PROCEEDINGS

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

WELCOME, CALL TO ORDER & RULES

JUDGE HOWSIE: We will now call the meeting to order. Thank you for attending.

The rules that we've -- as we have previously discussed, I'd ask that everyone extend the same courtesy and respect to anyone that you would expect or want for yourself.

Please, there is no talking while others are talking. Public comments are not questions. They are statements, and so you're permitted to give your public comment, but you have a total of three minutes. When the buzzer sounds, we'd ask that you please stop speaking.

With that being said, roll call.

Abass Kamara?

MR. KAMARA: Here.

JUDGE HOWSIE: Controller O'Connor?

CONTROLLER O'CONNOR: Here.

JUDGE HOWSIE: Rich Fitzgerald?

MR. PILARSKI: Steve Pilarski.

JUDGE HOWSIE: Sheriff Kraus.

MR. KEARNEY: Jack Kearney.

JUDGE HOWSIE: Terry Klein?

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1	MS. KLEIN: Here.
2	JUDGE HOWSIE: Pat Catena?
3	MS. HALLAM: That's pronounced
4	Bethany Hallam.
5	JUDGE HOWSIE: Who is missing?
6	Gayle Moss is absent. She said she could not
7	make it today. And then Judge Lazzara said she's
8	unable to make it as well.
9	So with that being said
10	MS. HALLAM: Point of order,
11	Judge Howsie.
12	Yeah, I wanted to object to Steve
13	Pilarski participating in the meeting. He is
14	serving as an illegal designee for the County
15	Executive. And so I do not believe he should be
16	able to participate.
17	JUDGE HOWSIE: So with that being
18	said, we'll now go to the Community Corrections
19	Report.
20	Passages to Recovery.
21	COMMUNITY CORRECTIONS REPORTS
22	MS. COSGROVE: Hello. My name is
23	Candace Cosgrove. I'm from Passages to Recovery.
24	Right now our total census is 34. Residential is

30, TLF 4. We have 21 men and 13 women. Three

of our TLF residents are working. One residential is working. Our residential community board has started. They have elected a president, vice president, secretary and two active community coordinators.

We will begin working with Project Rehabilitation through the Public Defender's Office. Literacy Pittsburgh will be providing digital skills classes and workshops, and PAR will begin providing parenting and NO groups.

JUDGE HOWSIE: Any questions?
Ms. Hallam.

MS. HALLAM: Yes. Thank you. I have a couple of questions for you. So out of the people who -- it says exited -- is that people who were kicked out of the program?

MS. COSGROVE: So I just moved into my role last week, so I can't give you exact numbers on that right now or what the information is on that, but I can find out.

MS. HALLAM: Okay. Can you explain to me what happens when a person is expelled from your program?

MS. COSGROVE: So again, I don't want to go into too many details because I don't

1 want to give you the wrong information. Like I 2 said, I just moved into my position last week. 3 So I'm still like getting the ropes of a lot of 4 things that are going on. 5 MS. HALLAM: Well, welcome to your 6 position. 7 MS. COSGROVE: Thank you. 8 MS. HALLAM: And if you could just 9 confer that information for whoever is coming to 10 the next meeting, if it's going to be you going 11 forward? 12 MS. COSGROVE: Sure. 13 MS. HALLAM: I specifically want to 14 know, like, what are the common reasons that 15 people are expelled from the program, and when 16 somebody is expelled, if that means that they 17 automatically go back to jail or if there are 18 other places that someone is sent to once they're 19 expelled from the program. 20 MS. COSGROVE: Sure. 21 MS. HALLAM: Okay. Thank you so 22 That's all I have. much.

MR. HOOD: Hi. My name is Darren

MS. COSGROVE:

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Thank you.

JUDGE HOWSIE: The Renewal Center.

Hood. I'm with the Renewal Center. Our program census is, we have 73 in Work Release, 17 in Inpatient, 90 all together.

Our employment percentage rate for the month of March was 67 percent. Average wage rate was \$14.81 an hour. We had no staff COVID issues, no reentry COVID issues.

Renewal is partnering with the

Foundation of Hope. They have a lot of services

that alternative housing population would benefit

from. They can assist our reentrants with

various resources such as clothes, housing,

transportation, et cetera.

Renewal also reconnected with the Trade Institute of Pittsburgh, who is excited that they're able to offer their trade services to our reentrants. The program is a ten-week tuition-free masonry program with an option for students to participate in a seven-week carpentry program for free as well. Upon successful completion, students receive certificates and are paired up with a variety of jobs in the trade-related -- filled at competitive wages. So far, there are four county reentrants currently enrolled and participating in their masonry

program.

JUDGE HOWSIE: Any questions?

3 Ms. Hallam?

MS. HALLAM: Hi. Same actual questions for you is so on -- we have exited clients versus clients who successfully completed. Are those clients who successfully completed included in the exited clients' number? Like, for example, it says there were 34 clients who exited and 21 clients who successfully completed. So I'm wondering if that 21 is part of the 34 or if those are 34 people who were expelled from the program.

MR. HOOD: I don't have those numbers currently with me as far as the breakdown.

MS. HALLAM: Well, that is the breakdown that was in the report, in the Warden's Report that we were given. So I know that those are the numbers. I'm more just trying to understand about when it says somebody exited the program, does that mean that they were expelled from the program?

MR. HOOD: They could have absconded, escaped. They may have been returned.

MS. HALLAM: Okay. And can you speak to what are the main reasons that people are expelled from the program? So they're included in exited even if they leave voluntarily?

MR. HOOD: Some of the reasons for revocation could be drug possession, drug usage, just program failure just on different levels, not participating in assigned prescribed programming.

MS. HALLAM: Okay. And are there specific program plans that yinz have implemented to try to reduce the number of people that are expelled from the program? Because it's just kind of concerning to me seeing how close those two numbers are. Like 21 people successfully completed, but then 34 people exited the program, and so I'm just wondering what you're doing to reduce the number of people who are leaving the program and not successfully completing.

MR. HOOD: We work daily on trying to, you know, retain individuals. I think the numbers that you received there probably last month we had a high absconsion -- or a high escape rate for whatever reasons, and that goes

1	up and down throughout. Some months we don't
2	report very many at all, and others last month
3	happened to be a high month.
4	MS. HALLAM: Okay. Thank you very
5	much.
6	JUDGE HOWSIE: Would it also be
7	reflected as a person leaving the program if they
8	were perhaps sent up-state to serve a sentence,
9	or would that be a different
10	MR. HOOD: Yeah. There was a few
11	that we had that basically they were detained,
12	you know, went to their court hearing, and
13	charges were upheld.
14	JUDGE HOWSIE: Okay. So then they
15	would leave the program at that point to go begin
16	a state sentence?
17	MR. HOOD: Correct. And we had, I
18	believe, at least two or three this past month
19	that that occurred with.
20	JUDGE HOWSIE: All right. Thank
21	you.
22	MS. HALLAM: So that would be two
23	or three out of the 34?
24	MR. HOOD: Correct.
25	MS. HALLAM: Okay. Thank you.

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1	JUDGE HOWSIE: Thank you very much.
2	MR. HOOD: You're welcome.
3	JUDGE HOWSIE: Electronic
4	Monitoring.
5	MR. ESWEIN: Good evening, Board.
6	Steve Eswein for the Probation Office.
7	So for the reporting period, we had
8	630 individuals under supervision at the end of
9	the month. Judge Howsie, of that, 103 were
10	pretrial cases. So just to update you on that.
11	We did have 100 people successfully
12	complete during that time period.
13	JUDGE HOWSIE: Any questions?
14	MS. HALLAM: Similar questions for
15	you as well. I know it's a little different
16	because it's not a residential program that yinz
17	are talking about. But I would say specifically,
18	what are the top reasons why people do not
19	successfully complete their electronic
20	monitoring?
21	MS. ESWEIN: Well, you have
22	individuals who will get new charges, arrested
23	while they're on the bracelet. And then the
24	other top two would be somebody who tampers with
25	the equipment, cuts their bracelet off, or tries

to mess with it some other way. Or just egregious window violations, approved leave times.

MS. HALLAM: Thank you.

MS. ESWEIN: Sure. Thank you.

JUDGE HOWSIE: Thank you very much.

With that being said, we will now do the public comments. Again, if you've signed up on this sheet, you'll be permitted to speak. Public comments are restricted to three minutes.

Marion Damick.

PUBLIC COMMENT

MS. DAMICK: I'd like to start off -- come down. I'd like to start off with something good. I'd like to. One, you have a Director of Nursing. I think that's terrific, really. For years -- it's been from us. In any event, that is good.

Also, it's not good to show of AGH, they control their vacancies, but you've done -you've part-time staff in front of -- you've been trying to do something for the medical staff, which I think is good.

The other thing we haven't been talking about except with Ms. Hallam, you might

have seen in one of the newspapers -- we sure do have a lot of newspapers now, different ones. In any event, she's going to be introducing a Motion, which I'm going to say I think is an excellent idea, to pay the -- pay the inmates for doing some work in the institution for you by putting money from the -- what's it called, in any case -- into their what do you call it? I'm sorry -- aid. Giving them a --

MS. HALLAM: Commissary.

MS. DAMICK: Yes, exactly. Thank you. I would -- I'm -- the speaker who pays their taxes, and most of you earn -- I approve of -- coming from the public.

Moving on. Back in November, which isn't that long ago actually, there was a report, and I thought we ought to start looking at some of the questions that -- and priorities, one, two, and three I'm taking up very quickly. And I would like to know if we can get some answers -- I wouldn't expect today -- but next month on some of these. Is there a nurse now doing thorough assessment of the procedures when someone comes in? They were sent -- the recommendation priority one was to have a nurse, a certified

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1	nurse, to be looking for abnormal vital signs
2	et cetera, et cetera you know, initiating Dr.
3	Men D toxicating. Provide identification for
4	those who are on self-harm. Have we heard
5	anything going on with that? If it is, terrific.
6	We'd be happy. If there isn't, this is November
7	of how many months. If it's started, that
8	would be somewhat good. If it hasn't been,
9	that's your normal to say that.
10	JUDGE HOWSIE: Ms. Damick.
11	MS. DAMICK: Is that my fault?
12	JUDGE HOWSIE: That's your time.
13	I'm sorry. That's your time, ma'am.
14	MS. DAMICK: Institute hands-on
15	man-down drills for all staff, hands-on drill,
16	man-down drills.
17	JUDGE HOWSIE: It's your time.
18	MS. DAMICK: Oh, you can't hear me?
19	JUDGE HOWSIE: No, I can hear you.
20	MS. DAMICK: I'm sorry. I am
21	sorry.
22	JUDGE HOWSIE: That's your time.
23	You've exceeded your time.
24	MS. DAMICK: Okay. I'm sorry.
25	JUDGE HOWSIE: No, no, no. You've

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1	completed your time.	
2	MS. DAMICK: My time is up?	
3	JUDGE HOWSIE: Yes, ma'am.	
4	MS. DAMICK: Well, look at them	
5	anyway.	
6	JUDGE HOWSIE: All right.	
7	MS. DAMICK: Look at the first	
8	three and see what you have done.	
9	JUDGE HOWSIE: Okay.	
10	MS. DAMICK: And I hope to hear.	
11	Thank you.	
12	JUDGE HOWSIE: Thank you.	
13	MS. DAMICK: At least there's	
14	something good.	
15	JUDGE HOWSIE: Thank you very much.	
16	MS. DAMICK: Thank you.	
17	JUDGE HOWSIE: Pat Murray.	
18	You know what, I was remiss in	
19	asking you to please state your full name and	
20	spell your last name for the record.	
21	MS. MURRAY: Good afternoon. My	
22	name is Pat Murray, M-U-R-R-A-Y.	
23	JUDGE HOWSIE: Thank you.	
24	MS. MURRAY: I'm a PIIN member.	
25	I've been coming to these meetings since last	

September when Pitt's School Social Worker presented -- of Social Work -- presented the survey of inmates. I found that report and these meetings extremely concerning, which is why I have kept coming. While there are many areas for concern, today, I'm focusing on adequate levels of doctors and nurses. And I was so glad to hear that you hired a chief nurse. I believe you don't have a chief doctor at this point. And there also are the levels of pharmacy and mental health staff that are concerned -- of concern.

These are basic services that are vital for us all and certainly for folks whose freedom has been removed from them. In the Pitt survey, we heard about incarcerated folks not getting their meds as prescribed.

And with regard to supervisory

staff -- again, glad to hear you have a new head

nurse -- but that's certainly a concern in terms

of medical staff both to provide direct service

and to supervise other providers -- no, or

minimum group therapies. So these are services

that people who are in the jail often need. So I

don't know how this is going to improve the

chances for returning citizens to successfully

rejoin their community.

In the Warden's Report from March 2023, there were 162 positions allocated for various levels of medical staff, pharmacy-related staff, and mental health staff. Of those 162 positions, 88, or just over half, were unfilled. How long has this been the case?

So one of my questions was who is guiding the ship? Now we have a head nurse, so we'll hopefully get some guidance there. We do not have a head physician, I believe, at this time.

I wondered if the Jail Oversight

Board and the Warden considered that aspects of
the Allegheny County Jail are deterrents from
keeping qualified staff. Just consider that as a
possibility as what you might do to improve that.

Incarcerating folks waiting for trial are forced to live in the jail with this major staff deficiency that are necessary for their basic health. So Warden Harper, now that the County Council voted unanimously to repeal the residency requirement, I'm wondering what is your plan to fill these much-needed vacancies at the jail?

We hope that your staff is doing everything in its power to hire and retain qualified health professionals. Lives depend on it. Thank you very much.

JUDGE HOWSIE: Thank you.

Darwin Leuba.

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MR. LEUBA: Good afternoon. My name is Darwin Leuba, L-E-U-B-A.

JUDGE HOWSIE: Thank you.

MR. LEUBA: I'm speaking today to once again urge the Board, but specifically the Controller's Office, to use its statutory authority to enforce contracts related to the Allegheny County Jail, including contracts held by political campaign donors. By violating their contracts, Allegheny Health Network and Summit Food Services are causing harm to loved ones and staff within the jail while they continue to profit from a steady stream of unabated taxpayer dollars for services they are not providing. Ву not sending staff or medical personnel, they increase the strain on existing employees, drive up the county jail's largely forced overtime costs, which were \$9.7 million last year, and they steal taxpayer dollars that should instead

be invested in our communities to tackle homelessness, addiction, poverty and violence.

The staffing audit is separate from the issue of present-day enforcement, especially given that the Summit Food contract is set to expire at the end of this month. We know that Trinity, the previous food vendor, was also in violation of its food service contract, yet that contract was allowed to expire with no reparative action taken by this Board or the Controller's Office.

AHN is not providing medical staff at the level required in its contract. And a Summit representative has openly disputed that it is responsible for the food service staffing clearly specified in its contract. We know the violations necessary to enforce these contracts already.

We are all here today because of issues in our county jail. Some of them will require long-term engagement to solve, but the issue of contract enforcement is one that should happen today and will immediately improve the quality of healthcare, the quality of food, and

reduce the severity of the jail's ongoing staffing crisis, especially in light of the NCCHC report stating that mental health screening and evaluation is essential along with non-emergency healthcare requests and services. It is critical that the mental health staffing shortage and other medical shortages be addressed immediately.

I urge the Board to read the jail contracts because better health and nutrition standards and future requests for proposals are useless if the Controller's Office is unwilling or unable to enforce them.

Thank you.

JUDGE HOWSIE: Thank you.

Charles Lewis.

MR. LEWIS: Good afternoon. My name is Charles Lewis, L-E-W-I-S.

JUDGE HOWSIE: Thank you.

MR. LEWIS: I'm here -- I'm from

Duquesne Think Tank Group. And it's going to be
short, but you talk about the overpopulation of
the jail. The -- you have quite a few parole
violators you're holding in the jail. Why are
you holding state parole violators in the county
jail and paying for them? It used to be

violators would be taken out of the county system and put into the state system to await trial or whatever they have to go through, you know, the parole violation trial or whatever, or if they have new charges, but you still have to go back to your state penitentiary. And the question is why is the county -- oh, I'm sorry. I'm not allowed to question. The comment is why is the county jail holding them and paying for it? And it's coming out of the county assessment or whatever, you know. There's that.

Actually, this is the first time I was here. I'm glad to be here. You'll be seeing me more, and I'll have questions ready and everything. I just wanted to see what it was about, but that's one of the things that, you know, got to my head if -- was about the parole people, you know. I know it used to be if they come into the county jail, they'd say I'll you in a -- you know, in a week, I'll be gone. Got to go back to the state system and they pay for them. That's what I was wondering.

JUDGE HOWSIE: Thank you very much, sir. Thank you.

MR. LEWIS: Thank you.

JUDGE HOWSIE: I believe this is Ann McStay, perhaps.

 $\mbox{MS. MCSTAY:} \mbox{ My name is Ann, A-N-N,} \\ \mbox{McStay, M-C-S-T-A-Y with lots of consonants.} \\$

JUDGE HOWSIE: Thank you.

MS. MCSTAY: Okay. I'm here with several PIIN-ACJ Task Force members. I'm speaking also as a taxpayer seeking the best investment and use of the county's funds. I appreciate being able to make public comments, and also I really want to thank you for your attendance at this and lots of prior meetings because it gives us a chance for you to hear us, and we appreciate changes for the better, such as the head of nursing being hired. We still have concerns for the welfare of incarcerated persons.

