

1	MEMBERS OF THE BOARD IN ATTENDANCE:
2	Judge Elliot Howsie
3	Bethany Hallam for Councilman Catena
4	Stephen Pilarski for County Executive
5	Richard Fitzgerald
6	Ryan Herbinko for Controller Corey O'Connor
7	Sheriff Kevin Kraus
8	Gayle Moss
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13	JAIL ADMINISTRATION IN ATTENDANCE:
14	Warden Orlando Harper
15	Chief Deputy Warden Jason Beasom
16	HSA Dr. Ashley Brinkman
17	Deputy Warden of Administrative Operations and
18	Employee Development Blythe Toma
19	Deputy Warden Clark
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1	COMMUNITY CORRECTIONS PRESENTERS
2	Shayna Givner - Passages to Recovery
3	Adam Zak - The Renewal Center
4	Renawn Harris - Electronic Monitoring
5	
6	
7	PUBLIC SPEAKERS:
8	John Kenstowicz
9	Pat Murray
10	Ann McStay
11	Ronnie Cook-Zuhlke
12	Laura Perkins
13	Fran McDowell
14	Joe Shaughnessy
15	Sharon Bonavoglia
16	Kyna James
17	Tanisha Long
18	Marion Damick
19	Muhammad Ali Nasir
20	Elizabeth Schongar
21	Brian Englert
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4 1 P R O C E E D I N G S (4:06 o'clock p.m.) 2 3 WELCOME, CALL TO ORDER & RULES 4 JUDGE HOWSIE: We will call the 5 meeting to order. 6 Again, as always, I'd ask that you 7 extend the same courtesy and respect to anyone 8 that you would expect in return. 9 Public Comments will be limited to 10 3 minutes. When you hear the buzzer sound, we'd 11 ask that you stop speaking so we'll give everyone 12 else an opportunity to speak. 13 And again, we'd ask that everyone 14 extend the same courtesy and respect to the next 15 person if that's what you would like to have in 16 return. 17 With that being said, let's do roll 18 Terri Klein is not here. call. 19 County Controller O'Connor? 20 MR. HERBINKO: Ryan Herbinko, not 21 voting, but here for Corey O'Connor. 22 JUDGE HOWSIE: Judge Lazzara is 23 unable to attend. Her daughter has some college 24 visits that she has to accompany her daughter on, 25 so she will not be attending.

5 1 County Executive Richard 2 Fitzgerald? 3 MR. PILARSKI: Steve Pilarski. 4 JUDGE HOWSIE: Abass Kamara is not 5 Present. 6 Sheriff Kevin Kraus? 7 SHERIFF KRAUS: Present. 8 JUDGE HOWSIE: Gayle Moss? 9 MS. MOSS: Present. 10 JUDGE HOWSIE: Pat Catena? 11 MS. HALLAM: This is Bethany 12 Hallam. I would also -- I am here, but I would 13 also like to object to the participation of 14 illegal designees. Mr. Herbinko and Mr. 15 Pilarski, the County Executive nor the Controller 16 get a designee on this Board. So I would ask 17 that they be removed. 18 JUDGE HOWSIE: Thank you. 19 So with that being said, we have --20 we do not have a quorum tonight, so there will be 21 no voting, but we will go through the agenda 22 except for voting on the minutes from the last 23 meeting. 24 MS. HALLAM: Point of order, 25 Judge Howsie.

6 1 JUDGE HOWSIE: Yes, ma'am. 2 MS. HALLAM: Why do we not have a 3 quorum? 4 JUDGE HOWSIE: It's my 5 understanding we don't have a quorum. 6 MS. HALLAM: I know. I would just 7 like you to explain to me why? 8 JUDGE HOWSIE: Because people 9 didn't come to the meeting. 10 MS. HALLAM: But I count six people 11 up here. Are you saying that two of them are not 12 on this Board? 13 JUDGE HOWSIE: One, two, three, 14 four, five. How many do we need for a quorum? 15 Do we have a quorum? 16 MR. PILARSKI: I thought we did. 17 JUDGE HOWSIE: So, do we have a 18 quorum? How many do we need? 19 They're saying we do not have a 20 quorum as everyone --21 MS. HALLAM: But why is that? I'm 22 just not understanding. 23 JUDGE HOWSIE: Why do you feel that 24 we do? 25 MS. HALLAM: Well, I'm just

7 1 counting six people sitting up at the Board, and 2 I'm wondering why that's not a quorum. 3 JUDGE HOWSIE: I don't know. Т 4 thought it was -- we needed seven perhaps. 5 MS. HALLAM: You need five members 6 for a quorum. 7 JUDGE HOWSIE: Five. One, two, 8 three, four, five. Fair enough. Then we have a 9 quorum. 10 MS. HALLAM: No, we actually don't 11 because those two people at the end are not on 12 the Board. 13 JUDGE HOWSIE: Right. But they're 14 here. So we have five. We have enough people 15 for a quorum. 16 So with that being said, we will 17 start with the Community Corrections. Passages 18 to Recovery. 19 And as you're walking up, ma'am, 20 I'd like to say we had the opportunity as a Board 21 to meet the liaison. She was hired on Monday, so 22 we met with her briefly before this meeting 23 began. It's my understanding that she has met 24 with the jail, and she'll be getting her -- be 25 beginning her work there next week. But she was

