheriff's
9 Department, right, because they can use shackles.
10 It wouldn't just be -- you know, we wouldn't be
11 doing it, but we're going to get someone else to
12 do it. It's kind of the same situation except
13 now that it's not happening on that
14 transportation part, but on the -- in the
15 hospital part. And we still have to work on the
16 man- -- the strengths of the -- you know, the
17 time that it takes the COs to go to the hospital
18 and dealing with that.

19 MS. INNAMORATO: Uh-huh.

20 MS. GRIFFIN: So that issue is
21 not --

22 MS. INNAMORATO: And that's an
23 issue that still remains. And again, for the
24 Sheriff to take over the entirety of that
25 process, it would require money and hiring, and

1 all of that takes time.

2 MS. HALLAM: Right.

3 MS. INNAMORATO: And gives us an
4 intermittent --

5 MS. HALLAM: But at least that
6 solves a problem because then we don't have --

7 MS. GRIFFIN: This solves that too.

8 MS. HALLAM: -- all these COs out
9 of the jail all day, every day.

10 MR. PERKINS: Can I make a comment?
11 I understand, you know, the reluctance to, you
12 know, allow the use of shackles based on past
13 practices. But I think this is a pretty narrow
14 issue that whether there's evidence of more
15 escape attempts logically, though, if you have
16 shackles on and you try to run away from the
17 hospital, that would probably be a deterrent as
18 far as how far you could get away, and it could
19 prevent dangerous situations in the hospital.
20 And I don't know that there's no evidence. I'm
21 sure medical staff might say in certain
22 situations where someone -- you know, where --
23 there's obviously a greater opportunity for
24 escape in the hospital setting. So there's an
25 argument to be made, certainly, that that would

1 be at least a deterrent to people trying to go
2 for it in the hospital.

3 MS. HALLAM: But there is no
4 evidence that shows that. We have evidence. We
5 have data that is reported to the State from the
6 jail of escape attempts, and there has been no
7 greater escape attempts. Actually, there's been
8 fewer escape attempts in some years since the
9 referendum has been implemented.

10 MR. PERKINS: I'm not saying --
11 suggesting that there's more escape attempts.
12 I'm saying that the escape attempt is more of a
13 dangerous situation whenever -- they can't get as
14 far with shackles if you do have shackles on. I
15 mean, it's common sense. I don't think you need
16 a lot of evidence.

17 MS. HALLAM: But there's two COs
18 there with them at all times.

19 MR. PERKINS: I am -- imagine
20 shackles would also be a deterrent as far as your
21 ability to get away in an escape attempt.

22 And to Barb's point, like if the
23 Sheriffs take it over, they're going to do that.
24 It's going to be the same net outcome.

25 MS. HALLAM: But the Sheriffs are

1 not the ones who have been, you know, subject to
2 numerous lawsuits because of misuse of the tool
3 that they were given. So the Sheriffs take it --
4 having shackles on people that they have in their
5 custody has never been a concern, has never been
6 something that anyone has brought up that we need
7 to stop this. The concern has been numerous
8 lawsuits have been filed. Numerous settlements
9 have been paid with county taxpayer dollars
10 because of the misuse of the tools that the
11 corrections officers were us- -- have been using,
12 hence, the reason for the 2021 referendum, and
13 hence, the reason that in all the conversations
14 about the Sheriffs taking it over, nobody has
15 brought up any hesitation whatsoever to the
16 Sheriffs doing their job and doing what they need
17 to do when they are in their custody.

18 What it talks about is jail staff,
19 when they are in jail staff custody. This will
20 be people in jail staff custody in shackles,
21 which is contrary to what the referendum's intent
22 was.

23 MAN-E: I do think it's important
24 to acknowledge that, you know, this perceived
25 uptick in escape attempts, you know, is

1 propaganda perpetuated by the COs. It's not
2 something that I agree with.

3 Of course, I was in favor of the
4 Sheriffs taking over, especially because, you
5 know, they're a professional police force. They
6 can be trusted with the tools that we don't trust
7 the COs with. And, of course, that solves the
8 problem of, you know, staffing issues in the
9 jail. But, of course, we recognize the issue
10 with the amount of money it will take. And I
11 know it's still an ongoing issue.

12 My question is with the hospital
13 police taking over with the shackles, is it
14 assumed that they will shackle every individual
15 or is it per their discretion?

16 MS. INNAMORATO: So I believe
17 that -- I will have to get an answer for you for
18 that, because I'm not intimately aware of the
19 process. So we can get that for you -- for
20 members.

21 MR. PERKINS: Any other questions?

22 (No response.)

23 MR. PERKINS: All right. Let's
24 move on to the Warden's Report.

25 **WARDEN'S REPORT**

1 WARDEN WINGARD: Good afternoon,
2 Board. So last week we -- or this week, sorry,
3 we had 21 new cadets start, a new class of 21,
4 which is a large class for us. We're happy about
5 who are in the pipeline to start. Hopefully, a
6 class that large or larger in December.

7 Last Friday we invited Pittsburgh
8 Public Schools, their guidance counselors into
9 the facility to tour, talk to us about just, you
10 know, what their perceptions of the facility is
11 and if they would have any students that they
12 would want to guide towards us upon graduation
13 for employment, nursing students after they go to
14 nursing school, high school students that might
15 want to come work for the county. I thought that
16 meeting went very well with the public schools.
17 We're going to expand that out to the other
18 school districts in Allegheny County, but I think
19 the intent of that in the beginning from our
20 recruiting team was just to introduce ourselves
21 to them, and it turned out to be a whole day of
22 great questions from the Pittsburgh Public
23 Schools, and they got to tour the facility.

24 We've been talking about Unit
25 Management since January, I think. We now have

1 eight Unit Managers in the facility, one, at
2 least one on every level, two on two levels.
3 They're going to work a lot on communication,
4 making it better in the facility, and dealing
5 with the day-to-day issues inside that facility
6 on their particular levels. They're all in place
7 as of this week. They're doing some training,
8 and then they're hitting their levels. We're
9 going to work hard to work with the officers and
10 the sergeants on their levels and all the medical
11 people on their housing units to just make it a
12 better housing unit for the incarcerated folks
13 and for the staff working there. The facility
14 breaks down nicely for Unit Management.

15 Speaking of Unit Management, the
16 Pennsylvania Prison Society invited myself and
17 Unit Manager Roundtree to Philly a couple of
18 weeks ago to honor him as their Correctional
19 Employee of the year. It was a nice ceremony to
20 see Unit Manager Roundtree given that award. He
21 is the Unit Manager for the two female units and
22 for the juvenile unit.

23 Ironically, as he was being given
24 that award, myself and a few staff at the
25 facility, and a couple staff in this room, were

1 dealing with an issue in the facility on the
2 juvenile unit that he -- he took care of us --
3 took care of from Philadelphia during that
4 ceremony. It was good to see.