The ACJ management with your support has increased some services, and I understand is working to improve mental health services and so forth. And again, I'm happy with that appropriate use of my taxes for such care. I want to see my tax dollars spent as productively as possible. The jail's budget is the largest financial commitment for the county every year, and it is a means for us as citizens

1 to address not only immediate need to hold 2 perpetrators of crimes responsible but also to 3 work longer term toward the safe and productive 4 reentry of incarcerees back into civil society. 5 So every step the JOB takes to require and 6 support provision of the safe, healthy 7 environment for these individuals is something I 8 not only commend as a moral imperative for our 9 community but also a practical approach to 10 rehabilitation and reentry for incarcerees. 11 These are people who otherwise very often go back 12 out through prison gates without preparation or 13 material support for regaining a livelihood, a 14 good place to live, and reconnection with their 15 The JOB can do a lot of things to 16 continue improving outcomes for incarcerees when 17 they're released back into the regular world. 18 Healthy nutritious food is perhaps the most basic 19 thing that we should provide for every person in 20 the county's care. It is human decency, and it's 21 a good investment. Healthy people are much more 22 able to learn and to function appropriately in 23 society. 24 Okay. Access to approved

prescribed medicines and essential healthcare for

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1 illness and injury is as important as eating 2 healthy food in sufficient quantities. 3 Affordable ideally free contact options for 4 incarcerees, their loved ones, and their legal 5 representatives help incarcerees and their 6 families, especially children, who we want to 7 grow up to be good citizens trusting us to 8 maintain mental and emotional health and 9 stability and consistent non-violent 10 interactions. And status checks by prison staff 11 on mentally or emotionally unstable incarcerees 12 can help keep them alive and prevent legal 13 exposure for the county, which, again, saves 14 taxpayers a lot of money.

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Please continue to invest our tax dollars wisely and practically in sufficient staffing, good food for incarcerees, appropriate medical and mental care for them, and regular, affordable, timely family contact for both standard visits and when emergencies occur so they can immediately be in touch with their loved ones and know their status.

Thank you very much for listening.

JUDGE HOWSIE: Thank you, ma'am.

Sharon Bonavoglia.

MS. BONAVOGLIA: Sharon Bonavoglia, B-O-N-A-V-O-G-L-I-A.

JUDGE HOWSIE: Thank you.

MS. BONAVOGLIA: It is noteworthy that there have been no deaths at the Allegheny County Jail since September 21st of last year, and we at PIIN are grateful to the Jail Oversight Board and to jail administrators for the changes put in place that have significantly reduced suicides and attempted suicides.

These changes were made based on recommendations by the NCCHC Suicide Report and acknowledged in their most recent report on the deaths at the jail.

and administration that the NCCHC involvement for both the original suicide report and the most recent death report is a direct result of community members speaking publicly here at the JOB and pressuring for an outside investigation. This is a great example of the importance of discourse between the JOB and community groups outside the restrictions of this public format space. I'd like to thank Judge Howsie for agreeing to an impromptu meeting with two of us

from PIIN this week. We at PIIN have asked from this podium to meet with the JOB and have been rebuffed several times due to busy schedules and even due in part to personal frustration over our deeply held disagreements with the JOB's lack of action. This is precisely why we need dialogue.

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As the Book of Proverbs states, iron sharpens iron, and a healthy debate over the best ways to ensure the ACJ mandate to both secure and care for the incarcerated is continually improved and is a goal both the JOB, and we community groups share. Again, according to scripture and science, it takes high heat to refine gold. None of us in this room should back away from heated debate that leads to saved lives and improved conditions at the ACJ. Therefore, it is essential that the new liaison be required to meet with community groups, especially those of us who have shown up consistently to demonstrate our concern for the welfare of the incarcerated and their families. We are looking forward to seeing that as part of the official job description for this new liaison position, and we still hope for direct conversation with the Board.

And now, I respectfully will once again acknowledge those 17 individuals who have died since April of 2020. Please remember and pray for the families and friends of these people who are celebrating Easter, Passover or Ramadan without their loved ones lost while under the care and supervision of the Allegheny County Jail.

Richard Lenhart, Robert Blake,

Cody Still, Daniel Pastorek, John Brady,

Martin Bucek, Robert Harper, Vinckley Harris,

Justin Brady, Paul Allen, Roger Millspaugh, Paul

Spisak, Gerald Thomas, Jerry Lee Ross, Jr.,

Victor Joseph Zilinek, Ronald Andrus,

Anthony Talotta.

JUDGE HOWSIE: Thank you.

Alan Guenther.

MR. GUENTHER: Hi. My name is

Alan Guenther. That's A-L-A-N G-U-E-N-T-H-E-R,

and I am with the Quaker Working Group Against

Racism and the Pittsburgh Peace is Possible

Coalition.

We're asking tonight that a Jail
Oversight Board member submit these questions to
Warden Harper so that we might get answers.

Please submit this list or add your own questions and release the answers at the next JOB meeting. These are the questions, and these are adapted from the 19 ways to fix the jail that we submitted without response in January. So first, we're asking, please notify the families. we met with Corey O'Connor more than two months ago, he promised to introduce the following Motion. Families of jail residents and the Allegheny County Jail Oversight Board are to be notified immediately of any unscheduled prisoner visits to the hospital. Since then, you all have done nothing. Families always have a right to know when a loved one has been hospitalized. This is common decency. Please stop stalling and act.

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Stop strip-searching children in the jail. During the January JOB meeting, a question was raised about why juveniles in the facility were strip-searched. A jail administrator said that any jail resident could be strip-searched by guards at any time, but we believe that children should not be in the jail and that they should not be treated as adults. Further, children, no matter if they are

suspected of committing crimes, deserve to be treated by people who are trained in how to deal with youth. We want to know how many youths were strip-searched in the jail during the last 12 months. What precautions are taken when a child undergoes a strip search?

Rethinking the jail plan. What is the status of the \$700,000 plan to rethink the county jail by redesigning the facility to reduce the number of people housed there to about 500 to 1,000 people? That would be a welcomed decline from the current population of approximately 1,500 people in the jail now. What's the status, and how can we participate in the public comment?

Translation services, especially in Intake. The county should provide translation services for people in jail, especially in the Intake Unit. We have been -- we have been told that people who don't speak English have a diff -- have a difficult time telling jail personnel about their medical history, prescriptions they are taking, and other needs. Translation services are available in the courts. They should be available in the jail.

And please give the food -- provide

31 1 the prisoners food overnight. Don't have 14 2 hours pass. It's inhumane to deny anyone food or 3 drink for 14 hours. 4 Thank you very much. 5 JUDGE HOWSIE: Thank you, sir. 6 Tim Stevens. 7 MR. STEVENS: Good afternoon, 8 everybody. Pardon the absence of my suit. I'm 9 coming from an anti-violence work. 10 JUDGE HOWSIE: Please state your 11 name and spell it. 12 MR. STEVENS: Tim Stevens, Chair of 13 BPEP, The Black Political Empowerment Project, 14 co-convener with Alby Dixon of the Greater 15 Pittsburgh Coalition Against Violence. 16 I want to reinforce the request of 17 Alan Guenther of Peace is Possible Coalition and 18 the Ouakers. We don't need to restate them. 19 You've had them for several months. All we're 20 asking is that there be action and 21 implementation. 22 I'm asking if you all had your own 23 internal conversations to literally review all 24 the recommendations that have come from PIIN, 25 from the Black Political Empowerment Project,

from -- no?

Now that is sad, because all of you are the ones who have been appointed to look over the county jail. And with all the meetings that I have attended, and others in this room -- I missed a couple where others were representing BPEP, I see no reason why you all have not sat down and literally gone over every point that has been presented and ask can we move on this? How quickly can we move on this? Is there a reason that we can't move on this?

I want to thank Judge Howsie for meeting with representatives of PIIN this week, so hopefully, that is some movement. We want to support that.

The folks who are holding the names of people who have died, would you hold those signs up? I want you to look at those names because those names stand for families that will no longer have their loved ones for Passover, Easter, or any other holiday because they died in our jail here in Allegheny County. Those are human beings. The good news is, no one has died since our activities from September if I heard correctly, and that is some progress, but the

progress must be permanent progress. And please don't forget why you're here. You're here to make sure that no one else dies in our jail.

You're here to make sure that those who are under your jurisdiction are served appropriately, that there are no roaches on their plates. There are no mice droppings on their plates. That they're getting medications.

I went to the doctor the other day to make sure -- I take a pill in the morning to make sure my blood pressure is good. Last time I went, the doctor said it was excellent. But I was down to just a couple, and if you have someone in this jail who is not taking their medication on time, that death is under you, or the absence of progress is under you. Think about it if it's your mother, your brother, your sister, your aunt, your uncle, your relative, your loved one, your friend. Make it personal.

JUDGE HOWSIE: Thank you.

MR. STEVENS: Thank you.

JUDGE HOWSIE: Will Anderson. Is

there a Will Anderson?

(No response.)

JUDGE HOWSIE: I'm not even going

34 1 to try this name. It looks like it starts with a 2 C, Candace. I don't know. Can you read that? 3 cannot read that. Can you read that? I don't 4 know. Anyone here that signed the sheet that 5 their name starts with a C? 6 MS. HALLAM: I think it was the 7 Passages to Recovery person signed in because it 8 says at Passages to Recovery. 9 JUDGE HOWSIE: I got it. Thank 10 I couldn't read that. you. 11 Jodi Lincoln. 12 MS. LINCOLN: Jodi Lincoln, 13 L-I-N-C-O-L-N. 14 JUDGE HOWSIE: Thank you. 15 MS. LINCOLN: Today, I'd like to 16 remind the Board of an important duty that's 17 going to be extremely relevant in the next 18 12 months. From the PA General Statute, Section 19 61, Chapter 17, Subchapter B, which you should 20 all be extremely familiar with but based on the 21 way you operate, I often question it. 22 Section 1724, Powers and Duties. 23 A, general rule. The Board's administrative 24 powers and duties shall include the confirmation

of the Chief Executive's selection of a warden.

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This is also reiterated in Section 1726, covering the warden. A, appointment. One, the chief executive shall appoint a warden subject to confirmation by the Board.

With a new County Executive in our future or any other reason that might see the departure of Orlando Harper, I urge the Board to take their duty to approve the new warden seriously and act with integrity, transparency, and the best interest of the people incarcerated at Allegheny County Jail while making these decisions.

A quick history on Warden Harper's appointment. Thanks to the meeting minutes on the County Controller's website, transparency, yay, we were able to track how things played out 11 years ago before Warden Harper was appointed. Judge Howsie and Gayle Moss were on the Board at this time, and I'm sure, Marion, you were there too. Public comments, you were the star.

So anyways, the County actually hired a firm to conduct an applicant search and solicit interviews. Then there was a job subcommittee that approved a number of applicants for these consultants to interview. And then

after recommendations from the consultants, the committee was supposed to narrow it down to three top candidates, have those candidates meet with the executive and the Board, and then get the Board's approval on a final candidate.

Now, the Board didn't meet in July and August, so there's a two-month gap, but by the September meeting, there was a single recommendation from the committee to the executive, and in October, they were introducing Mr. Harper as the new warden.

Now, maybe things happened behind closed doors or at the executive sessions that this Jail Oversight Board seems to love so much, but there is no public record or official minutes of a Board vote and approval outside of no- -- that a recommendation of a single candidate was made by the committee and not the full Jail Oversight Board to the executive.

The statute clearly states that confirmation is needed, and the Board should make sure it does so this time around. Whether there's an interest in hiring a firm, having a subcommittee, or whatnot, it is imperative that this Board does not just rubber stamp a new

1 executive selection offered as a political favor 2 for someone or for some -- an appointment from 3 someone inside the jail who is part of the broken 4 and abusive current system. 5 Thank you. 6 JUDGE HOWSIE: I believe this says 7 Kyna James perhaps. 8 MS. JAMES: "Kyna." I know. 9 JUDGE HOWSIE: My apologies. 10 James. Sorry about that. 11 MR. JAMES: Good evening. My name 12 is Kyna James, K-Y-N-A J-A-M-E-S. 13 JUDGE HOWSIE: Thank you. 14 MR. JAMES: I'm the coalition 15 organizer for the Alliance for Police 16 Accountability. I basically want to talk about 17 the solitary confinement referendum and the lack 18 thereof and you doing anything about it besides 19 finding ways around the law itself, because 20 that's what it is. It's a law. 21 You know, you can rename it 50 22 times. It's still solitary confinement. 23 county jail who has the second highest suicide 24 rate in the country, and solitary confinement 25 being one of the most severe cases of mental

health abuse is beyond me.

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We still get reports that your correctional officers are withholding people who are incarcerated from receiving medical attention, which is against the law. We still get reports that you're using chemical agents, which is against the law.

You know, 80 percent of this county voted for this referendum, and you alone cannot decide to be against it. We're not afraid to take action, because that's exactly how this law got passed in the first place. We're not afraid to hit the streets. We're not afraid to take legal action if that is what is needed to get you on board, but people die consistently at Allegheny County Jail. So you know, while we're here holding up these signs, you know, these are not just names on pieces of paper. These were human beings, and every person who is incarcerated in the Allegheny County Jail is a human being. There's not a single person in there that should be treated like an animal.

And just being -- like talking about the food situation, I guarantee that not a single one of you would go to the Allegheny

1 County Jail and eat what they're serving these 2 people. I guarantee it. And that's all I have 3 to say. 4 Thank you. 5 JUDGE HOWSIE: Thank you very much. 6 Brandi Fisher. 7 AUDIENCE MEMBER: Good job with 8 that. 9 MS. FISHER: Good evening. Brandi 10 Fisher, last name F-I-S as in Sam, H-E-R. 11 JUDGE HOWSIE: Thank you. 12 MS. FISHER: I am the president and 13 CEO of the Alliance for Police Accountability, 14 and I just want to give a shout-out to the AP 15 Coalition in the house. Thank you all for always 16 fighting for justice, for standing up and doing 17 what's right. 18 I wanted to talk about three 19 things. One is just the correction officer that 20 has this racist tattoo of a black baby in a 21 noose. I know this was brought to your attention 22 previously. I don't think a thing was done about 23 it, which is like inconceivable to me. And so I 24 want this on record that the uniform standards

were updated on March 13th, which was after this

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was brought to you all's attention, and not one thing reflected in that uniform update addressed -- or discrimination, racism, or anything. The only thing that's in there is professional standards. And I wouldn't say that was professional. I'm the CEO of an organization. I would not dare allow one of my staff members to walk around like that. It's extremely unprofessional, but beyond that, it's racist.

And so I just want on record that this person should not be working there. If this was a police officer -- I mean, police officers have been fired for having things on their Facebook pages. So this idea that I'm hearing that this is free speech is beyond ridiculous to me. Hate speech is not free speech. And so for him to be serving in a jail that 66 percent of the population is black -- like if a black man sees that, how are they supposed to respond and react? I just think we're putting people in a situation for catastrophe and that a person should not be employed in that way over -- presiding over people. So I'm hoping that he will be removed immediately, but we're going to

make sure that he is.

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The other thing is the policy of locking down the jail. I don't know if it's a policy or a practice, Warden Harper, but what happens when people protest outside the jail, the entire jail gets locked down, which is why no one protests outside the jail anymore, which is why I think it happened. But you cannot punish people who are incarcerated in the facility for people outside exercising their First Amendments Rights. So I would just like on record and also something done about -- or finding out if this is actually a policy or this is a practice. And whichever it is that it needs to stop because it's not only unfair. It just doesn't even -- it just seems like it's about control and trying to tell people -- it's a way of violating people's civil rights by punishing the people that they care about.

And the last thing I wanted to talk about was voting in jail. We have two important elections coming up that everybody inside that jail is directly impacted by, and that is our District Attorney race and our County Executive race. And it's very important that these people

get to participate in those.

In a 2021 report issued by All

Voting is Local in the committee of 70 and Common

Cause PA found that only 52 people who had

requested mail—in ballots in the 2020 general

election used an address that shows — associated

with one of the 18 county jails. And so I know

we've been talking about voting, and people talk

it — we come here and talk about a lot, but I'm

really looking for, like is there something

that's being done to address this and allowing

people who are incarcerated at the Allegheny

County Jail on pretrial detention, not convicted,

who have every right to vote, to ensure that

they're able to exercise that right.

Thank you.

JUDGE HOWSIE: Thank you.

Rachel Radke.

MS. RADKE: Okay. Rachel Radke,

R-A-C-H-E-L R-A-D-K-E.

JUDGE HOWSIE: Thank you.

MS. RADKE: Okay. I'm just here
tonight to pick up where I left off a month ago.
I had been discussing access to medications for

opioid use disorder at the county jail, and I

cited the report from our Health Department, Accidental Overdose Deaths in Allegheny County from January '16 to June 2020, where it showed that nearly one in five of the individuals who died of overdose in Allegheny County were in the Allegheny County Jail sometime in the 12 months prior to their death. We also know now, because of extensive research, that medications of opioid use disorder reduce fatal overdose by 50 percent. 50 percent. Now we don't have any data on the overdose deaths in our county since June 2020. I'm thrilled that no one has died in the county jail since September, but we won't know for a long time how many people died after they left because of fatal overdose. The risk of fatal overdose upon release from incarceration when people do not have access to MOUD increases somewhere between 10 and 40 times their overdose risk before their incarceration.