1 kind enough to come to the meeting, and she'll be 2 staying for the meeting. 3 So with that being said, ma'am, if 4 you could please state your name, spell your last 5 name for the record. 6 COMMUNITY CORRECTIONS REPORTS 7 MS. GIVNER: Hello, everybody. Μy 8 name is Shayna Givner. First name S as in Sam, 9 H-A-Y-N as in Nancy, A. Last name Givner, G as 10 in George, -I-V as in Victor, N as in Nancy, 11 -E-R. 12 Passages to Recovery currently has 13 37 patients. 26 are in 3.5 level of care. 11 14 are currently in TLF. 15 We have had ten discharges within 16 the last month. There has been no overdoses 17 within the last month. And clients continue to 18 participate in Parents in the Know through PAR, 19 and they are also participating with various 20 programs provided by UPMC such as TRM, which is 21 Trauma based amaya, which is based in grief and 22 loss. 23 Any questions? 24 JUDGE HOWSIE: Ms. Hallam. 25 Yes. Hi. Thank you MS. HALLAM:

9 1 for coming. I have been receiving reports, a lot 2 specifically over the past month from folks who 3 are incarcerated at Passages who are speaking 4 about being responsible for preparing the meals 5 because there's a short -- shortage of staff 6 members who are responsible for preparing the 7 meals. Can you kind of speak to both what the 8 procedures are for meal preparation at Passages 9 and also if that work is supposed to be done and 10 being done by incarcerated people? 11 MS. GIVNER: That would not be 12 something I could speak on today. However, I 13 could be prepared to present that to you next 14 month. 15 MS. HALLAM: Okay. Yes, I would 16 really appreciate that. 17 MS. GIVNER: Thank you. 18 MS. HALLAM: If it's you, next 19 month -- I know they've been switching the people 20 around a lot, so can you just make sure whoever 21 comes next month can speak to that? 22 MS. GIVNER: Absolutely. 23 MS. HALLAM: Thank you very much. 24 JUDGE HOWSIE: I do have a 25 question, ma'am. You indicated that ten people

10 1 had been discharged. 2 MS. GIVNER: Yes. 3 JUDGE HOWSIE: Can you kind of 4 quantify what that looks like? When you say a 5 person is discharged, is that always because they 6 have completed the program, or is that always 7 because they have failed to complete the program 8 and they've been asked to leave? 9 MS. GIVNER: Well, there are -- I 10 can break it down for you. 11 JUDGE HOWSIE: Okay. 12 MS. GIVNER: I do have it written 13 here. We have had three that have left AMA. We 14 have had two that were revoked back to the jail, 15 three were paroled, and two were successful. 16 JUDGE HOWSIE: Okay. Okay. And 17 when you say they left AMA? 18 MS. GIVNER: Against advice. So 19 they were --20 JUDGE HOWSIE: Medical advice? 21 MS. GIVNER: Yes. 22 JUDGE HOWSIE: Gotcha. Okay. 23 Thank you. Any other questions? 24 Yeah, Ms. Hallam. 25 Yeah, I'd like to ask MS. HALLAM:

11 1 a follow-up to that. So my understanding was 2 that they didn't have the choice to leave 3 voluntarily, so the three folks who left AMA, are 4 they charged with escape? 5 MS. GIVNER: Yes. 6 MS. HALLAM: Okay. So it's not 7 just AMA. It's three people who left and were 8 charged with escape? 9 MS. GIVNER: Yes. That is correct. 10 I misspoke. 11 MS. HALLAM: Thank you. 12 JUDGE HOWSIE: All righty. Thank 13 you very much, ma'am. 14 MS. GIVNER: All right. Thank you. 15 The Renewal Center. JUDGE HOWSIE: 16 MR. ZAK: Good afternoon. Adam Zak 17 reporting for the Renewal Center. Last name 18 Z-A-K. 19 We currently have 107 county 20 reentrants in our programs. The breakdown is 76 21 work-release males, 7 work-release females; 15 22 males in inpatient treatment, and 9 females in 23 inpatient treatment. 24 Our employment rate is currently 25 51 percent, and the average hourly wage is

1	12 \$17.79. For the past monthly period, that being
2	June 16th through July 15th, we had 41 new
3	reentrants come to our program. 18 reentrants
4	were successful completions, 12 were
5	unsuccessful. That being 7 revocations, and 5
6	escapes.
7	Also, for the month of July, we had
8	9 reentrants successfully complete our inpatient
9	treatment programs. There have been no deaths
10	nor no overdoses in the past month.
11	In addition to the regular
12	community service sites our men and women
13	volunteer at, on July 7th, we had a large group
14	of individuals work the Liberty Mile Run, and
15	this coming Saturday, they'll be helping out with
16	the African American Heritage Day Parade.
17	JUDGE HOWSIE: I do have one
18	question for you, sir. You spoke you
19	indicated that approximately 51 percent of your
20	residents are employed. Can you speak to the
21	challenges or the issues that have impacted that
22	number? I mean, why don't you have 80 percent,
23	or is there ever a time when you have 100
24	percent? What have been your challenges in
25	getting more people employed?

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1	MR. ZAK: You know, getting their
2	State ID. A lot of these guys, they come they
3	go to the jail. They had nothing, so they're
4	pretty much starting from the beginning. They
5	don't have clothes. We have to help them out
6	with clothing, money, getting their IDs.
7	A lot of places will not hire them
8	because of their record, whatever their
9	particular charges are, and some of them aren't
10	from the Pittsburgh area. They come from out of
11	state, and they got a charge, and they got put in
12	the Allegheny County Jail, so now they're all of
13	a sudden in Western Pennsylvania trying to look
14	for work.
15	JUDGE HOWSIE: Understood.
16	Question. Is there like a black-out period? You
17	know, if a person goes to the Renewal Center, is
18	there a period of time that they are prohibited
19	from working until they've maybe done a certain
20	amount of programming? I'm just not familiar
21	with the program.
22	MR. ZAK: Usually, the black-out
23	period is about one to two weeks. We they do
24	a life skills it's called Life Skills.
25	JUDGE HOWSIE: Okay.
1	