5 That's all I have for right now.
6 Deputy Martin is out of the facility this week,
7 so Deputy Shaw is going to give her report for
8 medical.

9 DEPUTY SHAW: Thank you. As you
10 know, the jail partners with Allegheny Health
11 Network to provide care for our incarcerated
12 population. For about the last year, the jail
13 has also partnered with AHN's Star Center to
14 provide staff training. The Star Center is the
15 Simulation Teaching and Academic Research Center.
16 They send staff to the jail monthly to train our
17 employees about medical issues that we commonly
18 face, or maybe an issue in the jail. Recently,
19 we started to invite the corrections side of the
20 house, the CRU Team sergeants, those people who a
21 lot of times are the first people on the scene
22 for medical emergencies to these trainings with
23 us. And it was really nice to see because it
24 gave us a little different perspective on things,
25 a little different -- some different questions.

1 And for the nursing staff, it gives them the
2 opportunity to earn continuing education credits
3 for their licensure renewal.

4 We've also begun inviting
5 correctional -- sorry -- coming up next week, we
6 are also offering our staff a training
7 opportunity from PAAR, which is the Pittsburgh
8 Action Against Rape, and this is on human
9 trafficking. We've had them in before to offer
10 the same educational opportunity to our staff,
11 and we're very excited to have them again.
12 That's really, really a good program.

13 On September 24th, we partnered
14 with Giant Eagle to offer flu and COVID vaccines
15 to our staff, and we will be holding a flu and
16 COVID vaccination clinic for all of our
17 incarcerated population coming up in mid-October.

18 That's all I've got. I'll give it
19 over to Deputy Connie Clark.

20 WARDEN CLARK: Good afternoon.
21 HOPE celebrated two graduations in September.
22 The men's graduation ceremony took place on
23 September 10th, and the women's graduation
24 ceremony took place yesterday. We were fortunate
25 to have guest speakers Lee Davis and Terry

1 Spencer -- Terry Minor-Spencer, who shared their
2 stories of hope and inspiration to the HOPE
3 participants.

4 On September 15th, CTR programming
5 began in the Reentry Center. CTR is a
6 recovery-oriented cognitive therapy course
7 facilitated by Renewal and RICA in collaboration
8 with the Beck Institute. CTR enrollment in the
9 jail prioritizes individuals at higher risk to
10 recidivate. The program focuses on strengths of
11 the individual and emphasizes positive beliefs
12 and skills to help individuals achieve their
13 desired goals.

14 This afternoon, the jail hosted
15 another overdose prevention resource there
16 outside of the visitors entrance in partnership
17 with the Health Department and the Department of
18 Human Services. Community organizations came to
19 provide information on a variety of resources.
20 Families coming for visitation, individuals
21 releasing from the jail, and jail employees were
22 able to participate in the event and learn about
23 some of the rich resources that Allegheny County
24 has to offer.

25 On September 17th in preparation

1 for the general election, voter education and
2 registration efforts began. A total of 116
3 individuals registered to vote. The next
4 education registration event is scheduled for
5 October 8th. The jail continues to partner with
6 League of Women Voters and BPEP who organize
7 volunteers and conduct this education. We're
8 grateful for their continued support, as well as
9 the support of the many volunteers who have made
10 this initiative successful.

11 Thank you.

12 MR. PERKINS: Questions?

13 Go ahead.

14 MS. GRIFFIN: I -- just the number
15 of the jail population is still trending upward,
16 and we did hear from Renewal. I think in the
17 past months, they're said 50 or 60 empty beds.
18 We didn't get a particular number this
19 week but -- this month, but it was substantial is
20 what Renewal said. You know, I imagine it may be
21 even higher. What is the state of the progress
22 on working on getting more people to Renewal and
23 out of the jail?

24 WARDEN CLARK: So we have an
25 alternative housing team that works in the jail.

1 They review everyone that comes into the jail for
2 possible placement into alternative housing. If
3 the person is eligible, they submit Motions
4 requests to the judge for that person to be
5 transferred to alternative housing, and at that
6 point, it is at the discretion of the judge
7 whether or not that individual gets placed.

8 MR. PERKINS: Are they typically
9 represented by counsel when they file the
10 Motions?

11 WARDEN CLARK: Typically -- no.
12 It's just done by jail staff. We have a process
13 and an agreement with the courts that we can send
14 those requests up. They get reviewed by the
15 judge and sent directly back to the jail.

16 MS. HALLAM: Follow up on that
17 first. What percentage of the ones that the jail
18 sends up to the judges would you say are approved
19 by the judges? I'm not going to make you say
20 which judges deny them the most.

21 WARDEN CLARK: That's fine.

22 MS. HALLAM: But yeah, what
23 percentage?

24 WARDEN CLARK: About 50 percent.

25 MS. HALLAM: 50. And I'm guessing

1 you guys have a pretty intense review and --

2 WARDEN CLARK: Correct.

3 MS. HALLAM: -- yeah, process, and
4 still only 50 percent are getting approved by
5 judges?

6 WARDEN CLARK: Correct.

7 MS. HALLAM: Wow. Okay. Thank you
8 for that.

9 I just have a couple of questions.
10 The first question is a follow-up --

11 MS. INNAMORATO: Sorry. Before you
12 get into other lines of questioning, can I ask a
13 question along this?

14 MS. HALLAM: Yeah. Go ahead.

15 MS. INNAMORATO: Thank you. So I
16 know we hired a Population Manager. Is there any
17 updates on conversations that have happened or
18 different policies that have bubbled up on what
19 we want to implement? Because I will also say
20 what -- the trend of the population going up, it
21 is costing the County quite a bit of money. And
22 I'll be presenting my budget to County Council
23 next week and talking about one of the major cost
24 drivers being the increased population of the
25 jail.

1 WARDEN CLARK: Yeah. So the
2 Population Manager, he came on board about six
3 weeks ago. We are -- he was promoted from his
4 former position as Alternative Housing
5 Coordinator, so he is doing dual roles currently
6 while we're waiting to fill that position that he
7 vacated. We don't want alternative housing
8 placements to be delayed because of his
9 transition, and it is population management, so
10 it still falls under his world in that way.

11 But he is making those
12 relationships, meeting with people from pretrial,
13 probation, the courts, to try to get a holistic
14 picture of what's driving the population in the
15 jail up. He's working with the records team in
16 the jail and others that are -- caseworkers that
17 are involved in that process to both look at
18 individual cases, to get people moved when they
19 can be, or if it's just a paperwork hold up, he's
20 reaching out to get those taken care of, but he's
21 also taking a larger process review to see what
22 part, if any of this process is broken.

23 So he's going to need some time to
24 really get -- he's tracking cases and using
25 examples so that we can monitor and get a good

1 picture of the -- of each area and what the
2 delays may be.