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Hopefully, I'll have some time

left. We'll see. Oh my God. Okay.

Evidence-based MOUD treatment consists of

offering MOUD for people who were not receiving

it prior to incarceration. It includes

continuing treatment for those who were receiving

it prior and working to prevent interruptions of 1 2 MOUD during intake, transfer, and release. Okay. 3 Importantly, it is clear that failing to provide 4 this complete range of services, specifically 5 failing to provide Methadone, Buprenorphine and 6 Naltrexone leave the county open to lawsuit. 7 Federal courts have ruled that jails and prisons 8 are bound by Title II of the ADA and the 8th 9 Amendment access to all three FDA-approved 10 medication for the initiation or continuation of 11 MOUD during incarceration. Failure to provide 12 immediate and equal access to these medications 13 to people who are incarcerated puts our 14 jurisdiction at risk of significant financial and 15 legal liability. 16 I am happy to continue this

discussion with anyone who wants more information on it. I have pages and pages and pages of studies and reports and evidence about this. I consult with UPMC and Allegheny General Hospital on all these things. I'm here to help.

JUDGE HOWSIE: Thank you.

Muhammad Nasir.

MR. NASIR: My name is Muhammad Ali

Nasir, N-A-S-I-R. I go by Man-E. I'm an

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advocacy and policy civic engagement coordinator for 1Hood Media. But the real reason I'm here is to represent the people who are currently and recently released from the Allegheny County Jail. I'm not sure if I said this before, but I've been previously incarcerated there four times. A lot of my family, a lot of my friends, a lot of the people that I know have been in the ACJ, and I meet a lot of people who are coming out of the ACJ.

Since the last time I spoke, we saw 49 people get released outside of the jail. Like I said, we post up weekly about three hours a week, and everybody that we saw, 49 since the last time I was here, we gave each of them \$50. We gave each of them resources. Most of them wanted cigarettes, something to drink, some cold water, but most importantly, a little bit of humanity and a little bit of grace that's missing from the ACJ.

And actually, I met a guy named

Gary who's been inside of multiple jails and

multiple prisons, including Rikers, including

federal prison, including Sing Sing, and he said

that the ACJ was the worst place he's ever been.

I know a lot of people say this, and I'm going to reiterate it. Anybody who has been to the penitentiary would rather go there than go to the ACJ. And everybody always blames Harper, and I blame Harper too for the conditions of the jail, but even more than Harper, I think Fitzgerald deserves some of that criticism — the fact that he's not even here, you know what I'm saying, deserves some criticism.

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So I'm going to call Gary into this space and I'm going to let him speak his peace.

"Hi. My name is Gary Pilacio. inmate number for Allegheny County is 107510. I basically tried to paint in this place when it first opened. When it first opened, it was a great idea and it had, you know, a lot of good, you know, things about how, you know, single cells and, you know what I'm saying, and the rehabilitation. Now, it's just about mass incarceration. That's all it is in my eyes. You know, all you do is you stack us and stack us and stack us and stack us, and there's no healthcare at all. This jail is absolutely filthy, beyond filthy, like I've never seen. There's no air. There's no programs for inmates. There's

absolutely nothing going on in this jail.

And then you have this new warden that comes in here, and he thinks it's just great to just lock inmates down for 23 hours a day like it's nothing for weeks and weeks and weeks at a time. That's not going to help nobody. All that does is build people that have mental health issues and make them even worse. You know what I'm saying? You don't even deal with them. All you do is you beat them up, mace them and tie them to a bed up on the fifth floor. Not good. Like I said, this place needs a lot of work."

JUDGE HOWSIE: Thank you.

Tanisha Long.

MS. LONG: Hi. My name is Tanisha, T-A-N-I-S-H-A, Long, L-O-N-G.

JUDGE HOWSIE: Thank you.

MS. LONG: Thank you to the members of the Board and Steve Pilarski for being here. You know, I know this takes a lot of time out of your month.

I was wondering if anyone on the Board read the Spotlight PA and the Pittsburgh Institute of Non-Profit Journalism article about

Rachel Bridgeman. She was incarcerated at the Allegheny County Jail, placed on mental health tiers IV and V. Last month, we heard testimony that there are no, like, default restrictions for people on those tiers. That's a lie.

Because of the restrictions placed on Rachel Bridgeman, she was not allowed out of her cell. She was not allowed a Tablet. She was not allowed a phone. Her family didn't know she was incarcerated for two and a half months. She thought she could see God. She banged her head off the cell until her face was -- ballooned to the point that she had to be given emergency care, and no one knew. No one knew until another incarcerated person reached out to an attorney for help. It wasn't even the attorney's client.

We just wanted to help.

This kind of stuff happens all the time. When we talk about things like family notification, I know that there have been Motions presented that have been asked for Board input for ways to notify families immediately when their loved ones are sent to the hospital. And because of the inaction and inactivity and the lack of responsiveness from certain members on

the Board, those aren't able to move forward the way they should. They don't come up for vote the way they should. And these families don't get answers the way they deserve.

(Phone ringing.)

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MS. LONG: That ain't me.

So what ends up happening is you have situations like Rachel Bridgeman where no one takes the time to reach out to her family, and they believe she's dead, and they hang wanted posters up. And then you read the Warden's Report, and you find out that almost 100 people have received emergency care in the last three months and that the jail population right now is currently under -- it's over 1,600 people, which is a steady rise from where it was three months ago. So you have more people, more hospital visits, and less notification. And you're okay with that? That sits right with you? If people are making the active effort, your fellow Board Members are making the active effort to get family notification to be a must. Why are we not doing the simple thing of answering your e-mails? There's 30 days in a month. February is a little short, I understand. Some months are a little

long, but you have time to answer those e-mails and get these Motions on the table.

The best thing we've gotten so far is a book committee, but we still don't have books coming in the jail. We still don't have family members who are knowing when their people are in the hospital. We have people getting their asses beaten in elevators by COs, and no one will know unless there's people who can actually go into the jail and verify it themselves because their tablets get taken away, and they don't get to talk to their families. And when they're hospitalized, when their arms get broken in an elevator by a CO, no one knows because you keep everything a secret on purpose.

Bye.

JUDGE HOWSIE: Reverend Butler.

Reverend Butler. There's no Reverend Dr. Luwana

Butler?

(No response.)

JUDGE HOWSIE: That being said -
AUDIENCE MEMBER: Are you going to

read the online public comment as it states on

your website under five minutes?

JUDGE HOWSIE: I didn't get any

		51
1	public comments so I apol	,,
2	AUDIENCE MEMBER: Are you for real?	
3	AUDIENCE MEMBER: You haven't read	
4	them in a couple of weeks in a couple of	
5	meetings, so we're just asking.	
6	JUDGE HOWSIE: Did you send one?	
7	AUDIENCE MEMBER: I just sent one a	
8	couple of weeks ago.	
9	JUDGE HOWSIE: Did you send one	
10	this week?	
11	AUDIENCE MEMBER: No.	
12	JUDGE HOWSIE: Okay. I didn't get	
13	one. So like I said, I didn't get any public	
14	comments.	
15	AUDIENCE MEMBER: It's weird	
16	because it was there.	
17	JUDGE HOWSIE: I did not I did	
18	not receive any public comments. If I received	
19	them, I will read them.	
20	AUDIENCE MEMBER: Why not read	
21	them?	
22	JUDGE HOWSIE: I'm done talking	
23	about it. I gave you my answer.	
24	AUDIENCE MEMBER: So you're going	
25	to avoid the question.	

1 REVIEW OF THE MINUTES FOR MARCH 2, 2023 2 JUDGE HOWSIE: So with that being 3 said, we'll have a review of the Minutes from 4 March 2, 2023. Did everyone have an opportunity 5 to review the Minutes? Is there a Motion? Well, I don't 6 7 know. Do we have -- we have a quorum, right? 8 MS. HALLAM: Uh-huh. We have six. 9 JUDGE HOWSIE: Did everyone have an 10 opportunity to review the Minutes? 11 Is there a Motion? 12 MS. HALLAM: So moved. 13 AUDIENCE MEMBER: No comments on 14 those Minutes? 15 JUDGE HOWSIE: Is anyone seconding 16 the Motion? 17 MS. KLEIN: Second. 18 JUDGE HOWSIE: All right. Motion 19 has been -- any opposed? 20 MS. HALLAM: The only thing I will 21 ask, Judge Howsie, is usually, we get the Minutes 22 printed out in our preparation packet; if we 23 could get those. I know we get them e-mailed to 24 us, but if you could print them out too?

BOARD SECRETARY: Sure.

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JUDGE HOWSIE: The young lady who usually does that is not here. She's sick.

That being said, we'll now have the Warden's Report.

WARDEN HARPER: Good afternoon, everybody. Visits at the Allegheny County Jail.

JUDGE HOWSIE: You know what, I'm sorry. Forgive me. We're going to go consistent with the old order that we've been doing.

Old Business. My apologies. Old Business.

We have the IIWF Report by Judge
Lazzara regarding the liaison position. Do you
have something you'd like to offer, Ms. Klein?

OLD BUSINESS

MS. KLEIN: I want to apologize to the audience that I am responsible that we don't have a name to put forward. I was Downtown in preparation on March 14th for the meeting to discuss the liaison. I was distracted. I fell. I hope it's my only trip ever in an ambulance to Mercy Emergency Department. The meeting was canceled. We have not been able to reschedule, and I just want you to know there was -- it was no -- nothing nefarious. We desperately want to

get this -- get this done. And I apologize. I was grieving, and I understand family members now who have lost loved ones how destructive and painful grief is. Thanks.

CONTROLLER O'CONNOR: Terri, I would just add, like, we understand things happen. And you're at all these meetings. You care. You wanted to get this done a while ago, so please -- you know, no need to apologize. We will figure this out. But thank you for your service to the Board and that subcommittee. I don't think you've missed a meeting.

MS. KLEIN: I just want people to understand the reason that we don't have -- I just want everyone to understand the reason that we're not able to put forth a name at this meeting like we have promised.

JUDGE HOWSIE: So Judge Lazzara also provides the statistics regarding the ACJ and alternative housing population. As I stated, she's unable to attend the meeting.

MS. HALLAM: Judge Howsie, I'll read that report for her. Yeah. She e-mailed that to us, so I can pull it up and read it for everyone. If you give me one second here.

All right. So this is the report about the statistics of people incarcerated in the Allegheny County Jail that Judge Lazzara presents every month.

Okay. This is as of 4:30 p.m. on April 4, 2023. 1,510 people were in the Allegheny County Jail, and 120 people were in alternative housing facilities, excluding any people with holds by the Federal Government. Note that people can be held in the jail for multiple reasons such as probation and parole detainers, other county holds or sentences.

6 percent, or 95 people in the jail itself are serving a county sentence as the result of a new conviction. 27 percent, 32 of 120 people in alternative housing, are serving a county sentence. 20 percent, or 302 people in the jail itself had a hold from an external jurisdiction, including other counties or the state. Two individuals in alternative housing have a hold from another jurisdiction.

43 percent, or 643 people in the jail itself were detained by Allegheny County

Adult Probation. These individuals were detained for violating probation on a crime for which they

had previously been convicted. Of those,

87 percent or 560 folks were of moderate or high
risk to re-offend based on their Probation Proxy
Risk Score. The remainder were being held for a
variety of reasons, including violent felonies,
awaiting mental health commitments or service
plans, and other reasons related to their own
safety or the safety of the community.

28 percent, 34 of 120 people in alternative housing were detained by Allegheny County Adult Probation. 88 percent, 30 of 40 of those detained in alternative housing were of moderate or high risk based on their Proxy Score.

26 percent, or 397 people in the jail itself, were held pretrial only, meaning they had no other reason, such as external holds or detainers, keeping them in the jail. Of these people, just over 1 percent screened as low risk for re-offense based on the Allegheny County Locally Validated Pretrial Risk Instrument without consideration of the seriousness of the current offense.

15 percent, 18 of 120 people in alternative housing were held pretrial only.

Only 1 person screened as low risk for re-offense

based on Allegheny County's Locally Validated
Pretrial Instrument.

93 individuals, approximately
6 percent of the jail population, are currently
being held in the Allegheny County Jail pretrial
only on a monetary bond. Of these individuals, 8
screened as low risk for new criminal activity,
and all but 1 of these individuals were facing
violent charges.

Only 7 of 120 people in alternative housing are held pretrial only on monetary bonds.

Only 1 screened as low risk for new criminal activity. All pretrial monetary bond cases are reviewed for possible bail modification.

The Allegheny County Jail population excluding federal holds but including alternative housing on March 16, 2020, was 2,075, including 1859 incarcerated individuals in the jail itself and 216 people in alternative housing facilities.

As of April 4, 2023, the inmate population of the jail itself was 1,510, a 19 percent decrease. And the alternative housing population was 120, a 44 percent decrease. The detainer population in the jail itself on

March 16, 2020, was 889, and on April 4, 2023, was 643, a 28 percent decrease.

JUDGE HOWSIE: Any New Business?

MS. HALLAM: (Raising hand.)

JUDGE HOWSIE: Yes.

NEW BUSINESS

MS. HALLAM: Yeah. So I want to discuss a document that I sent to the full Board that we have referenced multiple times in our conversation here --

JUDGE HOWSIE: Before you do that.

I apologize. Mr. Kenstowicz, I don't know how I skipped you, but could you please come up and have your three minutes? My apologies. I don't know how that happened. I just noticed that, so please forgive me.

PUBLIC COMMENT (cont.)

MR. KENSTOWICZ: Okay. I want to continue talking about the staffing crisis at our jail. Let's review. There are 88 vacancies at our jail for medical and mental health providers. In 2019, NCCHC found 37 vacancies and called the vacancies a staffing challenge. That is an increase of 51 vacancies. We have heard that half the recruiting class of correctional

officers left after their first year. Important questions. How much forced overtime are staff experiencing at the jail? How is forced overtime affecting the families of staff at the jail? What is the turnover rate of staff who are experiencing forced overtime?

I've mentioned to the Board my work as a therapist with Mercy's Community Treatment Team. We had massive turnover on Team 2 where 12 staff resigned in a 13-month period of a staff of 12 people. The daylight, all the on-call shifts, the evening and weekend med deliveries all had to be done whether we had 5 staff or 12. We were constantly training new people. I made over \$70,000 ten years ago, which was good money for a social worker, but I seldom saw my wife working 75 to 80 hours a week.

Besides empathizing with the jail staff and their families, the point I'm making here is that each person that left told me why they were leaving. The peers at our jail know why their peers left employment at ACJ. Two critical questions. Why do people continue to work at ACJ, and what can the current staff tell us about why their peers have left? I propose

that four different staff satisfaction surveys being provided to the jail staff, one each for medical and mental health staff, correctional officer staff, administration, and ACJ staff who do not have contact with residents. Informative staff satisfaction surveys must be relevant to the experience of staff. Staff's confidentiality needs to be protected, and a third party such as DHS needs to provide the survey for the survey to be valid and reliable. The knowledge the Board could gain from these surveys would be immense.

I have sent the Board a Job
Satisfaction Survey for correctional officers
that was created by my deceased wife who taught a
graduate Capstone Class on Human Resources at
Carlow College by the Correctional Officers Union
and by myself. As you can see, there are 12
questions with the standard format used in HR
with two open-ended questions at the end. What
are your recommendations for improvement that
would reinforce your decision to continue to work
at ACJ, and for your peers that terminated
employment at ACJ, why do you think they left?

I think we all know risks of more deaths at our jail will continue until we know

why people continue at our jail -- to work at our jail and why others decide to leave. We can then create policies and practices to make relevant change. Why is the Board resistant to creating a subcommittee on the staffing crisis at our jail? What is more important?

I appreciate your time.

JUDGE HOWSIE: Thank you. Thank

you, sir.

Ms. Hallam.

NEW BUSINESS (cont.)

MS. HALLAM: Thank you, Judge
Howsie.

So if you remember at multiple meetings, we have asked the jail and the Warden to give us legal opinions on certain ways that -- I personally -- I don't want to speak for anybody else on the Board, believe that both this Board and the jail are breaking the law. I have yet to receive -- I've waited months and asked over and over again for some sort of legal opinion backing up what the jail is alleging and didn't get one.

So fortunately, County Council has a solicitor. And even though this Board doesn't, which I think we should talk about later as well,

we have a solicitor who gave us a legal opinion. And again, I've held off on this for a month, hoping that the county or the jail would send us something, but they didn't. I shared this with the full Board, and just want to read a couple excerpts. And again, if -- I haven't received anything conflicting this, so we -- I'm going to presume that the legal opinion by the County Council Solicitor is correct.

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So the first issue was about whether the Allegheny County Jail is in violation of the solitary confinement ban. I think we've heard public commentators and I think most of us in this room probably know that they're breaking the law, but I thought a legal opinion was more appropriate. So basically, they point out the -the Solicitor points out a few of the various things that have been brought up in numerous meetings, specifically about how the jail believes that they are not in violation of the solitary confinement ban and that they believe that there is an exception to the restrictions on solitary confinement when multiple people are confined together. We have heard the Warden and jail administration say that over and over again,

that it doesn't matter if two people enter a cell together; they can't be on solitary confinement, even if they are not allowed out of their cell for at least four hours a day. That is just wrong. So the legal argument that was given about that is that there is a Latin phrase that I am not going to try to pronounce because it is Latin, and I don't know Latin, but basically it is that the singular includes the plural and the plural includes the singular, and that the same rule of construction is observed for purposes of the accountability, conduct and ethics code in Section 5-1013.03 of the County Code.