14 1 MR. ZAK: So basically, they do a 2 resume workshop, they do interviewing skills. So 3 that usually takes about one to two weeks. 4 JUDGE HOWSIE: And after that 5 two-week period, if they have the identification 6 and the incentive or, you know -- and the desire, 7 the willingness to work, then they can -- they 8 are permitted to work after two weeks --9 MR. ZAK: Yes. 10 JUDGE HOWSIE: -- if they choose 11 to. 12 MR. ZAK: Yes. 13 JUDGE HOWSIE: And they're able to 14 gain employment? 15 MR. ZAK: Absolutely. 16 JUDGE HOWSIE: All right. Any 17 other questions? 18 Ms. Hallam. 19 MS. HALLAM: Yes, Mr. Zak. You 20 talked about no overdoses, no deaths in the past 21 month. Great news. But can you speak to if you 22 had any medical emergencies? Like, was anyone 23 transported from your facility to the hospital? 24 MR. ZAK: I believe we had ten 25 instances where individuals from the County

15 1 program went to the hospital. I think that some 2 of -- I can't say like how many were transported 3 by ambulance, but ten went to the emergency room. 4 MS. HALLAM: Okay. And if an 5 ambulance doesn't transport someone who is sent 6 to the hospital, how do they get there? 7 MR. ZAK: They usually get there on 8 their own. 9 MS. HALLAM: Okay. So it's just 10 somebody who is maybe out in the community and 11 needed to go to the hospital? 12 MR. ZAK: Sometimes it happens at 13 their worksite. Sometimes it happens inside the 14 facility. They could have chest pains. They 15 could have trouble breathing. They could have an 16 injury. 17 MS. HALLAM: And they take 18 themselves? 19 MR. ZAK: Yes. 20 MS. HALLAM: Okay. Thank you very 21 much. 22 JUDGE HOWSIE: Thank you, sir. Ι 23 think that's it. Thank you very much. 24 Electronic Monitoring. 25 MR. HARRIS: Good afternoon.

16 1 Renawn Harris. First name R-E-N-A-W-N. Last 2 name H-A-R-R-I-S. I'm here on behalf of the 3 Electronic Monitoring Program for Allegheny 4 County Adult Probation. 5 At the end of the reporting period, 6 we have approximately 616 individuals on the 7 house-arrest bracelet. In addition, we had 91 8 individuals successfully complete that program 9 and 7 individuals were removed for violations 10 only. 11 JUDGE HOWSIE: Any questions? 12 MR. HARRIS: Questions? 13 JUDGE HOWSIE: Ms. Hallam. 14 MS. HALLAM: Were all those seven 15 people who were removed from electronic 16 monitoring sent to jail? 17 MR. HARRIS: Ms. Hallam, at this 18 time, I don't have that information to present to 19 you. I'm covering for the actual manager for 20 Electronic Monitoring. I can get that 21 information for you if you'd like. 22 MS. HALLAM: Please. I would 23 appreciate that. 24 MR. HARRIS: You're welcome. 25 Thank you so much. MS. HALLAM:

17 1 MR. HARRIS: Okay. I'm curious. What 2 JUDGE HOWSIE: 3 is the longest period that a person can serve on 4 electronic monitoring, roughly? Just in terms of 5 what you typically see. 6 MR. HARRIS: Yeah, roughly 90 days. 7 JUDGE HOWSIE: 90 days? 8 MR. HARRIS: The minimum. 9 JUDGE HOWSIE: The minimum. What's 10 the max? 11 MR. HARRIS: Like it would depend. 12 It could be --13 JUDGE HOWSIE: Four years, three 14 years? 15 MR. HARRIS: It could be years. 16 JUDGE HOWSIE: It could be years? 17 MR. HARRIS: So like I said, it all 18 depends on that sentencing judge and what they 19 feel is appropriate. 20 JUDGE HOWSIE: Okay. 21 MR. HARRIS: But like I said, any 22 other information I can get for you, but I 23 don't -- I'm not prepared at this time to give 24 that information. 25 JUDGE HOWSIE: I don't want to put

18 1 you on the spot. 2 MR. HARRIS: That's okay. 3 JUDGE HOWSIE: Any other questions? 4 (No response.) 5 JUDGE HOWSIE: All right. Thank 6 you very much, sir. 7 MR. HARRIS: Thank you. 8 JUDGE HOWSIE: Thank you. 9 All right, ladies and gentlemen, 10 we're now at the part of the Agenda where we're 11 going to have Public Comments. Again, if your 12 name is signed on the sheet, you'll be permitted 13 to make a public comment. I just ask that you 14 limit your remarks to 3 minutes. When you hear 15 the buzzer, we ask that you quit speaking because 16 we want to give everyone the opportunity to speak 17 and want everyone to have the same amount of 18 time. So please be mindful of that. 19 With that being said, the first 20 speaker is John Kenstowicz. And please state 21 your full name, spell your last name for the 22 record. 23 MR. KENSTOWICZ: Yes, John 24 Kenstowicz, K-E-N-S-T-O-W-I-C-Z. 25 JUDGE HOWSIE: You know what,

1 Mr. Kenstowicz, I apologize. I grabbed this page 2 first. You're actually Number 13. Let me do the 3 other page first. I'm sorry. 4 MR. KENSTOWICZ: Okav. 5 JUDGE HOWSIE: My apologies. 6 MR. KENSTOWICZ: That's fine. 7 JUDGE HOWSIE: Forgive me. I don't 8 know. You know what? We'll just do it that way. 9 You know what? Just go ahead. You should go. 10 Sorry about that. You should go. You're signed 11 first on the last page, but that's fine. 12 MR. KENSTOWICZ: All right. I 13 still get 3 minutes, right? 14 JUDGE HOWSIE: Absolutely, you do. 15 MR. KENSTOWICZ: Okay. 16 JUDGE HOWSIE: Absolutely. All 17 right. We'll start you right now. 18 MR. KENSTOWICZ: All right. The 19 jail administration will provide the Mortality 20 Review and the Administrative Review of the Death 21 of Douglas Bonomo to the Jail Oversight Board. 22 According to NCCHC standard JA09, the jail 23 administration is required to conduct a clinical 24 mortality review of Douglas Bonomo's death and an 25 administrative review.