3 I can tell he's looking very
4 closely at out-of-county homes, so people whose
5 charges in Allegheny County have been resolved
6 and the only thing they're waiting for is to go
7 to another county, we've seen some delays there.
8 So he's working to get someone moved today after
9 they sat in our jail for two months waiting to go
10 to another county. So he's working on those as
11 well.

12 We have a lot more control over
13 that than we do decisions that judges may make,
14 so he's working in the avenues that he can to
15 make progress.

16 MS. INNAMORATO: Thank you for that
17 update.

18 WARDEN WINGARD: Can I comment on
19 that, County Executive, if you don't mind?

20 MS. INNAMORATO: Sure.

21 WARDEN WINGARD: I'm very hopeful
22 that the Unit Managers are going to have a part
23 in this. They're the ones that are going to be
24 on the units listening to the issues that we're
25 talking about in here, and they're going to work

1 with Gary.

2 We have a small pocket of people in
3 the facility that we do have the control -- we do
4 have authority that are like -- people moving to
5 the state, people moving to the feds. The Unit
6 Managers working with their caseworkers and
7 talking to those people on the units every day,
8 having a consistent person on those units to
9 listen to those concerns, work with Mr. Copeland,
10 I'm hopeful that that's going to all work
11 together to start reducing the population.

12 MS. INNAMORATO: Thank you, Warden.

13 MS. HALLAM: Just a couple
14 questions. First of all, I know it was brought
15 up at the -- at last month's meeting about the
16 situation for attorneys and mitigation
17 specialists, anybody there on official visits,
18 and how everyone is just in one big room.
19 There's no anonymity there. Can you speak to any
20 progress that has been made since then, and also
21 what you're working on to fix it.

22 WARDEN WINGARD: Sure. The
23 specific issue that was brought up last month, we
24 addressed that issue. Thanks, Man-E, for
25 connecting us with her. I talked to her actually

1 after the meeting. But as a system issue,
2 that -- that -- quite frankly, that building was
3 built for housing. It wasn't built for
4 programming. It wasn't built for meeting. It
5 just wasn't. So we're working to create as much
6 space as we can. The Unit Managers found some
7 space this week on their levels to do some things
8 in the way of treatment, which is good.

9 But the issue with attorneys is
10 interesting and, you know, some folks here may be
11 able to comment on it. Generally, the
12 requests -- it's my belief the request of the
13 attorneys is to go into the rooms that we're
14 using because they get to sit and meet with their
15 clients face-to-face. The other areas that could
16 be used as alternatives are not face-to-face
17 areas. They're accessible. There's glass, but
18 there's going to be a little bit of separation.

19 So most attorneys, when we looked
20 into this after last month's meeting, said the
21 room is okay versus going to the alternative
22 room. That doesn't mean we're going to not keep
23 looking for more additional room. It is a
24 concern, but we're going to put the Unit Managers
25 mostly on 3 and 4, looking for more space.

1 MS. HALLAM: Can we just like
2 remove the glass in those rooms that are private
3 but have glass, or are they used for something
4 else?

5 WARDEN WINGARD: It's used for
6 something else.

7 MS. HALLAM: Okay. Just -- I
8 figured you probably would have thought of that
9 already, but I just wanted to suggest it.

10 WARDEN WINGARD: Thank you.

11 MS. HALLAM: Yeah. You're welcome.
12 Next question is -- oh, wanted to give kudos
13 because I only ever criticize, I get told, but
14 Chief Warden, Chief Deputy Warden, and Warden, I
15 wanted to thank you guys. You help facilitate a
16 young man -- child, who was in the jail, be able
17 to livestream the funeral of his little brother.
18 And I don't want to cry talking about it, but it
19 meant a lot to me, and it meant a lot to his
20 family, and it wasn't going to happen except for
21 you guys. So thank you for making that happen
22 and allowing him to send off his brother even
23 though he was incarcerated.

24 WARDEN WINGARD: Just to comment on
25 that, Unit Manager Roundtree, while he was in

1 Philadelphia getting that award, was helping us
2 coordinate that.

3 MS. HALLAM: Thank you for that.

4 WARDEN WINGARD: You need to know
5 that.

6 MS. HALLAM: It means a lot, and it
7 means a lot to his family too. And so I wanted
8 to make sure you guys heard it from me
9 personally. A year ago, that would have never
10 happened and so thank you both for facilitating
11 that.

12 Next question is -- actually, we
13 got some online comments that were submitted.
14 I'm not going to read them for sake of time, but
15 there were just some good questions in it that I
16 want to shout out and see if we can get some
17 answers for these folks.

18 So the first one is regarding
19 telehealth appointments. And this person wants
20 to know if telehealth appointments that we've
21 talked about in numerous meetings over the past
22 few months, will they be optional for
23 incarcerated individuals? Like, will you offer
24 it, and then they can say, no, I want to go in
25 person? Or for certain things, will it be like,

1 no, this is what you're getting?

2 WARDEN WINGARD: Great question. I
3 don't know the answer to that. We're working
4 through. We've had some really good progress
5 with UPMC on that. We're still working with all
6 the other health systems on that. But we'll have
7 to get back to you. I don't know the answer to
8 that question.

9 MS. HALLAM: Next question is are
10 there projections for the number of medical
11 visits that could be conducted virtually, and how
12 would this affect staff time spent transporting
13 individuals to outside medical appointments?
14 Same answer?

15 WARDEN WINGARD: I envision -- I
16 don't think there will be a huge impact on trips
17 initially. I think these appointments -- I've
18 talked to the doctors at the facility about this.
19 We were going to start off slow. We're going to
20 start off small and see if it grows from there.
21 We can get some numbers for you next month by
22 talking to our doctors, but I would say there's a
23 lot of appointments there now that one would
24 think why can't this be done over telehealth.
25 That's what -- we're going to start with those,

1 but it kind of falls back to the first question.
2 If the person says, I don't want to do this, I
3 have to find out what we have to do there.

4 MS. HALLAM: Okay. Again, another
5 question on this. So it was reported at one of
6 the previous meetings that there's a -- it's an
7 average rate now of ten hours that someone is
8 spending outside of the jail for a single medical
9 appointment. And this commenter points out, like
10 that is so much longer than it would take me or
11 you if we were at the hospital for an
12 appointment. So do we have any information as to
13 like why it's taking -- whose making me make that
14 noise?

15 Do we have any information about
16 like why it takes ten hours for a medical
17 appointment?

18 DEPUTY SHAW: It doesn't generally
19 take that long, but it does -- it could take that
20 long depending on what they go out for. So if
21 they go out for like a small procedure, something
22 like that, it could take that long. But if it's
23 just for a general medical appointment, it's one
24 person getting transported, it's not taking them
25 that long.

1 MS. HALLAM: Oh, sometimes multiple
2 people are going on one single run together?

3 DEPUTY SHAW: It could be if it was
4 like a two-for-one in the same doctor's office or
5 something.

6 MS. HALLAM: So someone's is first,
7 someone's is second. Maybe there's a third, and
8 added up together, they're all out for one trip?