So basically, even though the solitary confinement referendum speaks to inmates and not the plural, that it still applies to the plural as well. So whether there are two people in a cell together, or 1 person in a cell together, or 20 people in a cell together, if they are not receiving four hours at least out of their cell each day, they're in solitary confinement and they need to be reported and that practice needs to be stopped.

The next thing --

JUDGE HOWSIE: If I may respond to

64 1 that. 2 MS. HALLAM: Uh-huh. 3 JUDGE HOWSIE: You probably forgot. 4 You were in that executive session when the 5 County Solicitor came here and gave you a legal 6 opinion as to all of these things. You don't 7 recall? 8 MS. HALLAM: No, I do not. 9 JUDGE HOWSIE: You don't recall 10 when the then County Solicitor Andy Szefi, met 11 you in that room and gave you a legal opinion 12 regarding all this? 13 MS. HALLAM: Do you have it, 14 because I never received one. 15 JUDGE HOWSIE: Do you recall being 16 in the executive session when Mr. Szefi was 17 there? 18 AUDIENCE MEMBER: We want to hear 19 the rest of it. 20 MS. HALLAM: Not about this. 21 would like to continue reading this. 22 JUDGE HOWSIE: You don't recall 23 that?

about this. We had an executive session about --

MS. HALLAM: I did not receive this

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	JUDGE HOWSIE: Does anyone else	
2	recall an executive session where the County	
3	Solicitor came and addressed all your concerns	
4	regarding these issues and offered you an	
5	opportunity to ask any question that you wanted,	
6	and you had none? Was anybody else at that	
7	meeting besides me? Was it just me?	
8	BOARD MEMBER: No, I was there.	
9	JUDGE HOWSIE: The County Solicitor	
10	was there.	
11	MS. HALLAM: And we got legal	
12	opinion from him conflicting this?	
13	JUDGE HOWSIE: It doesn't conflict	
14	with this because this is your attorney. The	
15	county	
16	MS. HALLAM: This isn't my	
17	attorney. This is County Council's attorney.	
18	AUDIENCE MEMBER: Stop	
19	interrupting.	
20	JUDGE HOWSIE: The County	
21	Solicitor I'm not interrupting. She's	
22	interrupting me. It's my turn to speak.	
23	MS. HALLAM: I was speaking,	
24	actually, when you interrupted.	
25	JUDGE HOWSIE: The County Solicitor	

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1	came and gave you a legal opinion regarding all
2	of the issues that you brought up right back
3	there in that room. Andy Szefi.
4	MS. HALLAM: Yeah, I have never
5	received a legal opinion from the County
6	Solicitor. I've asked for one repeatedly over
7	and over again, yet I provided one to the Board,
8	and we were not provided one from the County.
9	JUDGE HOWSIE: Okay. I guess
10	I'm
11	AUDIENCE MEMBER: Then provide it.
12	MS. HALLAM: Yeah, if it exists,
13	please share it with me.
14	JUDGE HOWSIE: Please stop because
15	no one was talking to you. Thank you.
16	MS. HALLAM: But truly, I would
17	like it to be provided
18	JUDGE HOWSIE: I appreciate that.
19	MS. HALLAM: if that exists.
20	JUDGE HOWSIE: Because you keep
21	coming after me. You're not even supposed to be
22	talking.
23	AUDIENCE MEMBER: Doesn't matter.
24	I'll leave.
25	JUDGE HOWSIE: Now you're going to

have to leave.

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2 AUDIENCE MEMBER: That's right. Do your job.

JUDGE HOWSIE: Appreciate that.

MS. HALLAM: Okay. So before I was rudely interrupted, I was referencing this legal opinion which talks about how the jail is in violation of the solitary confinement ban.

So first of all, regardless of how many people are in a cell at a time, if they are not allowed out for at least four hours, they are -- the jail is in violation of the solitary confinement ban.

As was referenced in Public Comment, this was a law that was passed overwhelmingly by the residents of Allegheny County. It is binding on you, Warden Harper, and on the jail administration to follow it. It's not being followed.

The second piece of that is that -is in reference to partial lockdowns. So even on the jail's own solitary confinement report that is published on the website, and I think it's by the 7th of every month, the solitary confinement report is posted. Often it lists individual pods or partial lockdowns. So addressing that,

Section 205-31A of the County Code provides an exception to the restrictions on solitary confinement for facility-wide lockdowns. The section provides that if the facility warden determines that a facility-wide lockdown is necessary to ensure the safety of persons held in the facility, that the prohibition on solitary confinement shall not apply until the warden determines that the circumstances no longer exist. The facility warden shall document specific reasons why any lockdown is necessary for more than 24 hours and why less restrictive interventions are insufficient to accomplish the facility's safety goals.

So again, the first requirement is to utilize the exception is that the lockdown must be facility-wide. If the lockdown is only partial, the exception does not apply. So I want to make sure that is very clear, that unless it is a facility-wide lockdown, you cannot do it.

The exceptions -- or I'm sorry.

The rationale that must be determined if there are facility-wide lockdown is that, one, the warden determines the necessity of the lockdown;

two, the warden documents specific reasons why any lockdown is necessary for more than 24 hours; three, the warden determines why documents -- sorry. I think that's really important here; the word "documents" why less restrictive interventions are insufficient; and four, every effort must still be made to permit daily hygiene and exercise. These requirements are mandatory. They are not up to your discretion. If you are going to do a facility-wide lockdown, these four requirements must be met, specifically, documentation why less restrictive interventions are insufficient.

The legal opinion continues to say that as the lockdowns are only partial, to be valid, the ACJ would have to meet the other conditions for solitary confinement.

So again, I have not received anything that conflicts with this, so I would just like to warn the Board and the Jail that this is opening us up to a lawsuit. Not just the Warden himself, not just the County, but the Members of this Board who refuse to enforce this law that was passed.

What is funny?

JUDGE HOWSIE: Anything else?

MS. HALLAM: Yeah. I do have more.

3 Thank you very much.

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So the next thing is is the Jail Oversight Board itself, the Chair specifically, or the non-Chair who acts as the Chair and the other Members of the Board in violation of Pennsylvania law by allowing the Deputy County Manager, Steve Pilarski, to stand in for and vote in place of the Chief Executive. Again, the statute is very clear, and I believe a public commenter pointed it out earlier directly reading from the statute, what the Board should be comprised of. It is the County executive, two judges of the Court of Common Pleas, one who shall be the President. Judge or their designee, who shall be a judge and one judge appointed by the President Judge, the County Sheriff, the County Controller, the President of County Council or their designee, and three citizen members. The statute provides for certain Members of the Board to be able to send others to stand in and vote in their place. That is why you, Judge Howsie, are here, and that is why I am here as a Member of this Board.

It provides that only again the President Judge and the President of County Council may appoint a designee.

On the Chief Executive, it simply provides that the Board shall be composed of the County Chief Executive. There is no similar provision to that for the President Judge or the President of County Council to appoint a designee.

There is a canon of construction, again, more Latin in here, that translates to the expression of one thing is the exclusion of another. So basically, because the statute is very clear that the County Council President and the President Judge get a designee, that means that no one else does.

Do you -- are you familiar with that canon on construction, Judge Howsie?

JUDGE HOWSIE: Are you done?

MS. HALLAM: I'm not done. I'm asking if you're familiar with that.

JUDGE HOWSIE: I have something when you're done.

MS. HALLAM: Okay. Cool. So that means that the County Executive does not get a

designee. If anyone disputes that, I would love to hear the argument as to it. I have not heard one from Judge Howsie. I have not heard one from any other Member of the Board. I have not heard one from the County Executive because he never shows up. I have not heard one from the person who is illegally participating in this meeting in his place.

I think that I, as well as the other Members of the Board, as well as the members of the public, deserve an answer for why this practice has been allowed. I believe it is detrimental to our oversight work that we are statutorily required to do, and I think that we should not allow an illegal designee to sit on this Board as it opens each of us as Members of this Board up to liability that I do not feel responsible for.

So I am asking that the other

Members of this Board stand up and follow the

law. You have all received this legal opinion.

If you haven't had the time to read through it, I

would really appreciate if you do. It is not

very long, and it is very clear, but those are

the two basic things in this opinion that I think

need to be resolved.

JUDGE HOWSIE: Were you able to ask your attorney -- were you able to ask your attorney anything about past practices and how that relates to this rule?

MS. HALLAM: I do not think that I have talked to him about anything about past practices. When I requested this legal opinion, I did make him aware of the fact that this is what the County Executive has been doing his entire term.

We also talked about the fact that when the current County Executive was the President of County Council and sat in the seat that I do now, that he showed up pretty frequently, but when he was in a position of power and authority as the County Executive, he suddenly stopped showing up.

JUDGE HOWSIE: If I may. And the reason why I asked about past practices is because since this Board's inception, the County Executive has never consistently showed up to meetings. The previous Sheriff routinely sent a designee to attend the meetings, and the previous County Controller never attended the meetings.

1 More specifically and more

importantly, you, Ms. Hallam, sat on this Board for well over a year while the County Controller never showed up and sent a designee, while the Sheriff on occasion did not show up and sent a designee, and while the County Executive sent the other Deputy Manager by the name of Barb Parees. It is not until now, when Mr. Pilarski has showed up at these meetings, that you've raised any concern or objection. You sat there for well over a year and acquiesced while all of those people sent designees.

So I would encourage you to ask
your attorney how does past practices, how does
that relate to the practice of the County Exec
doing what has been done since day one and
sending a designee that you worked with for over
a year and had no problems with?

MS. HALLAM: Yeah. So that was before I was in law school and knew how to interpret the law and the Canons of Construction. So now that I've -- please let me finish. I let you finish. So now that I'm aware of that, what I will ask you is in those prior situations that you're talking about, did anyone object to their

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1	presence in the meeting, because I have objected	
2	at the beginning of meetings, and it still	
3	continues. It is barely even acknowledged by	
4	you.	
5	JUDGE HOWSIE: You object now.	
6	MS. HALLAM: I object as soon as I	
7	was made aware that that was something that I	
8	could object to.	
9	JUDGE HOWSIE: You object now.	
10	AUDIENCE MEMBER: Past practice	
11	doesn't matter.	
12	MS. HALLAM: When I was made aware	
13	of the fact that objecting	
14	JUDGE HOWSIE: Now.	
15	MS. HALLAM: means something.	
16	So what I'm asking for you're going to	
17	reference past practices there is a	
18	difference. There was not a past practice of	
19	someone objecting to the participation during	
20	roll call of someone who is an illegal designee.	
21	JUDGE HOWSIE: There was a past	
22	practice of people sending their designees since	
23	the day the Board was initiated.	
24	MS. HALLAM: So we've been	
25	violating the law for all those years.	

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1	JUDGE HOWSIE: We you weren't
2	here.
3	MS. HALLAM: We the County.
4	JUDGE HOWSIE: What is your next
5	issue?
6	MS. HALLAM: No, I'm very I'm
7	very concerned about that. It's not a next issue
8	that I want to move on to. I want to ask you if
9	you think that that makes a difference, that now
10	someone is objecting
11	JUDGE HOWSIE: I told you
12	MS. HALLAM: over and over and
13	over again.
14	JUDGE HOWSIE: Absolutely, it makes
15	a difference.
16	MS. HALLAM: And so why now is the
17	person who's being objected to in clear violation
18	of State law still being permitted to participate
19	in the meetings?
20	JUDGE HOWSIE: For that same reason
21	that you allowed it to go on for an entire year
22	plus while you sat at every Board meeting.
23	Could you move on to your next
24	issue?
25	MS. HALLAM: I will not because I'm

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1	wondering what that reason is.	,
2	JUDGE HOWSIE: Well, if you're not	
3	moving on, we're going to move	
4	MS. HALLAM: Are you alleging that	
5	new information does not change a situation?	
6	JUDGE HOWSIE: What I am alleging	
7	is that you should speak with your attorney and	
8	get more information about past practices.	
9	Do you have something else?	
10	MS. HALLAM: Do you have a specific	
11	statute that you're citing, because I am citing	
12	with tons of information	
13	JUDGE HOWSIE: Right.	
14	MS. HALLAM: here sources.	
15	So you do not believe that we are breaking the	
16	law every single meeting by allowing a designee	
17	to participate?	
18	JUDGE HOWSIE: Yes or no. Are you	
19	moving on to your next discussion?	
20	MS. HALLAM: Yes or no, do you	
21	agree that we are violating the law every single	
22	meeting by allowing an illegal designee to	
23	participate in this Board as a Member of the	
24	Board?	
25	JUDGE HOWSIE: Mr. Pilarski is no	

78 1 more illegal than everyone else is; the designees 2 that you sat with and you have had an opinion. 3 MS. HALLAM: That is false. You're 4 a legal designee. I am a legal designee. 5 JUDGE HOWSIE: Mr. Harper, please 6 go on with your report. 7 MS. HALLAM: Judge Howsie, I would 8 like to remind you that we are equal members of 9 this Board, you and I. 10 JUDGE HOWSIE: Thank you. 11 WARDEN HARPER: Good afternoon. 12 MS. HALLAM: Not Mr. Pilarski, but 13 you and I are. 14 WARDEN HARPER: Good afternoon, 15 Board Members. 16 MS. HALLAM: And I would like you 17 to please respect me when we are operating in 18 this capacity as a Jail Oversight Board. 19 WARDEN HARPER: Visits at the 20 Allegheny County Jail. 21 The jail hosted visits for our 22 juveniles for the second time on March 18th. 23 jail is working on plans to resume contact visits 24 for incarcerated kitchen workers in May. The 25 jail has seen its total number of contactless

visits more than triple since expanding to all, regardless of COVID-19 vaccination status since February 13th.

Last week a total of 150 individuals received contactless visits.

Therapy Dog.

The jail welcomed its first therapy dog to the facility in March. And now, I would like to turn it over to our Deputy Health Service Administrator, Renee Madden, to talk more about our therapy dog.

MS. MADDEN: So last month, we started our therapy dog program for the juvenile population. We know that research demonstrates that animal-assisted therapy can increase literacy skills and focusing in school settings, can reduce overall symptoms of depression or anxiety, improved moods, self-esteem, and promote positive peer interactions. It can also teach compassion and empathy for individuals who are participating.

So this is a voluntary program for our juveniles. They're all screened beforehand for allergies, any potential trauma triggers prior to participating. And we have Link who

comes in. He's a seven-year-old Australian

Shepherd. He's very sweet. He comes into the

jail and goes down to the school where the

juveniles are during the day, and he joins small

groups with them.

So we're really excited to have this started.

WARDEN HARPER: Thank you, Ms.
Madden.

Reintegrative Services. The jail alternative housing staff held informational sessions for the alternative housing programs with the Foundation of Hope and the Veterans Recovery Center. The jail also transferred 67 individuals to alternative housing during March.

The jail's diversion staff held informational sessions with the Public Defender's Trial Division to improve collaboration and utilization of the jail's diversion program. A total of 32 individuals were released to inpatient treatment through the diversion program in March.

A total of 85 individuals were assisted in completing medical assistance applications to ensure that they have health

insurance upon release from the facility during March.

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Reentry Services. The Say Serve

Program has hired a new instructor, and the jail
will resume offering that class later this month.

Training. A total of 605 staff members have completed verbal deescalation and interpersonal communication training. As we've noted previously, this training is in addition to and serves as to reinforce the mandatory instruction that all frontline staff, to include correctional officers, undergo during job training. Training has included mental health first-aid, suicide prevention, mental health disorders, CPR, and first-aid. Interpersonal communication, professionalism and ethics, drug awareness, and the legal aspects of corrections among others. This initial -- once initially trained, additional classes including recertification of CPR and First-Aid will be offered on a rotating basis.

Chaplain's Department.

Approximately 170 individuals are participating in Ramadan this year. They received double-portion dinner trays and a Suhoor bag to

consume prior to sunrise. All those who complete
the fast also participate in a fast meal at the
conclusion of Ramadan. To ensure that we
accommodate the needs of those participating in
this observance, the jail begins the planning
process months in advance. It takes a tremendous
amount of teamwork, planning and coordination
with the multiple jail divisions. I would like
to thank all of those staff members who worked so
hard together to make this religious observation
possible.

The Chaplain's Department is currently working on organizing and implementing the next steps for live religious programming with the goal of beginning in May. This phase involves bringing back more staff and volunteer-led live workshops and prayer services for our Protestant, Catholic, and Muslim inmates. These are the three largest religious groups in our facility. We are currently working to ensure that all new and returning volunteers have the necessary clearances and updated training that all the logical health and security-related concerns are addressed so that we can implement this change smoothly and safely.

Throughout the pandemic, religious programming has been conducted through video services on the pod that was created by volunteers and through a rotation of staff-led live services on the pod.

Additionally, staff chaplains have been present all through the pandemic to meet the one-on-one with -- to meet one-on-one with participants seeking pastoral care and to provide important religious articles such as head coverings, Bibles, Qurans, Rosaries, and more.