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1	According to the recent NCCHC
2	assessment of deaths at our jail, and I quote,
3	"Allegheny County doesn't do mortality reviews."
4	An important question is how is the
5	jail going to learn from each of these deaths at
6	the jail if the jail administration does not do
7	mortality reviews? If the jail administration
8	started doing mortality reviews of each death
9	since April of 2020, how many deaths could have
10	been saved if these reviews were done?
11	Recently a Board member asked
12	Warden Harper about whether the mortality reviews
13	were being done. His response was that he was
14	working on it, pretending that recently he first
15	became aware of the requirement to do a mortality
16	review. The standard has been in existence since
17	2018. The jail has been violating the standard
18	since 2018.
19	Now, the Board can remember that
20	last year in June and July, I presented to the
21	Board a Public Comment asking whether the
22	mortality reviews had been done. Either
23	Warden Harper was not listening during my
24	presentation, or at that point, he was aware that
25	the mortality review was required and chose not

1 to do a mortality review. I want to repeat that. 2 Either Warden Harper was not listening during my 3 presentation or at that point he was aware that 4 the mortality review was required and chose not 5 to do a mortality review. 6 Concerning the mortality review, we 7 are talking about life and death and not whether 8 the gym has adequate athletic equipment. Where 9 was the Jail Oversight Board during this critical 10 time when reviews should have been done? For 11 these reasons, it is essential that oversight be 12 provided regarding these reviews. The residents, 13 the resident's families, and the public need to 14 be assured that these reviews are being done and 15 being done according to specification of NCCHC. 16 Thus, the Jail Oversight Board can no longer be 17 denied access to this information when someone 18 dies at our jail. By State statute, the Jail 19 Oversight Board is entitled to these records, and 20 I quote, "The books, papers, and records of the 21 prison, including but not limited to the papers 22 and records of the Warden, and those related to 23 individual inmates, shall at all times be 24 available for inspection by the Board." 25 PIIN and APA's 30 coalition members

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22 1 have been requesting this for many months. It is 2 now up to the JOB, who has the legal authority to 3 demand that the reviews be done and submitted to 4 the JOB. 5 Okay. I'm going to follow the 6 rules. 7 JUDGE HOWSIE: Thank you. Ι 8 appreciate that. Thank you, Mr. Kenstowicz. 9 Pat Murray. 10 MS. MURRAY: Pat Murray, 11 M-U-R-R-A-Y. 12 JUDGE HOWSIE: Thank you very much. 13 MS. MURRAY: Okay. Just continue. 14 If the jail administration, the County Executive, 15 and the Solicitor's Office continue to play this 16 game that the JOB is not entitled to records when 17 someone dies, then I believe the new 18 administration, the new Warden, and the new JOB 19 will see that saving lives and following the 20 statute, and the NCCHC standard is the right 21 thing to do. 22 New section. The Exorbitant High 23 Rate of Death At Allegheny County Jail and the 24 Need to Meet. According to the Department of 25 Justice, the rate of deaths for a jail the size

1	of our jail is between two and three a year,
2	though there's been an increase in the last
3	couple of years. The 20 deaths recorded since
4	April of 2020 far exceeds the national average
5	and is directly related in part to the staffing
6	crisis at our jail and the high staff turnover.
7	It is important to note that all recent deaths
8	have been taking place on the weekend at a time
9	when there is more of an absence of staff.
10	Warden Harper normalizing the
11	number of deaths as a national problem and
12	projecting our exceedingly high rate, or
13	mortality as a phenomenon that is happening all
14	over the country distracts from the staffing
15	crisis and the many problems that have been
16	brought to light from the result of the two job
17	satisfaction surveys you are aware of.
18	PIIN and the APA Coalition want to
19	meet with individual members of the Board to
20	discuss the survey results, especially in light
21	of the recent death of Douglas Bonomo. Bringing
22	frontline staff to the table took a lot of work,
23	and now it's the Board's turn to work with us to
24	answer the issue brought up in the survey. Let's
25	move forward together at this very important time

24 1 in our jail's history. 2 New Section. Dr. Brinkman and 3 Deputy Warden Toma have decided not to meet with 4 PIIN regarding the survey. In the interest of 5 collaboration, PIIN was very willing to listen to 6 Dr. Brinkman and Deputy Warden Toma's thoughts 7 about the important issues raised in the survey. 8 Obtaining all perspectives and defining and 9 solving a problem is what can make interventions 10 more successful. It is unfortunate they have not 11 responded to our request for a meeting yet. 12 We are still open to meeting with 13 both Dr. Brinkman and Deputy Warden Toma to 14 discuss the survey results. 15 A consequence of their decision is 16 that this report that is being presented to you 17 is solely based on the voices of the frontline 18 staff. Frontline staff have brought valuable 19 information to our attention that we must process 20 and develop strategies with others to find ways 21 to implement needed change at our jail. 22 JUDGE HOWSIE: Thank you, ma'am. 23 We will now hear from Ann McStay. 24 MS. MCSTAY: Ann McStay. Last name 25 M-C-S-T-A-Y.