9 DEPUTY SHAW: Right.

10 MS. HALLAM: Ten hours.

11 DEPUTY SHAW: Right.

12 MS. HALLAM: Thank you. I didn't
13 understand that when it was explained the first
14 time. I appreciate that.

15 And then does that ten hours, does
16 that include like wait time spent in the
17 emergency room or is that different? Are we
18 separating medical appointments and emergency
19 room visits?

20 DEPUTY SHAW: If they're taken to
21 the hospital, like for -- to go to the ER, those
22 don't count.

23 MS. HALLAM: Okay.

24 DEPUTY SHAW: It's different.

25 MS. HALLAM: It's definitely just

1 like scheduled appointments that they're going.

2 Thank you very much for that.

3 And then the next question from
4 here I wanted to ask was someone talking about --
5 and I remember Addie has been here a few times
6 commenting on the Emergency Management Plan for
7 the jail in the case of a natural disaster or
8 weather emergency. I mean, I know I have like
9 visions in my head of like Katrina and what
10 happened with people in jail there, and like the
11 heat that goes on in the south.

12 They want to know about has there
13 been a follow-up to the status of an Emergency
14 Management Plan, and how will those who are
15 incarcerated at the jail, especially children,
16 how will their care and well-being be managed
17 during an emergency like that?

18 CHIEF DEPUTY WARDEN ESTOCK: We
19 have made progress on the critical incident
20 manager. As a matter of fact, he starts Monday.

21 MS. HALLAM: Oh, awesome.

22 CHIEF DEPUTY WARDEN ESTOCK: So as
23 we progress through that, we'll be working with
24 County Emergency Management, City of Pittsburgh,
25 and PEMA and FEMA to work on our emergency plans.

1 We'll be going to other prisons, jails, and kind
2 of seeing what they're doing. But obviously,
3 that's a big part of us moving forward with the
4 Emergency Management System.

5 MS. HALLAM: So in the works but
6 not done yet?

7 CHIEF DEPUTY WARDEN ESTOCK: In the
8 works.

9 MS. HALLAM: Okay.

10 CHIEF DEPUTY WARDEN ESTOCK:
11 Absolutely.

12 MS. HALLAM: Awesome. The other
13 thing, you talked -- I know I just got
14 double-vaxes at the Recovery Walk a couple weeks
15 ago. Are we still giving the \$25 per vaccine
16 that people were getting?

17 DEPUTY SHAW: Yes, we're still
18 doing that.

19 MS. HALLAM: And do you get it for
20 flu or just COVID?

21 DEPUTY SHAW: I think it's for
22 both.

23 MS. HALLAM: Okay. So like you can
24 get 50 bucks if you get double-vaxed?

25 DEPUTY SHAW: Well, try not to

1 advertise it for that to be the reason.

2 MS. HALLAM: No, we want -- we want
3 to advertise. We want them to get it.

4 DEPUTY SHAW: I mean, I want them
5 to get it, but I want them to get it because it's
6 the right thing to do.

7 MS. HALLAM: Sure.

8 DEPUTY SHAW: Not because you get
9 money for it.

10 MS. HALLAM: Sure. But I know a
11 lot of people who aren't in jail who if they were
12 getting 50 bucks to get double-vaxed, they would
13 do you. Yeah, probably --

14 DEPUTY SHAW: There's that.

15 MS. HALLAM: Yeah, people in the
16 audience, yeah. So that is -- so if I was in
17 jail right now and I -- you said you're doing the
18 vaccine clinic and I got COVID and flu, I would
19 get 50 bucks in my commissary account?

20 DEPUTY SHAW: Yes.

21 MS. HALLAM: I'm so glad to hear
22 that.

23 And then the last question was
24 about -- oh, status of the contract,
25 telecommunications? Where are we at with that?

1 WARDEN CLARK: Still in
2 negotiations.

3 MS. HALLAM: Still in, okay? ETA?
4 No.

5 WARDEN CLARK: A few months.

6 MS. HALLAM: Few months, okay.
7 Like early 2026?

8 WARDEN CLARK: Probably.

9 MS. HALLAM: Okay. Cool. Thank
10 you very much.

11 MAN-E: Yeah, I was going to do the
12 same thing she did, ask about some questions from
13 the comments. Luckily, she left me one.

14 MS. HALLAM: Sorry. You should
15 have told me you wanted to do that.

16 MAN-E: No, that's okay. It's
17 okay. Great minds think alike. That's what they
18 say.

19 There was a question about medical
20 emergency notifications. They basically asked
21 whether or not a social worker could, you know,
22 be like the liaison between the jail and the
23 families. Of course, we know -- some of this we
24 talked about before, people being notified
25 whenever something happens in the jail has been

1 like a point of contention.

2 So is there any possibility where
3 social workers inside of the jail can serve as
4 liaisons to notify families of medical incidents?

5 WARDEN WINGARD: I know we worked
6 with the subcommittee, the Healthcare
7 Subcommittee to talk, and we're working through
8 this. I mean, we do have -- we do have
9 caseworkers. We have social -- we have staff who
10 could communicate to the same, you know,
11 disciplines at the hospitals. We are rewriting
12 this policy with a lot of input from you, from
13 the Board. We'll take that into consideration.
14 I know that staff have those -- I know the
15 hospitals have those staff, and we have a pretty
16 robust medical staff, so we can take that into
17 consideration, but we are re-doing that policy --
18 re-writing that policy actually.

19 MAN-E: All right. And that's
20 something that's going on with the Healthcare
21 Committee? Okay. I gotcha. I appreciate that.

22 You mentioned PPS came and took a
23 tour of the jail, and I know you said counselors.
24 Were there any students there as well?

25 WARDEN WINGARD: No. It was

1 guidance counselors, but they asked about
2 potential seniors coming in for tours who are,
3 you know, going out into the world in May who may
4 want to come there and work, or if somebody is
5 doing the medical school for two years might want
6 to come back in two years and be a nurse down
7 there, and we told them we would absolutely set
8 those tours up.

9 MAN-E: Okay. Thank you.

10 WARDEN WINGARD: Do you want to
11 come down for that?

12 MAN-E: No. I personally would
13 advise against it, but you know, better minds
14 than me may think differently. That's all.
15 Yeah. You know. That's it.

16 WARDEN WINGARD: It was a request
17 of their counselors.

18 MAN-E: I gotcha. Thank you.
19 Yeah, I think that's it for me.

20 MS. GRIFFIN: The problem with
21 going first is then I think of more questions.
22 So if you don't mind, just to loop back one more
23 for me.

24 In our Liaison's Report, we heard
25 some complaints that were raised over the past

1 month about food service, particularly was it a
2 broken pipe incident at the -- in the kitchen?
3 Can you address that? Do you know what that's
4 about?