Recruitment. The jail recently hired a talent acquisition specialist to bolster our recruiting efforts for both correctional and civilian staff members. The jail participated in the recruitment fairs at the University of Pittsburgh and Seton Hill University in March and is scheduled to attend a career fair at Indiana University of Pennsylvania later this month.

Additionally, the jail conducted a two-day outreach event for criminal justice classes at Beattie Career Center and hosted criminal justice students from the Pittsburgh Technical College and Penn State Greater Allegheny in March.

Discharge and Release. The
Discharge and Release Center assessed 337
individuals in March. The Discharge and Release
Center continues to make referral to the
community for services and assistance and to
provide resources to assist individuals upon
their release.

The NCCHC Update. The NCCHC reviews -- the NCCHC Reviews recommendation that our staff provide as much privacy as possible when communicating with inmates about healthcare issues. As a result of this recommendation, we are in the process of eliminating all cell-side interviews. This has already taken place on our mental health pods, where the exam treatment rooms have been designated and equipped with needed medical equipment, tables and chairs for these interviews.

The next phase will equip the segregation units in the treatment rooms so that they can be prepared to discontinue cell-side interviews. Then the jail will roll out this change to our general population units.

We have also implemented our chronic care unit where medically vulnerable

inmates would live. And now, I would like to turn it over to Dr. Brinkman to discuss our critical care unit.

HSA DR. BRINKMAN: Our efforts to create a Chronic Care Unit actually began in early 2020, thwarted by the pandemic like so many things, and have been able to move forward as our COVID restrictions and staffing has improved in recent months.

Mortality Review and found new ways to improve our original plans to support opening of this unit. We have completed our first phase of transferring chronic care patients from throughout the facility to centralize the housing location on 5-Echo.

We're incredibly excited for these possibilities that such a unit brings us, and we know that we'll be increasing the -- by increasing the efficiency of our staff, we'll -- we'll allow for time saved by our medical assistants, nurses, providers, behavioral health team members, and will immediately return that time directly back to patient care and a continuity of care in preparation for release.

WARDEN HARPER: We would like to finally announce that Sergeant Christopher Barker and Registered Nurse Sandy Durso have been selected as Employees of the Month for the month of March.

Last thing I would like to talk about is NA Services at the Allegheny County

Jail. And as we previously stated, NA services have been provided by our Foundation of Hope participants and our Hope Program. We have sent clearance paperwork for individuals interested in providing NA services to different individuals, and we have not received the clearance paperwork at this time. If you know of anybody that would like to provide NA services at our jail, please have them contact us so that we can get the clearance paperwork to them so that we can get more NA services at our jail.

Now I would like to turn it over to Chief Deputy Warden Jason Beasom.

CHIEF DEPUTY WARDEN BEASOM: Thank you, Warden. Good afternoon, Board.

Staffing. I'll begin with a Staffing update. I have the privilege of announcing that Ms. Connie Clark has been

promoted to the Assistant Deputy Warden for

Programs and Services. So congratulations Deputy

Clark. It's well deserved.

The jail began a new academy class on Monday, March 27th, which consisted of 14 cadets. Over the last two weeks, we've completed nine physical agility sessions and have an additional session scheduled for next Tuesday, April 11th. To date, for those agility tests, we had 60 candidates sign up. Of those, 27 participated, which is a 45 percent show rate.

Out of the 27 that participated, 18 passed this portion, which is a 66 percent pass rate.

State Transfers. We currently have 26 males, 0 females with 300 Bs, 3 males with detainers, and 9 males with open cases. The longest wait time on a 300 B was received on February 10th, and the shortest wait time was received on March 29th.

Currently, Federal inmates in the facility, a total of 57. 43 of those are United States Marshall holds, and 14 are federal transfers for Allegheny County Court.

Use Of Force. And our Use of Force

Numbers for March, 2023 was 31.

I'll pass it back to Dr. Brinkman for the healthcare report.

hsa DR. BRINKMan: From our old business, for COVID-19 updates, while we recognize that COVID-19 has not been eradicated, we've seen stability in its impact in our population. Transmission rates remain low for over the past year, and with that, I dedicate time spent on this reporting to other major initiatives. We're focused on support on -- to support quality improvement, program expansion, and staffing. So I'm not going to be reporting on COVID procedures moving forward.

Medication for Opioid Use Disorder and the Expansion of Efforts.

From the month of March, there were 13 prescribed oral Naltrexone, with one receiving their Vivitrol injection prior to community release. 97 were treated on Suboxone and 12 individuals were treated on Sublocade. Of these, 9 patients were transitioned from Suboxone to Sublocade to support their recovery.

Methadone continuation services have treated 40 individuals, with currently 22

patients. Our health services team at ACJ has been continually expanding medication-assisted treatment since 2017. At that time we added our Vivitrol program, which has been inducting patients for opioid and alcohol use disorder. Since that first expansion, we encountered major speed bumps but not barriers. We never stopped moving forward. There were a variety of obstacles from access to the different forms of MOUD treatments, federal regulations, community provider resources, in addition to our internal policy procedure and educational needs.

When recognizing delays, we prioritize the patients who had established care in order to maintain their recovery while continuing to support the reduction of post-incarceration overdose. Despite encountering those speed bumps, we've seen our patients served increase as well as -- as we've expanded. We've been able to care for over 120 patients in the Vivitrol program since its inception. Our Buprenorphine program grew exponentially from 2020 to 2021, growing from 3 to 263 and far more now.

Our Sublocade program has treated

over 150 patients, and Methadone programming has treated over 100 patients.

With each milestone, we found ways to ensure our patients transfer to alternative housing locations have been able to continue their services.

To support reduction of overdose post-incarceration, we've continuously encouraged former incarcerated individuals to receive and learn to use Narcan. In 2022 our Narcan kits distributed were at 600.

Lessons learned from these expansions have taught us areas to ensure thorough strategic planning to avoid unintended consequences. Not only does ACJ need to have the resources available prior to induction, but the community as well to ensure these patients can reenter the community and continue their recovery.

Currently, we're evaluating the scope of induction services to determine the full extent of resources needed to accomplish the goal, both within the facility and externally, to support post-incarceration stability.

Torrance. For Torrance, in the

month of March, eight patients were admitted and transferred to Torrance State Hospital. 20 were committed to Torrance State Hospital. Four patients have their commitments to Torrance for competency restoration rescinded due to clinical stabilization. And currently, 32 patients are awaiting admission to Torrance State Hospital, with the longest waiting since January 6th.

Mental Health Data. For mental health data in the month of March, zero individuals were identified as Tier V in the tier system, and 24 unique individuals were identified as a Tier IV in the mental health tier system.

Sick Call Requests. As of today, our sick call requests for medical are at a total of nine, with the longest waiting four days.

Our sick call requests for mental health equal one with the longest waiting one day.

Psychiatrists are at 108 with the longest waiting 22 days, and mental health specialists are at 7 with the longest waiting one day.

You'll see in the Warden's Report for Staffing that our vacancy rate is reported

along with the adjusted rate when factoring in our contracted employees. Our permanent employee rate is 54.25 percent, decreasing down to 29.59 percent from the supplementation of our contracted employees. Moving forward, you'll be able to find this in the report, and I will not verbally report out those rates.

Recruitment Efforts. Our recruitment efforts continued. The Warden stole my thunder when he talked about our attendance at the University of Pittsburgh's Women and Public Safety Expo, which was held in honor of Women's History Month.

Healthcare Successes. For healthcare successes, I've been able in the past to give recognition to our staff for their incredible work, but I'm even more proud to share recognition that was provided to us directly from a patient. While he was not with us long, the feedback shared was filled with gratitude. Specifically, he thanked his routine nurse that "keeps my blood pressure perfect." The patient stated "5-star rating."

I understand that we are not perfect overall, though I would like to say that,

1 ultimately we are seeing significant improvements 2 in a variety of areas. We will always have more 3 work to do, which is why the process is called continuous quality improvement. 4 5 And that's all I have this 6 afternoon. 7 WARDEN HARPER: So, Your Honor, we 8 are available for any questions you may have. 9 JUDGE HOWSIE: I do have one 10 question. I have a couple of questions. 11 The first is how many of your incarcerated individuals observed Ramadan? 12 I'm 13 just curious. Do you have any idea? 14 WARDEN HARPER: So I reported out 15 that there was 170 that are participating in 16 Ramadan. 17 JUDGE HOWSIE: I apologize. 18 missed that. 19 And if you can speak to the 20 cell-side visits and discontinuing that. What is 21 the approach that you're currently taking? 22 WARDEN HARPER: So, Your Honor, 23 what we -- the approach that we're currently 24 taking is that we're starting off with our mental 25 health population. So what we've done on our

mental health pods is we created exam rooms for the physical assessment, and we've created behavior treatment rooms for our behavior health providers to conduct behavior health interviews with our mental health population. So that has been up and running.

And what we also did is we met with all of the providers. We met with operational staff as a team to talk about the plan and how we're going to implement the plan. So then we went up, and we toured the mental health pod with the providers, operational staff, program staff, to show them exactly how we want this done and to also solicit input from the providers as to how we can improve the process.

It was a very good meeting. This is the first week that we've fully implemented it. It's a work in progress. So the next step, Your Honor, is we're going to work on our segregation units, and then we're going to go to our general populations.

JUDGE HOWSIE: What do you think the time frame is for rolling it out to the entire facility?

WARDEN HARPER: I'm hope -- I'm

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1	hoping in a couple of months, Your Honor.
2	JUDGE HOWSIE: Couple of months.
3	One more question. NA Services, are they
4	currently being provided? I know there was some
5	discussion about people not being permitted into
6	the building. Are they currently provided?
7	WARDEN HARPER: Yes, on our Hope
8	Program.
9	JUDGE HOWSIE: So the Hope pod is
10	providing NA services?
11	WARDEN HARPER: Yes, sir.
12	JUDGE HOWSIE: All right. That was
13	my question. Ms. Hallam.
14	MS. HALLAM: Thank you. I do have
15	some questions, actually.
16	My first question is are you saying
17	that 12-step meetings are only being provided on
18	the Hope pod?
19	WARDEN HARPER: NA services are
20	provided right now only on the Hope pod.
21	MS. HALLAM: So if I'm incarcerated
22	at the jail, and I'm not on the Hope pod, how do
23	I go to a 12-step meeting?
24	HSA DR. BRINKMAN: There are
25	12-step meetings for Alcoholics Anonymous on our

Veterans' pod with our substance use patients as well as Hope pod. So those are three different areas that are covered, but only one for Narcotics Anonymous.

MS. HALLAM: Is that because of some sort of study that you did showed you that that's the only place where people who suffer from a substance use disorder are housed, or why are we excluding the rest of the pods?

HSA DR. BRINKMAN: They're the only areas we've had access to have volunteers come in.

WARDEN HARPER: So as I stated before, Ms. Hallam, if you know anybody that would like to provide those services, please send their names and their information to us so we can provide more Narcotics Anonymous classes to the entire population.

MS. HALLAM: Yeah. If you remember, for many meetings, there was a couple who came here asking to provide those meetings in the jail and were being denied.

WARDEN HARPER: And we sent them clearance forms on several occasions and we have not received those forms, ma'am.

97 1 MS. HALLAM: I will reach out to 2 them and get them to submit them to you. 3 WARDEN HARPER: Yes, ma'am. 4 MS. HALLAM: Thank you. Okay. 5 Where do I start? All right. 6 So the first thing is I want to 7 address whoever put together the pod breakdown of 8 the use of force statistics. I just -- but I 9 don't know who that was -- who I should address 10 it with you -- that I want to address the 11 question to. I just want to understand there are 12 three, I guess, categories of use of force that 13 were used, and I was just wondering if you could 14 define them for me. Control techniques, taser --15 I have a pretty good idea what that one means, 16 but then active countermeasures. 17 CHIEF DEPUTY WARDEN BEASOM: So 18 we're getting into definitions that are contained 19 within our policy, our Use of Force Policy, 20 Ms. Hallam. I can't get into that in a public 21 meeting. I provided that information at your 22 request. 23 MS. HALLAM: Right. CHIEF DEPUTY WARDEN BEASOM: 24 The 25 location, the amount, and the type of force that

	98
1	was used. That's as far as I can go in this
2	forum.
3	MS. HALLAM: Okay. So you can't
4	tell me like what it means to do control
5	techniques versus what it means to do active
6	countermeasures?
7	CHIEF DEPUTY WARDEN BEASOM:
8	Correct.
9	MS. HALLAM: Okay. Is that are
10	those terms that are specific to the Allegheny
11	County Jail, or are those general corrections
12	terms?
13	CHIEF DEPUTY WARDEN BEASOM: Those
14	are general terms.
15	MS. HALLAM: Okay. So I can maybe
16	look them up is what you're saying and get a
17	definition, but you can't provide it in this
18	forum?
19	CHIEF DEPUTY WARDEN BEASOM: The
20	definitions are in the policy. I'd be happy to
21	show it to you if you come to the jail or in
22	executive session, I can show you the definitions
23	of them.
24	MS. HALLAM: Okay. Next question
25	is about I know at a previous meeting it was

brought up about visits for the children who are incarcerated in the jail, that they were restricted to once a month, and I was wondering if that had been changed, that they are getting more frequent opportunities for visits now?

MARDEN HARPER: The juveniles will not be getting more frequent visits. The next category of inmates that's going to receive contact visits is our kitchen workers, and that's going to take place in May. And then the next population we're going to deal with is our programming population, inmates that's participating in programs.

So you got to realize that when we do provide those contact visits, we provide those contact visits on separate Saturdays of the month. So right now, that's the schedule thus far.

MS. HALLAM: Okay. And when you say program, do you mean they actually have to be on a program pod or is it just anyone who takes one of the classes?

WARDEN HARPER: Inmates that are participating in programs.

MS. HALLAM: Right. And I'm asking

if programs are like the Hope pod, the Veterans'

pod or if like the -- if I participate in the

Stinking Thinking class, do I get contact visits?

WARDEN HARPER: Any inmates that's participating in programs, we're going to try to incentivize them for taking the programs. So we're going to try to work on all inmates that want programming. We're going to try.

MS. HALLAM: So classes equal programs?

WARDEN HARPER: Yes, ma'am.

MS. HALLAM: Thank you. That's what I was trying to get at. I appreciate that very much.

And talking about visits, I have been talking to various attorneys lately who had talked about attorney visits being restricted, specifically that in 2017 actually when Judge Howsie was the Chief Public Defender, that there was some kind of agreement made that -- that opened the window from 8:30 a.m. to 8 p.m. for attorneys to visit clients, and that recently some attorneys were made aware that during count times they were unable to come in for visits with their clients. Can someone speak to that?

1 CHIEF DEPUTY WARDEN BEASOM: So if 2 you show up -- if an attorney shows up to the 3 facility during a count time, that's a lockdown 4 time that we have to -- that we have to do a head 5 count to it. So obviously that's one of the 6 basic responsibilities we have is to verify the 7 location of everybody housed in the facility. 8 If an attorney shows up prior to 9 the count time, we'll get the attorney upstairs 10 with their client, and that can continue through 11 count time. So I don't know if that answered --12 MS. HALLAM: Yeah, it did. 13 basically, you're saying if they're there already 14 before count starts, they don't get kicked out, 15 but they can't enter during count time? 16 CHIEF DEPUTY WARDEN BEASOM: 17 Correct. 18 MS. HALLAM: And that has always 19 been the policy? 20 CHIEF DEPUTY WARDEN BEASOM: As far 21 as I can remember. 22 MS. HALLAM: Okay. So they've 23 always been restricted from coming during certain 24 times in that 8:30 to 8 p.m. window? 25 CHIEF DEPUTY WARDEN BEASOM:

1 MS. HALLAM: Okay. And what are 2 those times that they're restricted? 3 CHIEF DEPUTY WARDEN BEASOM: 4 morning count is at 11 a.m., and then we shut 5 down movement at 2:30 p.m. for shift change and 6 then a 3:00 count. 7 MS. HALLAM: So is it 11 a.m. until 8 3 p.m., or what are the windows? Like 11 to what, 2:30 to what? 9 10 CHIEF DEPUTY WARDEN BEASOM: 11 attorney is there before the count time starts, 12 as long as we can get that person to the location 13 with --14 MS. HALLAM: I understand that. 15 CHIEF DEPUTY WARDEN BEASOM: 16 their client there, so there's not -- so I can't 17 say it's five minutes, but depending on how many 18 people are in visits, how long the check-in takes 19 on how fast their client gets to the location, 20 you know? 21 MS. HALLAM: Well, I more mean if 22 I'm an attorney and I show up at 11:05 a.m., I'm 23 going to be told I have to wait until count is 24 over. 25 CHIEF DEPUTY WARDEN BEASOM: You

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1	have to wait until the count clears.
2	MS. HALLAM: So how long does that
3	take?
4	CHIEF DEPUTY WARDEN BEASOM: That
5	depends on the day. It's not a set time.
6	MS. HALLAM: 20 minutes? Two
7	hours?
8	CHIEF DEPUTY WARDEN BEASOM: It
9	could be up to an hour.
10	MS. HALLAM: Up to an hour?
11	CHIEF DEPUTY WARDEN BEASOM: Yeah.
12	MS. HALLAM: And so it is up to an
13	hour after 3 p.m. as well. So basically, 11 to
14	noon, 2:30 to 4?
15	CHIEF DEPUTY WARDEN BEASOM:
16	Basic yeah, I'd say about more 2:45 until 4.
17	MS. HALLAM: Okay. And what is the
18	rationale for not allowing attorneys to come
19	during count?
20	CHIEF DEPUTY WARDEN BEASOM:
21	Because we need at that time, we're not
22	letting anybody move within the facility until we
23	verify the presence of everybody and that those
24	counts are accurate, so.
25	MS. HALLAM: Okay. Oh, you're

saying that because you're doing count, you cannot take someone and move them while that's processing, but if it happened before or after, then it's okay?