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1	There's a goal that we have. The
2	State of Pennsylvania will work with county
3	officials and jail healthcare staff regarding
4	their being assigned work duties that they
5	believe their license should protocols violate
6	their license protocols.
7	In essence, a person's license is
8	their livelihood. A violation on the record can
9	affect their pay, their advancement, and their
10	success in finding another job. The survey
11	mentions at different times that this licensure
12	issue is a significant stressor which affects
13	healthcare staff's financial and emotional
14	security and their relationship with
15	administration. They have said in the survey
16	that this issue of licensure violations is a
17	significant factor regarding why we have
18	94 vacancies. The State Board of Social Work
19	Licensing has said that it will not intervene on
20	allegations made in a job satisfaction survey but
21	will intervene in an actual case. PIIN was
22	advised to contact our State Representatives.
23	PIIN recognizes the importance of
24	finding a resolution to the important licensure
25	question. Therefore, PIIN is undertaking a

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1	letter-writing campaign to our State
2	Representatives and is interested in meeting with
3	State officials, the Jail Oversight Board and any
4	other county official to resolve the matter.
5	PIIN sees a large turnover staff at the jail, and
6	this licensure problem is a major contributor to
7	the exceedingly high death rate at the jail.
8	Any healthcare administrator who
9	engages and acts reprisal against a frontline
10	staff participating in this survey will be
11	terminated. This is a goal for rules going
12	forward. PIIN and the APA Coalition have gone to
13	great lengths to bring frontline staff to the
14	table via the survey, et cetera. Just because
15	healthcare administration might not approve of
16	the results from the survey, they get no right to
17	intimidate or engage in acts of reprisal against
18	frontline staff who participated in this survey.
19	The only way the Board is going to make informed
20	decisions regarding the jail is for the frontline
21	staff to be allowed, with no threat of reprisal,
22	to reveal what they think is really going on at
23	the Allegheny County Jail.
24	The recommendation is that any
25	administrator who threatens or engages in an act

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27 of reprisal in situations where a staff member is 1 2 bringing light to a practice at the Allegheny 3 County Jail, such as in a survey, will be 4 terminated by the new administration. That 5 protects the people who are telling their 6 experience. 7 JUDGE HOWSIE: Thank you. 8 We'll now hear from Ronnie 9 Cook-Zuhlke. 10 MS. COOK-ZUHLKE: Yep. 11 JUDGE HOWSIE: All right. Thank 12 you. 13 MS. COOK-ZUHLKE: Okay. So that's 14 Ronnie, and it's R-O-N-N-I-E. C-O-O-K, Z as in 15 Zebra, - U-H-L-K-E. 16 JUDGE HOWSIE: Thank you very much. 17 MS. COOK-ZUHLKE: Okay. Thank you. 18 So based upon the survey responses, staff have 19 stated that the schedules that they are assigned 20 are too overloaded and that it is not possible to 21 provide care to all those residents as needed. 22 A nurse being assigned some days to 23 five units was mentioned at different times in 24 the survey. This is way beyond the capacity to 25 provide quality service to all the residents on

28 1 all these units. 2 There is a precedent of 3 administration doing frontline work. 4 Laura Williams, the previous Healthcare Director, 5 and her administrative staff performed frontline duties at various times to ease the burden of 6 7 frontline staff. Administrative staff and 8 frontline staff could together develop a priority 9 list of what patients are in the most need. 10 There would be several benefits to 11 instituting this practice of administration and 12 performing such duties. The first would be 13 administrative staff would be provided with a 14 frontline experience and orientation of the many 15 challenges of the frontline job. 16 Second, instead of conflict, staff 17 and administration will be more aligned to a 18 common purpose and help ease the staffing crisis. 19 Third, the threat of staff 20 licensure violations would be less. 21 Fourth, working frontline duties, 22 administrative staff have an incentive to limit 23 staff turnover as much as possible. 24 And fifth, frontline stress --25 frontline staff stress levels would come down.

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1	29 So the recommendation here is that
2	the new administration will assign frontline
3	duties to administrative staff until the staffing
4	crisis has come to an end.
5	On another subject, I want to move
6	on to pay increases for healthcare staff and
7	correctional officers. The survey revealed that
8	there is a pay determining factor affecting a
9	staff person's decision to leave or to continue
10	with the ACJ. Since the vacancy is at about 94,
11	and that is a recruiting class of the
12	correctional officers who leave after the first
13	year, it is paramount that pay raises be
14	competitive with other markets.
15	I want to go over some of the pay,
16	hourly pay, and then what is suggested online,
17	and you'll have all this information. I don't
18	expect anybody to be writing it down.
19	An RN making on average \$36.38 when
20	Indeed says that the hourly rate should be
21	\$43.45. An LPN \$29.96, but suggested by Indeed
22	is \$36.70. An MHS at \$26.96. Zip Recruiter says
23	that number should be \$29.28. DNA, \$26.96
24	comparably is that my time?
25	JUDGE HOWSIE: Just finish.

MS. COOK-ZUHLKE: Okay. My recommendation is that you seriously conside increases for jail staff and to give the jai	30 r pay
	r pay
3 increases for jail staff and to give the jai	
	1
4 staff more of a reason to want to continue to	0
5 work.	
6 Thank you.	
7 JUDGE HOWSIE: Laura Perkins.	
8 MS. PERKINS: Hi there. Laura	
9 Perkins. That's P-E-R-K-I-N-S.	
10 JUDGE HOWSIE: Thank you.	
11 MS. PERKINS: Instead of contin	nuing
12 to use a check-the-box online training, train	ning
13 using a group process at times will be used	to
14 maximize participants' learning and opportun	ity
15 to ask questions and provide feedback.	
16 The staff survey revealed the	
17 limits of online trainings, which many people	е
18 felt that an isolation with no opportunity t	0
19 talk about the work experiences at the jail	was
20 not that helpful, especially in topics such	as
21 suicide prevention, deescalating a person in	a
22 mental health crisis, or strategies for defe	nse.
23 Lindsay Hayes, the foremost exp	pert
24 on suicide prevention, echos this need for a	n
25 informative group process training that is	