5 WARDEN WINGARD: I don't know about
6 a specific pipe broke in the kitchen, but we do
7 have regular plumbing issues in the facility.

8 MS. GRIFFIN: Okay.

9 WARDEN WINGARD: But I'm not aware
10 of a specific pipe in the kitchen. We meet --
11 Deputy Clark meets with it more than I do, but at
12 least once a week, I meet with the person in
13 charge of our Food Service Department, and he
14 hasn't mentioned anything about that delaying
15 food service.

16 MS. GRIFFIN: Okay. It seemed like
17 there were several complaints, but that it was
18 fixed eventually, and then things got back to
19 normal. So maybe it didn't disrupt things for a
20 very long --

21 I also wanted to acknowledge the
22 good questions that some of you pointed out
23 regarding the healthcare issues, and I think that
24 is something that we will -- kind of -- we can
25 follow up on those questions at our next

1 Healthcare Committee meeting.

2 And then there was one more, which
3 was one of the online questions, was can the
4 Board taste-test food from the kitchen. And so
5 that is something that -- yeah, that is something
6 that has been on my schedule. I couldn't --
7 haven't been able to schedule it yet, but yes, we
8 will plan a day where we can come and have a meal
9 at the jail.

10 MR. PERKINS: Thank you, Barb.

11 MS. HALLAM: Just one more that I
12 forgot to ask. I was just looking over the
13 Liaison Communications Forms that have been
14 coming in from our liaison. She's been scanning
15 them and sending them to us, and I noticed that
16 the ones for this month's meeting came in --
17 like, were from June and July. And I was just
18 wondering, I know we had talked in the past about
19 streamlining getting those to her. Have you guys
20 noticed any delay? Are you noticing that you're
21 not getting liaison forms to the liaison for
22 months, or are they getting to her within a few
23 days of them being submitted?

24 WARDEN WINGARD: I just met with
25 her yesterday. We introduced her to the Unit

1 Managers so they can work with her on
2 streamlining that. We did ask her -- not me, one
3 of the Unit Managers, asked her how often she's
4 been coming to the facility. She said at least
5 three days a week. So I know she's been
6 collecting them. So I'm not sure what that delay
7 was, but I know she worked -- she met with the
8 Unit Manager yesterday about continuing to try to
9 streamline that.

10 MS. HALLAM: Okay. So there is
11 still issues that are being worked out?

12 WARDEN WINGARD: Yeah. I'm not
13 aware of a June or July issue, but we'll
14 obviously talk to her about it.

15 MS. HALLAM: Okay. Yeah. Please
16 do, because some of them, again, are like months.
17 I have June, July, August. So thank you very
18 much.

19 I just -- you know, it's just
20 important -- I'm not trying to nitpick. It's
21 just like really important for us to be able to
22 -- like, if I'm asking about something that was a
23 problem three months ago, you guys, this new
24 administration probably solved it already. So I
25 just don't want to be redundant with my

1 questioning.

2 Thank you very much.

3 MR. PERKINS: Any other questions?

4 (No response.)

5 MR. PERKINS: Moving on to Public
6 Comment. As always, I do my best with name
7 pronunciations, so I apologize if I mispronounce
8 anyone's name. Sharon, I think I got you
9 tonight, two years in. So we'll start with --
10 this is an online submission. Is it Malikeya
11 Khantrece?

12 MS. KHANTRECE: Good evening. It's
13 Malikeya Khantrece. It really is easier than it
14 looks.

15 I was going to have a whole spiel
16 when I started with this process of coming in
17 today. I have some of my Criminal Justice
18 students here from Pitt and coming in to
19 participate in the community and our Jail
20 Oversight Board meeting. I do want to address,
21 I'm the person that they are talking about in the
22 mitigation and that was addressed. And as much
23 as I definitely value you all's efforts and
24 responses, it did not stop. And bringing that
25 into light and thinking about the more folks have

1 been hired and tours of Pittsburgh Public Schools
2 possibly coming to work at the jail -- I don't
3 know what's happening here -- at the jail. I --
4 that terrifies me at this point. The person who
5 took my personal information down -- or took a
6 picture of my personal information, the CO who
7 did that, passed it around, and that same person
8 has -- may have still been taunting my clients
9 with having my personal information. And every
10 time I come and see my clients and have a legal
11 visit, they persist that I am bringing contraband
12 into the jail. They try to confiscate discovery,
13 and when I respond to object to it, particularly
14 Mr. Sarver has stated to me, I do what I want.
15 This is my jail, including banning you for life.
16 And your objections to this let me know how
17 guilty you are. And then as I left the building,
18 yelling F that B, she smells like fresh-cut grass
19 and F the Board for supporting her. That's a
20 problem.

21 What I will say is, while we have
22 new people coming in, quantity is lovely, but it
23 means nothing when the quality of delivery fails
24 justice, right? It needs to stop. I'm not
25 stopping. I'm not going away, but this needs to

1 stop, and it certainly doesn't need to roll over
2 to new people coming in trying to keep and do the
3 job of protecting and serving, instead of
4 harassing and really obstructing justice.

5 So I ask that you all really
6 consider that. There is something to be said for
7 reaching back out and trying to get ahold of
8 people and not feeling like I am supported, or
9 that this legal community is supported in that
10 venture. It's not to deny your effort, but it's
11 to say -- you know, this is -- these are students
12 coming in, Criminal Justice students. This is a
13 community, and we should be able to conduct
14 ourselves. As a professional, someone shouldn't
15 be yelling F that B to any professional in a
16 building, trying to just do public service.

17 So I implore you to address that
18 more hastily. And I'm very -- actually regret to
19 tell you that your efforts in -- they truly
20 were --

21 MR. PERKINS: I'm sorry. Your
22 three minutes are up.

23 MS. KHANTRECE: -- misunderstood.

24 Huh?

25 MR. PERKINS: Your three minutes

1 are up. Finish up.

2 MS. KHANTRECE: Okay.

3 MR. PERKINS: Thank you.

4 MS. HALLAM: Before you call the
5 next person, can I just apologize for that. That
6 officer has talked to me the exact same way when
7 I have been there on official visits, and I am so
8 sorry that he has treated you that way as well.
9 And I promise we will work to make that better.

10 MS. KHANTRECE: I guess he wouldn't
11 do that to a man.

12 MS. HALLAM: Yeah. Yep.

13 MR. PERKINS: Jorge Palmas is next.

14 MR. PALMAS: All right. I'll be
15 quick. Good evening. My name is Jorge Palmas.
16 I serve as a case manager for Casa San Jose, and
17 I also act as a prison liaison for the reentry
18 program at Allegheny County Jail. In this role,
19 I work directly with incarcerated individuals who
20 mainly do not speak English. Through this work,
21 I've witnessed the firsthand struggles that these
22 non-English speakers face behind the bars, and
23 I'm here, deeply concerned about the language
24 barriers in the prison.