CHIEF DEPUTY WARDEN BEASOM: Yeah.

MS. HALLAM: All right. And again,
I just want to clarify that nothing new has
happened. There wasn't new signage posted at the
jail that changed those restrictions, the times
when attorneys can come?

 $\label{eq:chief_deputy} \text{ WARDEN BEASOM: } \text{ Not} \\$ that I'm aware of.

MS. HALLAM: Okay. Thank you.

may, historically in the jail, attorneys were asked to leave during count time, and that is something that this administration has been more flexible. When attorneys are there during count time, they're just not permitted to go upstairs, or they have to remain wherever they are. But historically, if you came close to 2, 2:30, you were not permitted to come in. You were not allowed to enter the facility at all. So that's -- they're not asked to leave. You just can't move around in the facility during count

times, so you have to wait.

MS. HALLAM: Yeah. I understand they're not asked to leave. I had just heard that they were being restricted on the times that they could come, that they were -- formerly there was no restriction about count and that now it was instituted again. That's not true. Okay.

JUDGE HOWSIE: Restriction in a sense that they're not permitted to move around the facility, but in the past, going back before 2011, there were -- you were not permitted to enter the facility during count time. That's not the case now.

MS. HALLAM: Okay. I appreciate that clarification.

My next question is specifically, you know, Ms. Klein and I were speaking earlier before the meeting about the population of children incarcerated in the jail had increased, and that now it's about 22 I think we saw today -- 22 children are incarcerated in the ACJ. And so I know at a previous meeting, it had been brought up about how they are treated in the eyes of the jail as adults.

So I want to specifically ask how

1 many children were strip-searched in the jail in 2 the past year? 3 WARDEN HARPER: There's no way that 4 we could provide that data as to how many 5 juveniles have been strip-searched. We don't 6 keep that data, ma'am. 7 MS. HALLAM: You don't keep data of 8 strip searches? 9 WARDEN HARPER: We don't keep data 10 on how many juveniles we strip search, ma'am. 11 MS. HALLAM: Well, that sucks, but 12 okay. Is there a reason why you don't keep track 13 of when -- you know, such an invasive search 14 being conducted? 15 WARDEN HARPER: We've never done 16 it, ma'am. 17 MS. HALLAM: Okay. But there's no 18 reason, just that it's never been done before? 19 WARDEN HARPER: We don't keep track 20 of any individuals of how often we strip search 21 them. 22 MS. HALLAM: Is there not a log --23 I know we've referenced earlier the log of each 24 pod, there's not a log -- like is that documented 25 in the log when a strip search happens? So it

1 could happen like 100 times a day, and there 2 would be no record of it? 3 WARDEN HARPER: We have no record, 4 ma'am. 5 MS. HALLAM: Okay. The next 6 question is is there any additional precautions 7 that are taken when children are strip-searched 8 compared to when adults are strip-searched in the 9 jail? 10 WARDEN HARPER: Juveniles are 11 treated as adults, so there's no extra 12 precautions as far as a juvenile being 13 strip-searched from an adult offender. They are 14 adults -- they committed an adult crime, so we 15 treat them as such. 16 MS. HALLAM: Even if they're 14 17 years old? 18 WARDEN HARPER: They committed an 19 adult crime, and we treat them as such, ma'am. 20 MS. HALLAM: Well, they were a --21 yeah, allegedly had committed an adult crime, 22 right? 23 WARDEN HARPER: If they're in our 24 facility, ma'am, we treat -- we strip search them 25 as we strip search our other adult offenders.

1	MS. HALLAM: Okay. Next question
2	is about I had received reports about multiple
3	overdoses that happened among specifically
4	kitchen staff in the past few weeks, and I was
5	just wondering if you could speak to that, why
6	the Board was not made aware of that, if any of
7	those individuals if you have investigated how
8	they got the drugs? If you had to take anybody
9	to the hospital? Can you just give us a little
10	detail around that?
11	WARDEN HARPER: That's something
12	that I will not discuss in this forum, ma'am. We
13	can discuss that in an executive session.
14	MS. HALLAM: Okay. Can you confirm
15	that multiple people in the kitchen have
16	overdosed in the past few weeks?
17	WARDEN HARPER: I'm not going to
18	discuss that in this forum, ma'am.
19	MS. HALLAM: Why will you not
20	discuss that in this forum?
21	WARDEN HARPER: I feel that it
22	would be jeopardizing the safety and security of
23	the facility discussing it in this forum.
24	MS. HALLAM: But is there a
25	specific Sunshine Exemption that you're

referencing why you will not speak about it in this forum?

WARDEN HARPER: Again, Ms. Hallam,
I'll be more than happy to speak to any Board
Member about that in an executive session.

MS. HALLAM: Okay. I'm just mainly concerned because I had to hear about it from not you, from not any of your administration, from not anyone on this Board. How are we to know that these things are happening generally? If there's an overdose in the jail, how is the Jail Oversight Board to be made aware of that? Do I have to ask every day?

WARDEN HARPER: Ms. Hallam, I will be more than happy to discuss that with the Board Members in an executive session. I'm not going to discuss that in this forum.

MS. HALLAM: I am not asking for you to discuss specifically the overdoses that recently happened. What I'm asking you to discuss is how the Board is to know when incidents like that happen generally.

WARDEN HARPER: I think how the Board would know is if the individual has been transported to an outside facility and the doctor

at the outside facility says, hey, notify the emergency contact. That has been the procedure in the past as to when we would notify the Board and/or the emergency contact. So we will still keep that same process.

MS. HALLAM: Only if the doctor requests it are you alerting the Jail Oversight Board?

WARDEN HARPER: Yes, ma'am.

MS. HALLAM: Wow. Okay.

Next question is going to be -- I heard some reference -- a public commenter that I very much appreciate the statistics that you've been sharing about post-incarceration overdoses. It is something that is very near and dear to my heart. I have lost a lot of people that I love who were released from the jail and died of overdose. And I'm fortunate that I was not one of those statistics that were referenced in your public comment.

And so, Dr. Brinkman, you referenced specifically giving Narcan out as people are being released, but I'm wondering if there's any other tools that are being given to people when they're incarcerated or when they're

preparing for release to prevent -- you know, to either encourage safe drug use after they leave or to help prevent overdose?

HSA DR. BRINKMAN: Harm reduction as a whole is discussed in a mainstay of our substance use residential treatment program. So that is anyone who is participating in our substance use programs, hard reduction is the underlying current for all of it.

MS. HALLAM: And how many people are currently participating in that program?

HSA DR. BRINKMAN: I don't have those numbers in my head.

MS. HALLAM: Are you talking about, like, the people who get MAT?

HSA DR. BRINKMAN: MAT, as well as the programming that we have -- have been doing since, I think, early 2000s.

MS. HALLAM: But we already know that we're not introducing people to medications for opioid use disorder. We're only giving it to people who are already on it when they came into the jail. So I'm just wondering, all those other people who were actively using drugs prior to entering the Allegheny County Jail, how are we

ensuring that they don't die of an overdose after they leave the jail?

that would potentially, like, go through detox protocols or things like that, we're making connection with to attempt to get them to join our substance use programming. So we're publicly trying to involve them in treatment while they're with us, even if it isn't MAT.

MS. HALLAM: And is it all based off self-disclosure at Intake? Like do I need to come in the jail and say I'm actively using? I need to be in detox protocol for that to be initiated?

HSA DR. BRINKMAN: Well, we would be doing things like a urine drug screen to see if that's a concern. And with the monitoring that happens in Intake to determine if somebody would be withdrawing, would allow them to be assessed and potentially start detox protocols. That's the largest captive audience we have to try to -- I don't want to say recruit, but really try and get them to join programming.

MS. HALLAM: Okay. And what type of harm-reductions practices are implemented for

those folks?

there's a lot of education in the curriculum. So it's all based on what's going on in the curriculum and in their individual sessions.

MS. HALLAM: Right. So can you give me some topics that are covered? I'm wondering like are we talking like needle exchanges? Are we talking like fentanyl test strips, or like what kind of harm-reduction practices? Don't use alone? I mean, what?

HSA DR. BRINKMAN: No. Sorry. It was just the way you said that. There's -- it's talking about understanding that once you've had a period of sobriety that you would be at higher risk for overdose and understanding what your own recovery is so that you can make those decisions. So it's all what's happening in typical counseling sessions. It's going to be very specific to the patient.

MS. HALLAM: Okay. But you do talk about tolerance. It's not all abstinence-based counseling?

HSA DR. BRINKMAN: Absolutely not.

Abstinence only doesn't work for everybody.

1 MS. HALLAM: I agree. And MOUD

2 induction. I know you referenced it.

HSA DR. BRINKMAN: Uh-huh.

MS. HALLAM: I mean, you know, when I tell you, we have heard it referenced for, I mean, years -- I feel like it's been -- I keep saying months, but eventually this turned into years that we were being told MOUD induction is going to start. Can -- I know a staff person was hired specifically around the MOUD program, and I'm just wondering if you can give a realistic timeline for when that induction on medications would start?

HSA DR. BRINKMAN: There is already induction on Vivitrol. So I just want to be clear that MOUD and MAT is a very broad spectrum. So there are options for people to be inducting there.

But we are trying to figure out what that full scope would be so that we know all the resources that we're going to need, because it's not only the resources within the facility. It's also resources so that these people will have support as they leave and have a home clinic since they wouldn't have had home clinics coming

1 to us.

MS. HALLAM: Okay. So how are you deciding who you're starting on Vivitrol?

HSA DR. BRINKMAN: That's voluntary based on the patients.

MS. HALLAM: So anybody who says I want Vivitrol can get it?

HSA DR. BRINKMAN: There would be some -- there would -- they would be meeting. We do a screening process on an evidence-based screening tool, and then they would be doing some lab work to make sure that they're appropriate candidates medically.

MS. HALLAM: And why the distinction between Vivitrol and other methods of MOUD and MAT?

HSA DR. BRINKMAN: In all honesty, it occurred before I joined the jail, so I don't know what the decision-making was at that time.

MS. HALLAM: Does anyone else know it? What were you saying, the first dose?

MS. KLEIN: My understanding was that the first dose of Vivitrol was administered free.

HSA DR. BRINKMAN: So we do oral --

1 there's an oral pill that you can get -- take 2 while you're in our care and that at release, we 3 initiate the first injection. 4 MS. HALLAM: Yeah. I'm just 5 wondering why more people aren't having access to that in other -- like other methods of MOUD. 6 7 we are evaluating patients to decide whether or 8 not they are applicable -- the drug is applicable 9 for them? 10 HSA DR. BRINKMAN: Right. 11 MS. HALLAM: But we're limiting it 12 to Vivitrol. 13 HSA DR. BRINKMAN: That's the only 14 area that we have the full access to do complete 15 induction for. 16 MS. HALLAM: And is that like a 17 legal thing? I mean, I'm just trying to 18 understand why you only have access to that. 19 HSA DR. BRINKMAN: No. It's a 20 resource thing. As I talked about earlier, we 21 have to make sure that we, internally and in the 22 community, can support the volume of patients. 23 AUDIENCE MEMBER: I can help. 24 MS. HALLAM: Yeah. It sounds like 25 there's some really great resources around here

to help with that. And I know -- I mean, a year and a half ago, I had a conversation with a methadone provider who was super willing to work with the jail, and those conversations ceased. And so I'm just wondering if like you're the person I should talk to to try and reconnect that. Because I had been under the impression all this time that there was a methadone provider that the jail had been working with to try to figure out the logistics of.

HSA DR. BRINKMAN: We do. And they're currently providing services.

MS. HALLAM: But not for induction?

HSA DR. BRINKMAN: Not yet, no.

MS. HALLAM: The next question I have was I know every election we're hearing reports about how many people are participating in voting in the jail. And I'm wondering if the jail is taking any additional efforts to increase those numbers, because they seem to have around like 10 to 20 people in the jail out of, you know, 1,500 every election.

WARDEN HARPER: Every time we have an election, we always make sure that the incarcerated individuals are aware that they can

vote. We post posters on the pod. We educate on the tablets. We got a video on the tablets. I mean, we're going to continue to make sure that the incarcerated individuals are knowledgeable about the election as we've done in the past.

MS. HALLAM: So, I know that. I know what you do already. I'm just wondering if there's anything new that has been done looking at those numbers saying these are kind of disappointing.

WARDEN HARPER: I mean, if you have any ideas as to how we can increase it, we are willing to listen to the ideas. But any idea that anybody can provide to us how we can increase voting in our jail, send us your ideas. We'll look at it.

MS. HALLAM: Okay. I just know that multiple organizations, nonpartisan organizations, have come here and given public comments offering to help. And I know there was another organization, I believe it's All Voting is Local, that had offered to do that in the past, and then COVID had kind of put a damper on plans. So who is the person for those organizations to reach out to about those

119 1 initiatives? 2 WARDEN HARPER: They can reach out 3 to me, Chief Beasom, or the Deputy. 4 CHIEF DEPUTY WARDEN BEASOM: 5 Pitchki, who runs the AIU, also handles a lot of 6 the election coordination. They have 7 communications out already about if you are 8 registered, how you go about voting. If you want 9 to register, how you can get registered. So that 10 process has already started. 11 Mr. Pitchki works with our 12 caseworker pool to get that information out to 13 all the housing units. So -- but if those 14 organizations can reach out to, like I said, 15 Mr. Pitchki or anybody that the Warden just said, 16 we can -- we'll put them in contact. 17 MS. HALLAM: Okay. Great. 18 The next question is what are the 19 visiting hours, or are they different on each 20 pod? Are they consistent throughout the jail? 21 CHIEF DEPUTY WARDEN BEASOM: You're 22 talking social visits? 23 MS. HALLAM: Yeah, visiting. Ιt

CHIEF DEPUTY WARDEN BEASOM:

Not

doesn't need to be contact.

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1 attorney visits that you're asking? MS. HALLAM: Not attorney visits, 2 3 correct. 4 CHIEF DEPUTY WARDEN BEASOM: So we 5 open the visiting lobby at 8 a.m., and that goes 6 through right before the 11:00 count. We resume 7 after that, about noon, until 2:30. And then 8 again after the 3 p.m. count -- 3 -- I believe 9 3:30, 4 p.m. until 7 p.m. the last visit goes 10 upstairs. 11 MS. HALLAM: So it is similar to 12 the attorney? 13 CHIEF DEPUTY WARDEN BEASOM: Very 14 similar, yeah. 15 MS. HALLAM: And who is denied 16 in-person visits? 17 CHIEF DEPUTY WARDEN BEASOM: Who is 18 denied? 19 MS. HALLAM: Like is there 20 anyone -- like if I showed up at the jail to 21 visit someone, is there someone who could be, you 22 know, on a tier status or in a -- or on RHU or 23 anything like that that would not be allowed to 24 receive a visit? 25 CHIEF DEPUTY WARDEN BEASOM:

1 Anybody on a Tier IV or V status if they're not 2 deemed to be safe out-of-cell, then they 3 wouldn't. We would deny the visits. 4 Anybody on segregated housing is 5 approved on a case-by-case basis after the visit 6 is requested. 7 MS. HALLAM: Okay. Next question 8 is, you know, specifically, you're referencing 9 Tier IV and V. So, you know, we were told at a 10 previous meeting some conflicting information, 11 specifically about Tier IV and V and out-of-cell 12 time. And I think it was Dr. Brinkman who 13 specifically said that there was no default 14 denial of rec for those tiers, IV and V. 15 HSA DR. BRINKMAN: I'm not sure I 16 understand what you're asking, default what? 17 At a previous meeting, MS. HALLAM: 18 I don't remember if it was the last meeting or 19 the meeting before, you had stated that Tier --20 folks who are classified under Tier IV and V are 21 not automatically denied rec time. 22 HSA DR. BRINKMAN: Correct. What? 23 MS. HALLAM: Are folks who are on Tier IV or V allowed to have rec? 24

HSA DR. BRINKMAN: If somebody is

25

deemed so unsafe that they should not be able to be out of their cell, then they would not be able to come out of their cell. But Tier IV and Vs are offered the four hours.

MS. HALLAM: Okay. But, you know,
I have seen e-mails. I have seen statements in
previous Jail Oversight Board meetings that
contradicts that, that said that Tier IV and V
inmates do not receive out-of-cell rec during
their time under that status. And you're saying
that's not true, that it's only certain
individualized determinations that are made?

HSA DR. BRINKMAN: The only exceptions would be when the providers made the recommendation that they shouldn't come out.

MS. HALLAM: Okay. But everyone else on Tier IV and V gets four hours of rec a day at least?

HSA DR. BRINKMAN: Right.