1	3 relevant to the needs of its participants.
2	"Suicide prevention is all about collaboration
3	and training that is reduced to an individual
4	sitting along and watching a DVD on a desktop
5	screen simply to comply with an accreditation
6	standard has questionable value."
7	An important question is who should
8	facilitate the trainings. The County sent out a
9	bid in October of 2021, RFP 8611, Correctional
10	Incident Response Program Development and
11	Training, and no one responded to the bid.
12	Upon questioning Warden Harper at a
13	JOB meeting, it was revealed that the RFP had
14	limited exposure that no local providers were
15	even aware of the bid.
16	Though mental health, first-aid
17	training has been provided at the jail, a more
18	informed training on crisis intervention,
19	especially for correctional officers, could be
20	very helpful in deescalating people in a mental
21	health crisis. A classroom experience in which
22	staff could provide scenarios of the challenges
23	they've faced in deescalation could be very
24	relevant to what staff needs.
25	Recommendation. The new

1	32 administration will institute some trainings
2	based in group process, discussing actual ACJ
3	case scenarios that will be facilitated by an
4	expert in the field. The County will send out a
5	bid again for RFP 8611.
6	Thank you.
7	JUDGE HOWSIE: Fran McDowell.
8	MS. MCDOWELL: Hello. Fran
9	McDowell, M-C-D-O-W-E-L-L.
10	JUDGE HOWSIE: Thank you.
11	MS. MCDOWELL: The mode of
12	communication between administration and
13	frontline staff will change from a top-down
14	authoritarian model to a collaborative and
15	supportive model using the very positive aspects
16	of a bottom-up style of communication.
17	Both the correctional officer and
18	the healthcare staff surveys mentioned in many
19	different places the authoritarian nature of jail
20	administration and healthcare administration and
21	the lack of opportunity for frontline staff to
22	provide input to policy and practice with their
23	expertise.
24	Considering Dr. Brinkman's lack of
25	any medical background, the conflict between

1	33 healthcare staff and administration concerning
2	licensure, and the frequent use of forced
3	overtime by administration for correctional
4	officers, a collaborative model is even more
5	important.
6	The following recommendations in
7	the survey were made to improve the communication
8	and relationship between administration and
9	frontline staff.
10	Number 1, administration will be
11	more visible in the blocks and have less time in
12	their office.
13	Number 2, administration will
14	follow along on an entire shift with frontline
15	staff to observe the many time-sensitive
16	challenges frontline staff experience.
17	Number 3, administration will start
18	to use the camera also as a learning tool in
19	which support and teaching can be provided.
20	Number 4, during town hall
21	meetings, frontline staff will be given ample
22	time to respond and ask questions.
23	Number 5, administration will
24	problem-solve and work with frontline staff
25	regarding being assigned duties that frontline

1 staff believe violate licensure protocols. 2 Number 6, administration will post 3 a suggestion box and respond with a warm effect 4 when the frontline staff provides suggestions 5 regarding improvements to be made in the 6 operations of the jail. 7 The recommendation. The new 8 administration will change the mode of 9 communication in the jail so that a more 10 bottom-up style of communication will be used. 11 JUDGE HOWSIE: Thank you, ma'am. 12 Joe Shaughnessy, see, I'm sorry. 13 Shaughnessy maybe. Sorry about that. 14 MR. SHAUGHNESSY: Shaughnessy, 15 S-H-A-U-G-H-N-E-S-S-Y. 16 JUDGE HOWSIE: I apologize. 17 MR. SHAUGHNESSY: No worries. 18 A plaque commemorating Dr. Michael 19 Patterson's dedication and commitment to quality 20 care for the residents of the Allegheny County 21 Jail will be installed in the medical unit of the 22 jail. 23 Dr. Michael Patterson worked for 24 many years as Medical Director of the Allegheny 25 County Jail. He was a champion of quality care

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	3
1	and an advocate to improve medical services at
2	the jail. He inspired many staff who knew him to
3	focus on the needs of the people to be served in
4	spite of the many barriers to providing quality
5	care. John initiated the idea of creating a
6	plaque for Dr. Patterson to celebrate his legacy.
7	Judge Clark and Terri Klein, who
8	wholeheartedly supported the idea John had
9	worked with Dr. Patterson for 26 years on the
10	psyche units at psychiatric hospitals and at
11	Dr. Patterson's outpatient office on Baytree
12	Street. John witnessed the deep respect
13	Dr. Patterson gave to his patients, and
14	Dr. Patterson's highly developed skill in talking
15	and working with people who had serious mental
16	health disorders.
17	John worked with the Pittsburgh
18	Trophy Company and Warden Harper to create the
19	plaque. John's deceased wife, Ann McCafferty,
20	designed the plaque and created the words placed
21	on the plaque.
22	The installment of the plaque was
23	delayed because of the pandemic. The family was
24	going to be invited for the event. At the last
25	JOB meeting, John asked Warden Harper about

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1	
1	36 whether the plaque had been installed.
2	Warden Harper responded that the plaque had not
3	been installed and further stated that the plaque
4	would not be installed. When John asked why, he
5	did not respond.
6	The recommendation is that the new
7	administration will install Dr. Patterson's
8	memorial plaque in the medical unit of the ACJ.
9	Dr. Patterson's family will be invited for the
10	event.
11	The medical unit at ACJ will be
12	named in honor of Dr. Patterson. Dr. Patterson
13	literally gave his life to the work at the ACJ.
14	After working many shifts at ACJ, Dr. Patterson
15	came home, had a heart attack, and died at the
16	age of 59. His legacy of providing a deep
17	respect for the patients he served and an
18	unwavering dedication to provide a quality
19	service to people in need is deep within the
20	hearts and minds of many people who knew him.
21	A daily reminder of seeing his name
22	on the jail's medical unit will be empowering and
23	give healthcare workers inspiration to follow in
24	Dr. Patterson's legacy.
25	A recommendation is that the new