25 Early in my career at Penn State, I

1 volunteered in a rehabilitation program called
2 Bridges to Life at a State Corrections
3 Institution, dealing with English speakers and
4 now with non-English speakers, I can definitely
5 see the critical gaps urgently needed to be
6 addressed.

7 First, non-English speaking
8 individuals face serious disadvantages within our
9 jail and prison system. While they all deserve
10 equal access and resources to obtain fair
11 treatment, these language barriers create
12 systemic obstacles. Essential information about
13 jail rules, medical care, grievance procedures
14 and program opportunities, that should always be
15 in both languages.

16 The lack of access fosters
17 confusion, fear, and unnecessary disciplinary
18 issues for individuals who cannot understand the
19 instructions given to them.

20 The inability to effectively
21 communicate with correctional staff also delays
22 urgent medical care, prevents individuals from
23 reporting threats of abuse, heightens feelings,
24 and isolation.

25 This past week there was -- a few

1 weeks ago there was a COVID outbreak at Allegheny
2 County Jail, and I had multiple inmates say they
3 were sick and were not treated with any medical
4 services until I went there and had to explain to
5 them what they had to do. No corrections
6 officers, nobody explained to them what to do,
7 when all they had to do is go and get a pink slip
8 from the desk.

9 When communication is hindered,
10 staff may misinterpret inmate behavior and miss
11 critical warnings about their safety concerns.
12 For example, a non-English speaking individual
13 may be unable to report an escalating tension of
14 threats of violence or any contraband activity.
15 The lack of clear communication not only puts an
16 individual at great risk of harm but undermines
17 the facility's ability to maintain order and
18 security in the jail. Unaddressed language
19 barriers can be therefore contributed to
20 preventable incidents and endanger both inmates
21 and staff. Language should never serve as a
22 barrier to access justice, safety, and
23 rehabilitation.

24 I respectfully urge the Jail
25 Oversight Board to take measures to ensure

1 meaningful language access by providing
2 professional interpretation for all legal,
3 medical, and disciplinary interactions within the
4 jail. Ensuring equality for non-English speakers
5 is not only a legal obligation, it's a moral
6 responsibility that strains the fairness of
7 integrity of our justice system.

8 At the heart of reentry and
9 rehabilitation is a belief that every person
10 deserves a change to rebuild their life. True
11 justice means the opportunity is not limited by
12 the language someone speaks. When we open the
13 door to an opportunity of equality for all, we
14 affirmed the dignity of every human being and
15 strengthen the hope that transformation is
16 possible for everybody.

17 And to finish off, thank you for
18 your attention to this matter and to the
19 continued commitment to improving conditions
20 within our facility.

21 Thank you.

22 MR. PERKINS: Next up is John
23 Kenstowicz.

24 MR. KENSTOWICZ: Our CO survey.
25 216 officers completed our 2025 job satisfaction

1 survey. We received 583 individual statements
2 from our officers that need to be reviewed,
3 prioritized and analyzed along with the aggregate
4 data. We will present to you our findings at our
5 next JOB meeting.

6 A major emphasis of this survey was
7 to give our officers a platform to reveal their
8 experience and thoughts about working at the only
9 jail in our entire state that does not have
10 access to legal restraints, leg restraints, the
11 restraint chair and OC spray. New measures for
12 aggregate data were initiated in the area of
13 security, the need for physical interventions and
14 injuries.

15 Two open-ended questions were
16 initiated in the areas of security, discipline,
17 and training. For the remainder of my
18 presentation, I want to focus on training. Here
19 are some statements from our officers regarding
20 training and I quote, "We have zero training for
21 handling hands-on incidents or when we can
22 actually go hands-on to defend ourselves without
23 fear of losing our jobs." "I haven't had
24 defensive tactics training since I started six
25 years ago. You can't train people to protect

1 themselves with online training and slides on a
2 PowerPoint." "There hasn't been any teaching or
3 training in how to intervene in hands-on
4 interventions." "The only training we get are
5 PowerPoints, and it seems most of us are hands-on
6 learners, so this type of training is very
7 ineffective." "I have not been afforded proper
8 defensive tactics training in approximately eight
9 years."

10 Making physical interventions with
11 our residents is necessary at times. Officers
12 are saying that they have not had relevant
13 training in this critical important area of
14 making physical interventions. Many officers
15 express fear of losing their jobs in how these
16 incidents of physical intervention will be
17 reviewed without the officers having proper
18 training.

19 In Howard v Williams, use of force
20 training is mandated every two years. According
21 to our officers, the county and our jail
22 administration are violating the Court Order
23 subjecting the county and jail to further legal
24 actions.

25 Here is what the Court Order says.

1 "The County shall provide all correctional staff
2 mandatory in-person use of force training every
3 other year and virtual training each year in
4 which in-person training does not take place."

5 MS. HALLAM: Times up.

6 MR. KENSTOWICZ: Is that it?

7 MR. PERKINS: Yes.

8 MR. KENSTOWICZ: Okay.

9 MR. PERKINS: Cory Roma is up next.
10 I'm sorry. Tanisha Long is up next. Sorry.

11 MS. LONG: All right. Tanisha
12 Long.

13 So first off, I would like to say
14 as someone who works for the law forum that
15 brought forth Howard v Williams, it's absolutely
16 incorrect to misinterpret use of force training
17 as hands-on use of force training. I can promise
18 you that was never our intent, nor is it stated
19 that way. We are absolutely in favor of
20 hands-off and deescalating situations as
21 peacefully as possible. So if you're going to
22 invoke Howard v Williams, at least know what's in
23 it and use it correctly.

24 I would like to start off by saying
25 that, you know, I was raised to treat people with

1 the respect I would like to see, and I like that
2 this Board meeting is being handled in that way.
3 Last board meeting was not. Tempers were heated,
4 and it seems that tempers are heated any time,
5 you know, Judge Evashavik and Bethany are going
6 back and forth, and it shouldn't be that way.
7 What's happening is we're losing focus from the
8 things that are important, and that's the people
9 in the jail. And if we continue in that manner,
10 and if we continue to have meetings of that
11 temperature, we're not going to get anything
12 done.

13 I also would like to note that, you
14 know, the meeting where we debated whether or not
15 we can, you know, give incarcerated people \$125,
16 you guys utilized the virtual option when it came
17 to attendance and people showed up, and we now
18 have again the two people who could fill those
19 empty beds, the judge, not here but both fully
20 capable of utilizing that virtual option. So it
21 seems that we only show up for votes, and that's
22 disappointing.