MS. HALLAM: Okay. The other thing is, and I know it was brought up in a public comment about the story from PA Spotlight and PIIN. Has -- have you all read that article specifically about Rachel Bridgemen?

(No response.)

MS. HALLAM: Yeah, did the Board get an opportunity to read that article? It's very interesting. Basically a summary of her situation is that she was at the ACJ for stealing a bag of chips allegedly. She was placed on a behavioral health hold. The ACJ designated her as a Tier V. She was subjected to inhumane conditions that forced her to beat her face into the wall. I have seen her injuries myself.

Only after a law firm sent a letter on Rachel's behalf that informed Warden Harper and Dr. Brinkman that keeping her in these conditions violated the Constitution, ADA, and the solitary confinement referendum did they drop her categorization down to a Tier III.

After she got more out of cell time and had contact with other people, shockingly, her mental health condition improved drastically. And even after her condition improved enough that she was able to communicate with the law firm staff, she was able to -- they were able to track down her sister. Her family had never even been contacted about any of her medical incidences, about her incarceration. They had no idea she was even in jail. And I hadn't heard that part,

1 but a public commenter had said that her family 2 actually assumed that she was dead and was 3 hanging out wanted posters. 4 And so have you learned anything 5 from reading about this experience, about how it can better serve individuals under our Tier 6 7 classification system? 8 WARDEN HARPER: First of all, 9 Ms. Hallam, you know that we cannot talk about 10 pending litigation. So we're not going to talk 11 about any pending litigation. 12 And I think all of us will agree 13 that we try to do everything in our power to make 14 sure that the experiences of our incarcerated 15 individuals is appropriate, but --16 AUDIENCE MEMBER: (Laughter.) 17 WARDEN HARPER: -- but as far as 18 pending litigations, we cannot discuss that. 19 MS. HALLAM: Okay. Generally, have 20 you changed any of the policies and procedures 21 around the tiered mental health system in the 22 past year or two? 23 WARDEN HARPER: No. 24 MS. HALLAM: All right. Do folks 25 on the Tier IV and V get contact visits?

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1	WARDEN HARPER: No.
2	MS. HALLAM: Just by default, they
3	don't get contact visits?
4	HSA DR. BRINKMAN: As the Warden
5	talked about earlier, the only contact visits
6	we're doing are juveniles, kitchen workers and
7	programs.
8	MS. HALLAM: Uh-huh. What about
9	phone calls?
10	HSA DR. BRINKMAN: Based on the
11	assessment that would have been done to determine
12	what their safety level was. They're not
13	provided access to things like that, which is
14	pretty typical with somebody who might be on an
15	involuntary hold.
16	MS. HALLAM: Okay. But no one Tier
17	IV or V gets phone calls?
18	HSA DR. BRINKMAN: Correct.
19	MS. HALLAM: Does anyone on Tier IV
20	or V get tablet access?
21	HSA DR. BRINKMAN: No.
22	MS. HALLAM: Is anyone on Tier IV
23	or V allowed to have personal items in their
24	cell?
25	HSA DR. BRINKMAN: Not to my

1 recollection. 2 MS. HALLAM: Okay. Not even like 3 photos, letters, anything like that, commissary 4 items, anything? 5 HSA DR. BRINKMAN: I don't think 6 so. 7 MS. HALLAM: Are they able to 8 exercise in the gym? 9 HSA DR. BRINKMAN: That's based on 10 the provider's assessment of their stability. 11 Board MEMBER: So there are some 12 folks who are classified under Tier IV or V who 13 are able to exercise in the gym? 14 HSA DR. BRINKMAN: Based on the 15 provider's recommendation. 16 MS. HALLAM: Right. So yes, there 17 are some? 18 HSA DR. BRINKMAN: Yes. 19 MS. HALLAM: Are people on Tier IV 20 or V able to participate in any jail programming? 21 HSA DR. BRINKMAN: No. At that 22 time they're -- the primary focus is to stabilize 23 them so that they could be able to participate in 24 other things. 25 MS. HALLAM: Okay. So then another

thing, you know, going back to something that I read in the media because that seemed to be like a consistent theme that I, as a Jail Oversight member, read and hear a lot in the media more than I get out of this meeting from you all -- so Dr. Brinkman, you did an interview with NPR. Do you recall that interview?

HSA DR. BRINKMAN: Yes.

MS. HALLAM: Okay. And so during that interview, you actually discussed an incarcerated individual's lab results in highlighting the successes of the jail's medical program. Do you remember talking about that?

HSA DR. BRINKMAN: I don't remember the details off the top of my head right now.

MS. HALLAM: Okay. I can read the quote for you. So the host says -- this was on November 5th. "Can you give us an example of what the medical crisis was?" And then you gave, you know, a pretty detailed explanation, "Because the team was able to see -- to be seeing the patient a little bit sooner than they would have been waiting, they saw he had some unusual lab values when they were doing their standard primary care visit and were able to get them more

1 urgently to a higher level of care so that they 2 can get taken care of because of those warning 3 signs that we found." 4 Do you remember saying that? 5 HSA DR. BRINKMAN: Something like 6 that, yes. 7 MS. HALLAM: Yeah. So I'm 8 wondering if you believe that that general 9 discussion of a medical incident at the Allegheny 10 County Jail and listing the healthcare services 11 that an incarcerated individual received is a 12 violation of HIPAA? 13 HSA DR. BRINKMAN: Those do not 14 meet the criteria for protected health 15 information. 16 MS. HALLAM: Right. I didn't think 17 so, but yet here over and over again at these 18 meetings, we are denied that same level of 19 general information. And I'm just wondering what 20 the difference is between NPR and the Jail 21 Oversight Board? 22 HSA DR. BRINKMAN: Usually, the 23 context of what I'm being asked for is much more detailed than that. 24 25 MS. HALLAM: No. I mean,

specifically one of the things that I had asked about, the number and type of healthcare services that incarcerated individuals receive, whether at the jail or at the hospital, not anything about an individual person. So what is the difference between those two things?

HSA DR. BRINKMAN: There's different reasons that we had said that we weren't sharing that information other than just HIPAA. And I believe we talked about that at length, so I'm not going to repeat it.

MS. HALLAM: But it's just that we talk about it and you say that we can't get this information, and then I hear it on the radio and I read about it in the newspaper, and I'm just wondering if you could clarify what the difference is between telling NPR that an incarcerated individual had some unusual lab values and was taken to the hospital, and telling the Jail Oversight Board when an incarcerated individual has unusual lab values and is taken to the hospital?

HSA DR. BRINKMAN: I'm not going to further discuss that in this forum.

MS. HALLAM: Okay. So you don't

1 see a difference there, because I don't see one 2 at all. 3 HSA DR. BRINKMAN: I'm not going to further discuss that in this forum. 4 5 MS. HALLAM: Okay. The next 6 question is so in the Warden's Report about the 7 healthcare services; it says that there were 25 8 individuals that were taken to the emergency room 9 from February 16th to March 15th. Can you speak 10 generally about what some common reasons were for 11 incarcerated individuals being taken to the 12 emergency room? 13 WARDEN HARPER: Ms. Hallam, there's 14 no way we would know that at this time, ma'am, 15 and we would not discuss that in this forum. 16 There's no way we would know why 25 individuals 17 were transferred to an emergency room. 18 MS. HALLAM: In the past three 19 months, there were nearly 100 emergency room 20 runs. 21 WARDEN HARPER: Well, you just said 22 25. It's nowhere --23 MS. HALLAM: That was in the past 24 one month. 25 WARDEN HARPER: What I'm saying is

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1	we would not have that information to discuss	
2	that now, and nor would we discuss that in this	
3	forum, Ms. Hallam.	
4	MS. HALLAM: And why would you not	
5	discuss that in this forum?	
6	WARDEN HARPER: I don't think that	
7	it would be appropriate to discuss that in this	
8	forum, Ms. Hallam.	
9	MS. HALLAM: Because of what	
10	reason?	
11	WARDEN HARPER: HIPAA reasons,	
12	safety and security reasons. If you want	
13	information to that nature, we'd be more than	
14	happy to discuss all of that with you in an	
15	executive session.	
16	MS. HALLAM: So you believe that	
17	talking generally, not about an individual's	
18	specific medical diagnosis or medical treatment,	
19	but generally about medical treatment for	
20	incarcerated individuals, is not something you	
21	can discuss in this forum?	
22	WARDEN HARPER: I don't think we	
23	can discuss that in this forum, ma'am.	
24	MS. HALLAM: I am pretty sure	
25	you're wrong, but we can revisit that at another	

time.

What about surgeries? So in the past three months, it lists 13 surgeries. Do you remember any of those 13 surgeries and why those are happening?

WARDEN HARPER: No, ma'am.

MS. HALLAM: Okay. What about the cost of how much it costs the jail to -- or the County to transport someone to the hospital?

WARDEN HARPER: We don't have that information.

MS. HALLAM: Is that information that you would be able to get?

WARDEN HARPER: I'm not sure,

ma'am.

MS. HALLAM: Okay. Please look into that for the next meeting. I would like to know specifically how much it costs to transport an incarcerated individual to the hospital, and how much a hospital stay costs, whether it's a per day, per week, how much we're paying for these individuals to go to the hospital.

And out of any general hospital visits, surgeries that were required, does the jail ever receive feedback about how these

emergency runs or surgeries could have been 1 2 prevented via care at the jail? 3 HSA DR. BRINKMAN: I'm not sure what kind of feedback you are asking that we 4 5 would get. 6 MS. HALLAM: I'm just wondering if 7 someone goes to the hospital, does the jail ever 8 say, hey, if they would have gotten this medical 9 treatment, it wouldn't have came to this? 10 is something that could be added to their 11 healthcare plan in the jail while they're in the 12 jail's custody. 13 HSA DR. BRINKMAN: We -- as a team, 14 we look at what kind of quality improvement 15 measure we can make. 16 MS. HALLAM: And do you do that for 17 every person that is taken to the hospital? 18 HSA DR. BRINKMAN: I can't say for 19 sure. 20 MS. HALLAM: So going forward, you 21 know, I would very much like that information, 22 and how many incarcerated individuals are 23 hospitalized every month, how long they're 24 staying there. 25 And also, you know, the CDC and

1 Health Departments and hospitals are already 2 reporting, you know, number information. We're 3 not asking for any uniquely identifying medical 4 information, but just generally, you know, what 5 type of procedures and healthcare services are 6 being offered to incarcerated individuals. 7 WARDEN HARPER: And Ms. Hallam, we 8 will provide you all of that information, but we 9 will only provide that in an executive session. 10 We're not going to provide all that information 11 in this open forum. 12 MS. HALLAM: You keep saying that, 13 but like, when? 14 WARDEN HARPER: We will provide you 15 all that information but in an executive session. 16 MS. HALLAM: And if all these --17 you know, dozens of executive sessions that you 18 keep referencing, why haven't you called one to 19 provide that information? 20 JUDGE HOWSIE: It's not for him to 21 call. It's for you to call. If you want --22 MS. HALLAM: I can call an 23 executive session? 24 JUDGE HOWSIE: If you would like to 25 have an executive session, you can have it.

However, the ones that we've had, and for whatever reason you can't remember being there, the information that was shared.

MS. HALLAM: I never said I was not in executive session. I specifically earlier was referencing not receiving a legal opinion.

Do you have another question?

JUDGE HOWSIE: Ms. Hallam, if I may, a lot of the questions you ask out here, you've been given answers back there. And for whatever reason, when you get out here, you don't remember the discussion or remember the answers. It's disingenuous.

MS. HALLAM: When is the last time we've had an executive session, Judge Howsie?

JUDGE HOWSIE: We have a -- when you wanted to discuss the deaths in the jail.

MS. HALLAM: That is the only executive session -- the information I have received, and you forbid me from talking about it in this session.

JUDGE HOWSIE: But you went back there. You had an opportunity to ask that -- the people that came, every question you wanted about every death in the jail, the manner, the cause of

1 death, how it occurred. There was -- every 2 person was discussed in detail, and you sat back 3 there. You had no questions, and you come out 4 here and you say no one ever tells me why people 5 die in the jail, and it's not true. 6 disingenuous. 7 MS. HALLAM: Judge Howsie, have I 8 once asked a question about a death in the jail 9 since that executive session? 10 JUDGE HOWSIE: Whether it's the 11 death in the jail, whether it's the referendum, 12 whether it's a legal opinion, whether it's why 13 someone was taken to the hospital, you get this 14 information, have access to it. 15 MS. HALLAM: I do not. 16 JUDGE HOWSIE: And you disregard 17 the information the minute you hit this stage. 18 Do you have another question? 19 I will clarify. MS. HALLAM: 20

MS. HALLAM: I will clarify. The one thing that we have got information from, and it was about the deaths in the jail, and I was told I was not allowed to bring that up in meetings, and I have not.

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JUDGE HOWSIE: That's not the only thing. It's not.

1 MS. HALLAM: That is what -- and when was that executive session?

JUDGE HOWSIE: Ms. Hallam, you've had countless executive sessions. You had one regarding the weapons that are being confiscated in the jail.

MS. HALLAM: Correct. That was one. I haven't asked about that.

JUDGE HOWSIE: It's countless. And you've -- and you for whatever reason, when you come out here, you act as if you've never had the information and you ask these questions and it's disingenuous because you get the information.

Could you please move on?

MS. HALLAM: I believe that what you're saying right now is disingenuous, because I do agree that we had two executive sessions that were about those two things, the deaths in the jail and weapons in the jail, and we were told that we could not talk about anything that was brought up in those meetings. I have not talked about anything that was brought up in those meetings. And I'm specifically asking all these other questions that I'm still never getting answers to, things that are not

1 appropriate for executive session that are being 2 refused to us as a Board in this setting without 3 any explanation as to why they won't be shared 4 with us. 5 JUDGE HOWSIE: Do you have another 6 question? 7 MS. HALLAM: Why do we have public 8 meetings if everything is to be discussed in 9 executive session? 10 JUDGE HOWSIE: Do you have another 11 question? 12 MS. HALLAM: I have plenty more 13 questions. 14 JUDGE HOWSIE: Let's hurry up. 15 We're --16

MS. HALLAM: Okay. The next thing is -- you know, speaking of the questions that I'm asking that are not getting answered, I want to reference again the Jail Oversight Board's statute that is very clear that one of our -- this Board's duties are the oversight of the health and safekeeping of incarcerated individuals and the confirmation of the Chief Executive's selection of the Warden. So that actually, you know, reminds me, Warden Harper,

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1	could you tell us when you were confirmed as the
2	Warden by this Board?
3	JUDGE HOWSIE: That's the what
4	does that have to
5	WARDEN HARPER: I don't have that
6	information available, ma'am. I don't remember.
7	MS. HALLAM: Were you confirmed by
8	this Board?
9	JUDGE HOWSIE: No one on this Board
10	was present when he was confirmed.
11	MS. HALLAM: That's why I'm asking
12	him himself and not anyone on this Board.
13	JUDGE HOWSIE: Why does it matter?
14	What does that
15	AUDIENCE MEMBER: It matters.
16	JUDGE HOWSIE: Why?
17	AUDIENCE MEMBER: Let her answer
18	it.
19	JUDGE HOWSIE: Why does it matter?
20	Why does that matter, Ms. Hallam?
21	AUDIENCE MEMBER: It matters.
22	JUDGE HOWSIE: Ms. Hallam,
23	Ms. Hallam.
24	MS. HALLAM: I'm sorry. I can
25	answer you after I get an answer to my previous

1 question. 2 JUDGE HOWSIE: Why does that 3 question matter? 4 MS. HALLAM: It is the law, and I 5 thought that, you know, with judges and other, 6 you know, experienced people on this Board that 7 we would follow the law. And it seems that over 8 and over again we're not, so I would like to 9 hear --10 JUDGE HOWSIE: What does a question 11 about him being confirmed have to do with 12 anything when he's about to leave? 13 MS. HALLAM: Is he? 14 JUDGE HOWSIE: And there's about to 15 be a new County Exec. Why are you --16 MS. HALLAM: Are you leaving, 17 Warden Harper? 18 JUDGE HOWSIE: -- asking about what 19 happened 12 years ago? Meaning whenever the 20 County Exec -- a new County Exec comes in, he's 21 already indicated he won't be working there 22 anymore. So why do we need to talk about what 23 happened 12 years ago?

next County Executive is yet.

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MS. HALLAM: We don't know who the

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1	JUDGE HOWSIE: Ridiculous. We know
2	it won't be Rich Fitzgerald.
3	MS. HALLAM: But anyways, I would
4	not I do not appreciate you acting as a filter
5	between the rest of the Board Members and the
6	jail.
7	JUDGE HOWSIE: It's not that.
8	MS. HALLAM: It is.
9	JUDGE HOWSIE: You know, what it
10	is
11	MS. HALLAM: I would like for
12	Warden Harper to please answer my question.
13	JUDGE HOWSIE: I'm only
14	saying I'm only saying, Ms. Hallam, what
15	everyone else is thinking. You drag these
16	meetings out. You ask these questions
17	ad nauseam. Most of them you've had the answer
18	to, and you just drag it out looking for I-gotcha
19	moments.
20	MS. HALLAM: No.
21	JUDGE HOWSIE: If you have a
22	legitimate question, ask it.
23	MS. HALLAM: I am asking a
24	legitimate question that I have wondered for some
25	time. I have read re Jail Oversight Board

meeting minutes going back. I have never seen a confirmation. It is timely because it was, again, brought up by public comment today, and so I'm wondering if you could tell me if you were confirmed as the Warden of the jail by the Jail Oversight Board?