1	
1	37 administration will commemorate our jail's
2	medical unit as the Michael D. Patterson Medical
3	Unit. Dr. Patterson's family will be invited to
4	the event.
5	JUDGE HOWSIE: Thank you. Thank
6	you. Sharon Bonavoglia.
7	MS. BONAVOGLIA: Sharon Bonavoglia,
8	B-O-N-A-V-O-G-L-I-A.
9	JUDGE HOWSIE: Thank you.
10	MS. BONAVOGLIA: Yet another death
11	at the jail. It is clearly way beyond time to
12	establish and learn from exit interviews with all
13	medical staff and COs leaving the Allegheny
14	County Jail.
15	Please institute those exit
16	interviews as soon as possible. Now is the time
17	to learn what ex-employees have to say that may
18	well save lives and might have saved the lives of
19	those who have already died.
20	A year ago, I came to my first JOB
21	meeting, and I stood up, and I asked why
22	Warden Harper still had his job. Four more
23	deaths at the jail since then and Warden Harper
24	is still here. Why?
25	PIIN and the APA Coalition are

	2
1	3 requesting that members of our organizations be
2	part of any search committee established to find
3	Warden Harper's much needed and immediate
4	replacement.
5	And now, if you are able, please
6	rise for the reading of the names of the dead.
7	You're fine right where you are,
8	ma'am. Bless your heart.
9	Richard Lenhart, Robert Blake,
10	Cody Still, Daniel Pastorek, John Brady,
11	Martin Bucek, Robert Harper, Vinckley Harris,
12	Justin Brady, Paul Allen, Roger Millspaugh,
13	Paul Spisak, Gerald Thomas, Jerry Lee Ross, Jr.,
14	Victor Joseph Zilinek, Ronald Andrus,
15	Anthony Talotta, William Spencer, James
16	Washington, Damon Leroy Kayes, Tim Manino,
17	Douglas Bonomo.
18	JUDGE HOWSIE: Thank you, ma'am.
19	We'll now hear from Kyna James.
20	"Kyna?" Is it Kyna? My apologies. I thought it
21	was "Kyna." My apologies. Kyna. Not
22	intentional. My apologies.
23	MR. JAMES: Kyna James. Last name
24	J-A-M-E-S.
25	JUDGE HOWSIE: Thank you.

1	
1	39 MR. JAMES: Coalition organizer for
2	The Alliance for Police Accountability.
3	So I just want to talk about a
4	couple of things really quickly. In regard to
5	Thomas William Spencer III's case, the parents
6	still have not received any information regarding
7	their son's death. No one from the Renewal
8	Center has made any attempt to contact the
9	family. No one from the detective's office has
10	made any attempt to contact the family, although
11	the family has reached out many times.
12	Secondly, I want to note that
13	Warden Harper and the jail administration are
14	still, to this day, violating every part of the
15	solitary confinement law. We get calls
16	regularly. Just in case you forgot, there's a
17	reminder. We will be moving to send e-mails to
18	the entire Jail Oversight Board moving forward.
19	And in regards to Douglas Bonomo's
20	death recently at the Allegheny County Jail,
21	Warden Harper said, and I quote, "All deaths are
22	a tragedy. We take each one very seriously and
23	are continuing to work with our partners to
24	increase surveillance and take other measures to
25	address preventable deaths." Preventable being

1 the main word, right? The amount of increased death just 2 3 this year shows the last thing you do is take 4 this seriously. The fact that you then compared 5 the 20 deaths at the Allegheny County Jail to 6 three jails elsewhere shows you do not take this 7 seriously. One of the jails you mentioned holds 8 twice the amount of people, and another holds six 9 times the amount of people, but you failed to 10 mention that. 11 Your focus should be on the 12 Allegheny County Jail. Your focus should be on 13 keeping our people alive. Your focus should be 14 on making sure that people with broken limbs are 15 not going ten days without medical attention and 16 making sure your staff are not the individuals 17 doing the breaking. 18 Your focus should be less on bogus 19 responses. Your time should not be spent on 20 trying to get individuals' charges dropped after 21 they die in your jail so that you can avoid being 22 held responsible. Your focus should not be on 23 researching deaths in other jails, but the deaths 24 in the jail you're responsible for. Your focus 25 should be on doing your job, which is where you

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1	41 lack the most focus, if you have any at all.
2	Thank you.
3	JUDGE HOWSIE: Thank you. Again,
4	my apologies for mispronouncing your name.
5	Tanisha Long.
6	MS. LONG: Tanisha Long,
7	T-A-N-I-S-H-A L-O-N-G.
8	JUDGE HOWSIE: Thank you.
9	MS. LONG: Where is Rich? Did
10	he it's a matter for the Courts. Never mind.
11	So in Warden Harper's press
12	release, he mentioned a few things that were
13	misleading. When he talks about the way people
14	die in the jail, he says the last death in
15	housing was in September, like these people have
16	anywhere else to be. They're housed in the jail.
17	He likes to make the differentiation between
18	Intake and Housing so that you focus on the
19	September part and not the fact that it happened
20	just a few months ago.
21	Of the dishonest things that
22	Warden Harper often says, the only thing he said
23	that stuck out is the word "preventable." He
24	told on himself. He said there's more we could
25	have done. We could have increased surveillance.