23 But the last thing I wanted to talk
24 about was psych medication and forced withdrawal.
25 I've had multiple people tell me that they have

1 been forcefully withdrawn from their psyche
2 medication without tapering off for reasons such
3 as being accused of cheeking the medication,
4 hiding the medication, for their being a belief
5 that they just don't need to be on that
6 medication. And instead of there being a
7 tapering-off in a safe way that, you know, would
8 make it so that they're stable, safe, and not
9 medically compromised, they're just taken off of
10 it, you know. And now that I have -- I no longer
11 have a person in that jail, I feel a lot safer
12 speaking on it. My person was one of those
13 people who was forcefully withdrawn from their
14 Wellbutrin, and the difference was notable.
15 There are other people who are having that same
16 experience. And what I'd like to know is, you
17 know, one, how can you make sure that never
18 happens? Two, if someone is taken off the
19 medication that they feel is best for them, what
20 is their path for getting back on it? And three,
21 what type of review process when this happens?

22 So I think we're all here for the
23 same reason, which is to improve conditions for
24 people in the jail, and I think we all see how
25 differently this Board acts and operates when

1 certain people are not here. And I hope that the
2 judge spends the time away to consider her
3 behaviors, but also, I would like to remind the
4 Board that it's on you guys as well when this
5 happens to speak up on behavior of your fellow
6 Board Members. The silence was deafening, and we
7 just have to set that standard where that doesn't
8 happen anymore.

9 Thank you.

10 MR. PERKINS: Cory Roma now.

11 MR. ROMA: Hello. Cory Roma here.

12 Words cannot express -- like, words alone cannot
13 adequately express how angry I am by the conduct
14 of Judge Evashavik during last month's meeting.
15 It was frankly shocking to witness the President
16 Judge act so openly hostile to her fellow Board
17 Members. I found it particularly appalling that
18 she launched that spectacle in defense of a man
19 who repeatedly used a racial slur in
20 communications with this Board, even after he was
21 asked to stop. Such behavior may be expected
22 from a petulant toddler or a Karen who didn't get
23 her way, but it is inexcusable for a grown adult
24 who is responsible for overseeing this county's
25 court system. I'm calling on Judge Evashavik,

1 which she -- wish she was here, to do the right
2 thing and maybe -- overreacted and apologize to
3 Man-E and Bethany. I know as a judge, you expect
4 to always get your way, but you serve on this
5 body to work in a collaborative manner. Use this
6 as a learning opportunity and do better moving
7 forward.

8 Thank you.

9 MR. PERKINS: Sharon Bonavoglia.

10 MS. BONAVOGLIA: Well done. We at
11 PIIN, as an interfaith committee, believe in
12 justice as well as forgiveness and mercy. We
13 believe that no one should be judged wholly by
14 their worst decisions or actions, and we believe
15 in hope.

16 It is in light of those beliefs
17 that we respectfully encourage Judge Evashavik to
18 revisit her actions and comments at the last JOB
19 in order to hold herself accountable and offer a
20 public apology for her public outburst. She
21 specifically owes Man-E, Ms. Hallam, and even
22 Mr. Kenstowicz an apology for putting them all on
23 the spot when she hijacked Public Comment to make
24 her own personal statements. She also owes an
25 apology to the public at large, as well as those

1 of us who had to follow her outburst. And
2 finally, she owes an apology to the ACJ
3 administrators for creating such a hostile and
4 negative atmosphere after so much good news was
5 shared about positive changes happening inside
6 the jail at the last JOB. We at PIIN look
7 forward to November's JOB meeting in anticipation
8 of her apology.

9 And now, if you are able, please
10 rise for the reading of the names of the dead:

11 Richard Lenhart, Robert Blake, Cody Still,
12 Daniel Pastorek, John Brady, Martin Bucek,
13 Robert Harper, Vinckley Harris, Justin Brady,
14 Paul Allen, Roger Millspaugh, Paul Spisak,
15 Gerald Thomas, Jerry Lee Ross, Jr.,
16 Victor Joseph Zilinek, Ronald Andrus,
17 Anthony Talotta, William Spencer,
18 James Washington, Damon Leroy Kayes, Tim Manino,
19 Douglas Bonomo, Zachary Sahm, Nicole Baruffi,
20 Richard Sciubba, II, Terrance Clowney, Tracey
21 Hickey and Justin McCullough.

22 Thank you.

23 MR. PERKINS: Holly Hickling.

24 MS. HICKLING: Hi. I'm Holly
25 Hickling. I run a human rights organization in

1 Pittsburgh. I came here today to advocate
2 against the use of leg shackles, but I see that
3 there's been some progress in that discussion,
4 and I would like to continue to advocate that
5 we -- to share, to remind us that we all have
6 human rights. We all have human dignity, and
7 that insomuch as we are avoiding correctional
8 officers using leg shackles, that we continue
9 avoiding that, and insomuch as we are avoiding,
10 like, leg shackles being used at all, that I, you
11 know, affirm the question of, you know, are there
12 cases in which leg shackles wouldn't be used at
13 all. And so I just want to affirm that it's not
14 just about some of the things that were
15 mentioned, but it's about the basic human dignity
16 of having to be put through that.

17 I also wanted to -- I've advocated
18 for language access here before, and I know that
19 there is a language access plan being
20 implemented. And just to reiterate what Jorge
21 said, let's work together to make sure that all
22 the staff are trained on language access and not
23 just how to use it, but like to make sure that
24 they're affirmatively making sure that people who
25 need language access are getting that.

1 And yeah, I also just want to
2 remind us again about human rights and human
3 dignity. And not everyone in the jail is there
4 because of a bad decision they made. Some of
5 them are waiting, you know, for trial and waiting
6 for other things. So some of them might be there
7 because they were in the wrong place at the wrong
8 time. So let's just all remember that for
9 whatever reason that you're in the jail, you
10 still deserve human rights and human dignity that
11 all of us in this room also deserve.

12 Thank you.

13 MR. PERKINS: Ahmad Nassir?

14 AUDIENCE MEMBER: I'm sorry. He's
15 not here.

16 MS. HALLAM: Thank you.

17 MR. PERKINS: Okay. Thank you.

18 Eric Miskovitch.

19 MR. MISCKOVITCH: How are you
20 doing? My name is Eric Miskovitch, and I
21 appreciate the chance to speak tonight. I want
22 to talk briefly about three things that matter to
23 our community, use of force, trauma, and the way
24 we show up for each other in meetings like this
25 one.

1 On August 18th, I witnessed jail
2 staff utilize force, in my opinion,
3 unnecessarily. On Unit 5-F, the mental health
4 RHU, an inmate held his slot hostage. That means
5 he placed his arm outside his food slot so it
6 could not be closed by officers. This happens
7 for any number of reasons. For example, an
8 inmate tired of begging for toilet paper might do
9 this as kind of a quid pro quo. In my 22 years
10 of incarceration, I've seen male egos operate
11 right at this point. The male, whose part is
12 often shaped in shadow, will step into a
13 tough-guy persona, and in those moments that
14 persona comes alive, activated. Officers will
15 say they've tried lesser measures by asking the
16 inmate to remove his arm. Once that fails, they
17 feel they have given -- they have been given the
18 green light to bring the pain. More often than
19 not, they do. And yet, forgiveness is in order
20 here because spiritually they know not what they
21 do. Indeed, if they were introduced to the idea
22 of Christ consciousness and convinced they carry
23 the same, perhaps they would stop the sergeant by
24 reminding him that only those without sin shall
25 cast the first stone.