WARDEN HARPER: I do not remember at this time.

MS. HALLAM: Okay. Thank you very much. My -- and in going along to that, you know, continuing along with the statute is -- the statute is very clear that the Board shall investigate allegations of inadequate prison conditions and improper practices occurring with the prison, blah, blah, blah, the papers and records of the Warden, and those relating to individual incarcerated individuals shall at all times be available for inspection by the Board.

So I just want to remind you that you do have a statutory duty to provide the information that you are refusing to provide us here.

The next thing is that, you know, we got those NCCHC Reports, and I do want to state for the record, again, that I thought it

was very disingenuous for Mr. Bacharach, I'm guessing the Warden's legal counsel, to deliver that report to us two months after it was published and at the beginning of our last Jail Oversight Board meeting. I believe that that was intentional so that we did not have time to review it prior to the last meeting, and hoping that we wouldn't ask about it at the next meeting. So I just want to say that any information to be presented to this Board, it has been requested by Judge Howsie, along with the rest of us, that we are given information to be discussed at the Board meeting ahead of time. Putting it in our lap at the start of a meeting is super -- just shady. Please don't do that anymore.

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But that -- one of the things that report said is that the mental health staff at the jail lacked resources and independence to administer cases based on industry standards and that staff reported that there are residents with significant mental health issues that they cannot adequately care for.

I'm wondering if you could respond to that.

1 WARDEN HARPER: The only response 2 to that -- I'm going to give is the 3 recommendations made by NCCHC, as I stated 4 before, we're working to try to resolve a lot of 5 the recommendations, implement the 6 recommendations as I stated before. So we're 7 going to continue to implement the suggestions 8 from the NCCHC. And that's all I can say as far 9 as that report. 10 MS. HALLAM: Were one of the 11 suggestions about the uniform standards, because 12 I saw that that was updated around the same time that that report came out, and it was referenced 13 14 in a public comment today about the uniform 15 standards being updated regarding professional 16 standards for uniforming? 17 WARDEN HARPER: I don't understand 18 the question, Ms. Hallam. 19 MS. HALLAM: You updated the 20 Uniform Standards Policy at the jail, and it was 21 updated at a similar time that the NCCHC report 22 came out, and I'm asking if that was the reason 23 for the change in that policy. 24 WARDEN HARPER: The NCCHC has 25 nothing to do with the update of our uniform

policy, no.

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2 MS. HALLAM: What was the reason 3 for the update of the uniform policy, 4 specifically, the language that was referenced 5 earlier, the professional standards?

WARDEN HARPER: It was due for an update, so we updated it.

MS. HALLAM: Okay. Can you explain what those professional standards are?

10 WARDEN HARPER: I cannot.

11 MS. HALLAM: Why can you not 12 explain that?

WARDEN HARPER: Because I can't. Ι 14 need to look at the policy and see exactly what it is. So Ms. Hallam, I cannot explain that at 16 this time.

> MS. HALLAM: Okay. I would appreciate you bringing that to the next meeting.

Another question I have is about the grievance system. So I know I hear from incarcerated individuals that I talk to a lot about the grievance system and that they feel that grievances go unanswered, not responded to. So I was wondering if you could tell me what is the purpose of the jail's grievance system.

1 CHIEF DEPUTY WARDEN BEASOM: Are 2 you talking about complaints from inmates? 3 MS. HALLAM: Uh-huh. 4 CHIEF DEPUTY WARDEN BEASOM: 5 do you mean "the purpose"? 6 MS. HALLAM: What is the purpose of 7 the system? Is it to identify problems? Is it 8 to help resolve problems? Is it to keep a log of 9 problems? What is the reasoning for it? 10 CHIEF DEPUTY WARDEN BEASOM: A 1 1 11 the above, yes. 12 MS. HALLAM: All of the above. And 13 what is the process for reviewing grievances? 14 CHIEF DEPUTY WARDEN BEASOM: 15 when an inmate files a grievance, there's several 16 drop-downs on the tablet as far as where the 17 grievance is going, depending on if it's a -- if 18 it's a kitchen, a healthcare, you know, they want 19 to send something to the Warden's group, whatever 20 it may be. Then the individuals in those groups 21 have a certain amount of time to review it and 22 respond to it. 23 MS. HALLAM: Okay. And so I have 24 here that the drop-down is inmate account, food 25 service, mail room, maintenance, records, mental

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1	health, medical, staff conduct, jail procedure,			
2	property and other?			
3	CHIEF DEPUTY WARDEN BEASOM: I			
4	believe there's more than that, but			
5	MS. HALLAM: There are more than			
6	those?			
7	CHIEF DEPUTY WARDEN BEASOM: I			
8	believe so, yes.			
9	MS. HALLAM: Okay. Who gets the			
10	CHIEF DEPUTY WARDEN BEASOM: Are			
11	you talking about the grievance categories, not			
12	where they're going, you're asking?			
13	MS. HALLAM: Correct. I'm talking			
14	about the grievance categories.			
15	CHIEF DEPUTY WARDEN BEASOM: Sorry.			
16	You are correct, yes.			
17	MS. HALLAM: Those are them. Okay.			
18	And are grievances filed only electronically or			
19	also on paper?			
20	CHIEF DEPUTY WARDEN BEASOM:			
21	Electronically.			
22	MS. HALLAM: Okay. Is there any			
23	opportunity to file them on paper?			
24	CHIEF DEPUTY WARDEN BEASOM: We			
25	still have paper in limited capacity.			

1 MS. HALLAM: Okay. And are -- so 2 those paper forms aren't available on every 3 housing pod? 4 CHIEF DEPUTY WARDEN BEASOM: 5 used to be. I'd have to follow up. I don't want to give you inaccurate information. 6 7 MS. HALLAM: And how are paper 8 grievances communicated to the proper area? 9 CHIEF DEPUTY WARDEN BEASOM: 10 it's filled out, it's a carbon copy form, tri --11 there's three pieces of paper. The white and the 12 yellow copy go in the grievance mailbox that's 13 located on every housing unit. The individual 14 that files it keeps the pink copy, and then 15 that's taken to a particular area in the jail 16 where it's then assigned by a captain to a 17 particular person that needs to answer it. 18 MS. HALLAM: And is there any sort 19 of data collection about total number of 20 grievances filed, how many were found valid, how 21 many were dismissed? 22 CHIEF DEPUTY WARDEN BEASOM: 23 that I'm aware of, no. 24 MS. HALLAM: Okay. So is there --25 is there a way that you could keep a record of

that? I'm trying to keep track of how many grievances are being filed, seeing if they're specifically being filed in certain areas more than others, about certain issues. Like, for example, are we getting tons of food service grievances? Are we getting, you know, no medical grievances? I'm trying to figure that out.

CHIEF DEPUTY WARDEN BEASOM: So that's all tracked in -- I mean, the grievances are contained in our own Mass Operating System, so that -- that's something I would have to ask DIT, Information and Technology if they would be able to pull stats or data from --

MS. HALLAM: Can you ask them that for me?

CHIEF DEPUTY WARDEN BEASOM: Sure.

MS. HALLAM: Thank you very much.

CHIEF DEPUTY WARDEN BEASOM:

Absolutely.

MS. HALLAM: And then, you know, going back again to requesting people from the jail who come and talk to us -- I know we had asked for a medical -- the medical director to come here before, and we had been shut down on that. Is there any way we could get the dental

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1	practitioner to come here?		
2	HSA DR. BRINKMAN: I can talk to		
3	their the vendor to see if that's something		
4	they're comfortable with.		
5	MS. HALLAM: Okay. Is the vendor		
6	for dental the same? Like is it AHN, because AHN		
7	is medical?		
8	HSA DR. BRINKMAN: (Shaking head.)		
9	MS. HALLAM: Who is the vendor for		
10	dental?		
11	HSA DR. BRINKMAN: We work through		
12	DenTrust.		
13	MS. HALLAM: Can you say that		
14	again?		
15	HSA DR. BRINKMAN: DenTrust.		
16	MS. HALLAM: DenTrust, like trust		
17	the dentist?		
18	HSA DR. BRINKMAN: (Nodding head.)		
19	MS. HALLAM: Okay. Cool. Yeah,		
20	can you find out if that's something they'd be		
21	willing to do? I just want to understand that		
22	process a little more.		
23	And then the other thing is I know		
24	we have recently acquired the minutes from the		
25	Jail Oversight Board meetings on the tablets, and		

I'm wondering if through that same initiative
that the jail would post the solitary confinement
referendum on the tablet as a document that they
can access?

WARDEN HARPER: That's something we
can look into.

MS. HALLAM: Okay. Can you look into that and report back for the next meeting?

WARDEN HARPER: Yes.

MS. HALLAM: Thank you very much.

Next thing is specifically about tablets. You know, I had heard from some folks with disabilities that they were unable to use the tablets when they get them because they can't do a voice activation on them, and that's not something I'm super familiar with, but I was just wondering if you could speak to how the tablets are accessed and how people with disabilities are able to utilize access to tablets? Is it like type in a passcode? Is it fingerprints? Is it, I don't know, eyeball?

CHIEF DEPUTY WARDEN BEASOM: They log on with a PIN number and a photo is captured.

MS. HALLAM: Okay. Is there any way for people who are unable to see a tablet

1 screen that they could like -- I forget what they
2 call it -- like screen readers so that they can
3 read what's on the tablet out loud?
4 CHIEF DEPUTY WARDEN BEASOM: We

can -- I can check with the tablet vendor. I don't know, to be honest.

MS. HALLAM: Okay. And then the other things is -- I know we had asked for this before, but I'm just looking for blank documents, so I hope that that's something that can be provided is -- but the -- specifically copies of medical releases and forms that the incarcerated individuals fill out when they come into jail, whether it's to list an emergency contact or anything like that? I would very much like to see what they are given to assign an emergency contact release of information.

WARDEN HARPER: Let me look into you -- you said blank documents?

MS. HALLAM: Yeah. I don't need anybody's name on it. I just want to see the blank form that is filled out for each incarcerated individual.

HSA DR. BRINKMAN: Are you asking just for the purposes of them listing an

emergency contact? Is that the root information you're trying to get at?

MS. HALLAM: Anything about like who would be notified or if they want to request to release medical information, anything like that? Forms that are filled out. Again, I do not need anybody's information on them. They can be blank. I just want to see specifically what information is collected, how they are asked for it, and how the questions are phrased.

HSA DR. BRINKMAN: And how they can get information shared with others, that's what you're getting at?

MS. HALLAM: Correct.

HSA DR. BRINKMAN: Okay.

MS. HALLAM: Yes. And then specifically about that, you know, I really did learn a lot reading the NCCHC's most recent report, but I'm wondering if the -- the estates of the folks who were, you know, studied for purposes of the NCCHC, if their estates released authorization for their information to be given to the NCCHC?

HSA DR. BRINKMAN: We're not able to talk about that right now.

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1	MS. HALLAM: Okay. But are you
2	aware if any information release was signed by
3	their estate? Because it seems to me that in
4	order to conduct that report, the NCCHC death
5	report, that they would have had to have access
6	to a lot more information than we have been given
7	access to, and I'm just wondering how that
8	doesn't violate their HIPAA rights?
9	HSA DR. BRINKMAN: That contract
10	was executed by the County Executive's office, so
11	I don't know the answer.
12	MS. HALLAM: If only he was here to
13	tell us, you know.
14	Okay. Yeah. If you could find
15	that out for me, just if there was any
16	communication with their estate, and if not, why
17	it felt that was not a breach of HIPAA but giving
18	that information to us is.
19	And I think that that is the only
20	questions I have, so.
21	JUDGE HOWSIE: Does anyone else
22	have any questions?
23	Controller O'Connor?
24	CONTROLLER O'CONNOR: Yeah, I just
25	have one thing. I think we covered a lot and

most of my questions as well, so I want to thank her for that.

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But as a lot of you know, in this area that came, public comment, Board Members, my office, we've been trying for months to pass or move forward a Motion that we are not going to move forward, and that is about notifications. So what we have done is we've asked Board Members for their opinion, for their amendments so we have a document. It pushes the ball, I think, a little bit forward. So what we're going to do is a totally different approach since our office posts everything. We are going to post our updated notifications that a collective group came together. The Board Members, some of us responded to that. So we were going to post that on our site. We are asking that the Warden responds to why we can do some of the things, why we can't, and then we'll get answers, and we can go regroup, figure out how to move that ball forward, because family members deserve notifications. Whether it's the healthcare industry that's blocking it, that's fine. think we just deserve to know who that is. I'm asking the Warden tonight. Hopefully, by

next week, we can, you know, have our draft -- or not even our draft. I mean, the draft is ready, but we're going to post it on our site asking the Warden to respond.

And I will be honest, I mean,
his -- Blythe was helpful in having some context
information with my office's attorney, Ankur,
about what we can do, what we can't, but I think,
you know, when we're looking and reviewing our
policies and our procedures that we've heard
about for months when I thought it was a simple
amendment or a Motion turned into nothing. So
I'm frustrated by that. I know other Board
Members are as well, and the community that came
to the table.

So what we're going to do is we're going to post it next week. Hopefully, we can get some responses as to what direction we're going, if we're in the right one, the wrong one, just tell me that information and who we have to talk to if --

I'm guessing some of this is going to be hospital procedure, but I'm willing to have that conversation with the hospital as well, because I think notifications need to happen a

lot quicker than they are now. There was some compromised hours in that. As you'll see, it's been -- it will be posted next week.

I just wanted to say, you know, thank you to the Board Members that responded, that we had conversations about it. I also want to thank my staff. Ankur has been working on this for the last couple of months as well as community members that chipped in as well. And as I mentioned, the Warden's office, Blythe did come over and have a meeting.

So just asking that when we post it, we can get some answers on what direction we're going and what's stopping us from doing something like that. So just -- that's my only question.

JUDGE HOWSIE: Thank you.

CONTROLLER O'CONNOR: Or comment -I don't know, request.

JUDGE HOWSIE: Ms. Hallam.

MS. HALLAM: Yeah. I just wanted to know if you could just speak to why it was not presented as a Motion and put on the website instead, or the questions asked in the meeting?

CONTROLLER O'CONNOR: Yeah. I

mean, I just think the questions have been asked multiple times. I think Board Members have had the Motion a number of months, and I'm just going to go with, you know, sort of new to the Board but I'm going to go with this direction so that the public sees the document. We can get answers publicly, I think. This is going to be a new approach, but this is as our office posts all these things, if Motions aren't going to go forward, I think this is the way to try and move some of these items forward. So we'll try that approach.

MS. HALLAM: But why do you think
the Motion won't go forward if you introduce it?

CONTROLLER O'CONNOR: I just didn't
get many responses from Board Members, and it
didn't look like there was any initiative that we
wanted to push forward, so we got some feedback.
But at this point, it's now a final document from
us asking the Warden to respond to it, and we'll
go from there.

If we have to do another Motion -it's asking on policies and procedures. So these
are questions we've already asked, but now that
we put it in a document, I think this is a way

1 that we're going to try. Hopefully, it gets a 2 response. If not, we can come back, go to each 3 Member and try to move that ball forward as well. 4 I know there are some concerns 5 about the Motion as well, but I think getting 6 detailed information in writing back as to where 7 the Motion is wrong, where it's right, what we 8 can do, what we can't do, would be helpful in 9 drafting possibly another Motion to put it into 10 code or into our policies and procedures, so... 11 WARDEN HARPER: So Mr. O'Connor, we 12 will definitely look at the document, okay? 13 CONTROLLER O'CONNOR: Okay. 14 MR. KEARNEY: Yeah, I just wanted 15 to say that one of the reasons is it's a complete 16 safety risk, to release that information when 17 there's a deputy at that hospital watching that 18 person by themselves. 19 MS. HALLAM: Just to say a person 20 went to the hospital? 21 MR. KEARNEY: Yes. 22 MS. HALLAM: Okay. When we have 23 like so many hospitals around here and tons of 24 floors and tons of rooms in all these hospitals. 25 MR. KEARNEY: No, everyone --

		160		
1	everyone there knows where they go. They all			
2	know. There's one contractor. Everyone knows			
3	where they go.			
4	We've had this happen in the past			
5	where family members have shown up and they			
6	weren't notified.			
7	JUDGE HOWSIE: Mr. Kamara, do you			
8	have any questions?			
9	MR. KAMARA: No.			
10	JUDGE HOWSIE: Mr. Pilarski?			
11	MR. PILARSKI: No.			
12	JUDGE HOWSIE: Ms. Klein?			
13	MS. KLEIN: No.			
14	JUDGE HOWSIE: Chief?			
15	MR. KEARNEY: I'd like to make a			
16	Motion to adjourn.			
17	MR. PILARSKI: Second.			
18	(Whereupon, the hearing was			
19	adjourned 6:42 p.m.)			
20				
21				
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25				

CERTIFICATE

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, 2028 Commission number 1055705 Member, Pennsylvania Association of Notaries

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The minutes of Thursday, April 6, 2023's Jail Oversight Board meeting are provided by the Allegheny County Controller Corey O'Connor.

Sincerely,

Corey O'Connor

Allegheny County Controller