1 The better practice is to bring in
2 a neutral mental healthcare worker, someone
3 similar to talk with the inmate, find out what he
4 needs, and try that approach first.

5 In this instance, a sergeant was
6 called. Our entire unit heard multiple tasers
7 being deployed. We heard the inmate screaming as
8 additional tasing occurred. Afterward, medical
9 had to respond. Multiple staff examined him, and
10 he was strapped to a gurney and hauled away.
11 That inmate now carries that trauma. So do the
12 50 men on the unit who witnessed it. So do the
13 officers who become desensitized each time this
14 happens. I want to stress this. Prior to any
15 use of force ever being utilized, the first
16 consideration should be this. If force is going
17 to be considered, how will it affect the
18 witnesses of the same?

19 I speak from my experience and my
20 own encounters when I say this. I am grateful I
21 am not permitted to own a firearm because my
22 knee-jerk reaction if I were cornered and could
23 not run might be to fire upon a law enforcement
24 officer attempting to tase me. And that response
25 is not mean-spirited or rooted in disregard for

1 authority. It is the product of trauma. And
2 trauma is the enemy. We know this now, childhood
3 trauma in particular. We must be proactive in
4 reducing use of force so that ultimately, we can
5 live in and enjoy the type of world we want to
6 live in.

7 I want to acknowledge the good work
8 happening right here. I thank Tanisha, Bethany,
9 and Man-E for their commitment to Jail Oversight
10 Board meetings, their willingness to listen, to
11 show up, and to work across differences is
12 exactly the kind of leadership our community
13 needs.

14 I also want to thank County
15 Executive Sara Innamorato for prioritizing this
16 issue, and Warden Wingard, whom I hope to build a
17 collaborative relationship with along with his
18 staff moving forward.

19 MR. PERKINS: Your three minutes is
20 up.

21 MR. MISCKOVITCH: Sure.

22 MR. PERKINS: Thank you.

23 MR. MISCKOVITCH: Thank you.

24 MS. HALLAM: Thank you.

25 MR. PERKINS: Jodi Lincoln.

1 MS. LINCOLN: Hi all. Jodi
2 Lincoln. I'm here today to talk about a concern
3 regarding what I've heard about the jail's
4 practice of taking people off their psychiatric
5 medications without tapering or a clear path to
6 get back on those medications. Removing any kind
7 of medication, especially without tapering, can
8 be extremely dangerous and can lead to serious
9 physical withdrawal symptoms, in addition to the
10 return of psychiatric symptoms.

11 While it seems that people are
12 often kicked off their meds for hoarding or
13 cheeking them, that shouldn't be a reason just to
14 remove someone from their medications entirely
15 without due process. As we've actually heard
16 over and over again in this room, the jail's
17 medicine distribution practice is often not
18 aligned with how people are used to taking their
19 medications and how they're generally prescribed.

20 If the jail isn't able to give
21 people their medications at times that work for
22 their health, for example, low dosages throughout
23 the day versus a high dosage once a day, how can
24 we be punishing people for trying to manage their
25 own medical care? Just because someone is

1 cheeking a drug doesn't mean they're not taking
2 it themselves.

3 While concerns about people
4 distributing drugs to others are valid, that also
5 needs to be weighed against the serious
6 implications of withdrawal and consequences of no
7 longer being on their meds.

8 There also does not seem to be a
9 clear way for people to get back on their
10 medications once they've been kicked off.

11 Instead, people are subjected to a
12 blacklist and indefinitely medically punished
13 because of prior actions.

14 Please implement better processes
15 for dealing with medication misuse to prioritize
16 protecting people's health versus punishment.

17 I also just want to give a plug.
18 Many of you know I'm here often advocating for
19 book access through the Pittsburgh Prison Book
20 Project. The new jail administration has been
21 really great to work with, but we are celebrating
22 our 25th anniversary this year.

23 (Applause.)

24 MS. LINCOLN: Thank you. And we
25 are having a party fundraiser to celebrate on

1 Saturday. It's at Mr. Roboto Project in Garfield
2 from 3 to 11 o'clock. Daytime is going to be
3 like a giant book swap and mutual aid fair, and
4 then we've got music starting at 7. There's
5 awesome raffle prizes, so we'd love, you know,
6 all of our wonderful community members to be
7 there.

8 So thank you.

9 MAN-E: Thank you, Jodi. I just
10 wanted to say something about books. I want to
11 shout out Chief Operating Officer Lisa Frank from
12 the City, who made a large donation of books to
13 the ACJ. And, of course, I want to shout out
14 Connie for coming to pick them up.

15 Good job. Thank you.

16 MS. HALLAM: Okay. And last thing,
17 the meeting for November isn't the first Thursday
18 of the month because this room wasn't booked by
19 the Jail Oversight Board I guess for our November
20 meeting and county council is having a budget
21 hearing on the first Thursday of November. So
22 this meeting in November is Monday, November 3rd,
23 because it's the day before the election, right?
24 Monday. Correct me if I'm wrong, somebody. No.

25 Okay. Monday, November 3rd at

1 4 p.m. same place.

2 AUDIENCE MEMBER: Show up anyway
3 and comment about the budget.

4 MS. HALLAM: What?

5 AUDIENCE MEMBER: Show up anyways
6 and comment about the budget.

7 MS. HALLAM: Oh, yeah. Come
8 anyways. We'd love to have all yinz. Thanks.

9 **ADJOURNMENT**

10 MR. PERKINS: Anyone have a Motion?

11 MR. KRAUS: Motion to adjourn.

12 MS. INNAMORATO: Second.

13 MR. PERKINS: All in favor?

14 (Chorus of ayes.)

15 MR. PERKINS: Meeting adjourned.

16 (Whereupon, the meeting was
17 concluded at 5:16 p.m.)

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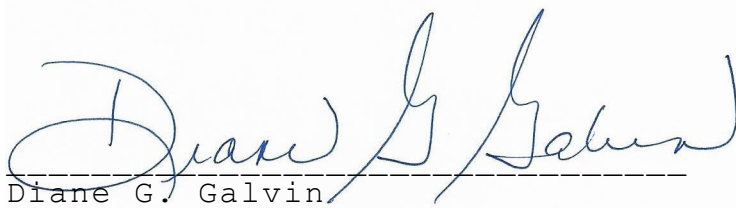
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C E R T I F I C A T E

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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JAIL OVERSIGHT BOARD ACTION TRACKER					
File No.	Date	Type	Status	Vote Information	Details
2024-067	10/2/2025	Motion	Passed (7-0)	Yays (unanimous)	Motion: to approve the meeting minutes for September 4, 2024.