	4
1	Do you need to be on your phone
2	right now? These are Public Comments. I'm sorry
3	if your text messages are more important, but
4	you're hearing testimony from the public, which
5	is why it's important that people show up, and
6	which is why we can't send illegal designees
7	because the people who need to hear it most
8	disrespect the families by not showing up. So,
9	you know, if you can stay off your phone, that
10	would be fantastic. I would really appreciate
11	it. Thank you.
12	As I was saying, preventable is the
13	keyword. Warden Harper mentioned that they do
14	things to increase surveillance. This person was
15	housed on the mental health pod, which means that
16	he probably was not being surveilled the way he
17	was supposed to be, or it wouldn't have had to
18	wait until 7 a.m., which is typically a shift
19	change for someone to find him. On the weekend
20	when people are dying is also the same weekend
21	when the jail is shut down for 23 hours.
22	In December, I spoke to the Jail
23	Oversight Board about Rachel Bridgeman, a person
24	who had been in almost identical circumstances as
25	the person who passed away, someone we worked to

1	get out of the jail because we recognized that
2	the conditions of the jail were exasperating her
3	mental health issues, and we understood that if
4	she continued to stay in those conditions, she
5	would likely be dead. We warned you that if they
6	did not change their practices and policies, like
7	taking away phones, tablets, visits, and the
8	ability to leave the cell for people who have
9	been placed on Mental Health Tiers 4 and 5 that
10	their mental health conditions would deteriorate
11	and that they would have more deaths on their
12	hands.
13	Warden Harper went, and he admitted
14	that they take these things away from people on
15	those mental health tiers. What do you think
16	happens when people can't make calls to their
17	family? What do you think happens when people
18	can't use a telephone? How are they contacting
19	their lawyers? Rachel Bridgeman wasn't able to,
20	and I doubt this person was able to either.
21	According to the Warden's Report,
22	there have been 253 ER runs this year. I think
23	that's a lot, as he said, for a jail of this
24	size I'm taking back the time I had to tell
25	him to stay off his phone.

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	4.
1	Reporters are doing to the work
2	that Warden Harper should be doing by providing
3	us transparent reports and chasing down
4	autopsies two seconds and chasing down
5	autopsies, so I don't think it would be that
6	difficult to do as one of the jail's that
7	Warden Harper cited in his press release and
8	provide transparent reports and mortality reports
9	of the deaths of people inside the jail.
10	Thank you.
11	JUDGE HOWSIE: Marion Damick.
12	MS. DAMICK: New subject. In fact,
13	we're not talking about the Warden for a change.
14	I'm talking about you and the court. And
15	actually, I'm taking some responsibility because
16	I haven't raised this issue. I haven't raised
17	it hadn't raised it on all of the times I've
18	been at the Board.
19	And this is the responsibility you
20	had, and I knew you had, and I didn't say
21	anything, and it has to do with Shuman. Never
22	did I see Shuman repair on these papers. Never
23	did I hear you talk about Shuman until in
24	fact, even then. Now, I'm talking about the late
25	Shuman, so shall we say.

1	
	Shuman that was got so bad
2	because nobody was overlooking them which I
3	think is in your name nobody was overlooking
4	them, and they the State had to shut them
5	down. So where are they now? Of course you know
6	where they are. This place for this. 22 male
7	juveniles are in this jail right as we speak.
8	Best place for them? No. Oh, do you think? Oh,
9	good. They're not out there. What are they
10	learning in the jail?
11	They have a dog. That is something
12	that came up new. A good dog, woof, woof. I
13	like he doesn't think so. I think it's a
14	male. It doesn't teach. Somebody has to teach.
15	Somebody has to get these kids out of the jail
16	and in an institution that will work for
17	children, themselves, juveniles to keep
18	juveniles from coming into the jail as adults.
19	That's what your responsibility is.
20	And what I'm hoping this audience
21	and everybody else will talk to the both two
22	people, who are going to be running for the
23	County Executive Office, both of them. Ask a
24	question. What are you going to do, one, about
25	the jail, and two, about where the children

46 1 the youth should be? That is vital. They are 2 children, and they're in the jail, this jail. 3 I'm ashamed. I'm really ashamed that I never --4 I didn't -- I thought things were going well. Μy 5 fault, but I'm not going to take the whole fault. 6 Somebody should have brought it up. Somebody 7 didn't. Beware. 8 JUDGE HOWSIE: Thank you, ma'am. 9 MS. DAMICK: That's it. 10 Thank you so much. JUDGE HOWSIE: 11 We will now hear from Muhammad 12 Nasir. 13 MR. NASIR: My name is Muhammad Ali 14 I go by Man-e. I'm the advocacy and Nasir. 15 policy civic engagement coordinator for 1-Hood 16 Media, and I'm one of many who table weekly at 17 the ACJ, welcome men, and providing resources to 18 at least 38 people since the last JOB meeting. 19 I'm here to represent them and those who remain 20 incarcerated, which include my family and 21 friends. 22 I was stunned this morning when I 23 saw an article by the PINJ stating that Allegheny 24 County has paid private security consultant 25 Joseph Garcia the full amount his company sought

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1	in a lawsuit over unpaid invoices. A nearly
2	\$215,000 payment came despite still unanswered
3	questions over Joseph Garcia's training methods,
4	credentials, and the scope of work at the
5	Allegheny County Jail during the summer of 2021.
6	It was interesting to me because,
7	believe it or not, I was one of those people
8	asking questions and raising concerns. In 2021,
9	I participated in the press conference calling on
10	the JOB to cancel the contracts and the van guard
11	seeing from the ACJ, and today I'm asking the
12	Board to Motion to remove all remaining weaponry
13	and ammunition that Garcia requested.
14	I remember learning about Garcia,
15	the culture of his training, and the method of
16	his tactics. I remember him referring to
17	incarcerated people as enemy combatants and dogs,
18	so I guess it's no surprise that he requested
19	official offensive weapons, such as rubber
20	buck shots, a low design for close and then
21	immediate encounters which large game, such as
22	bear, moose, elk, and deer. The 21 pellets
23	spread into a large pattern to impart a painful
24	stimuli over a large area.
25	And mid-range rubber slugs, which

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	48
1	shoot 550 feet per second, will accurately target
2	problem wildlife for safe and effective, aversive
3	conditioning. This load has been used thousands
4	of times against bears and other large animals
5	against the U.S. and Canada, and they're seeing
6	them made our way or made their way into the
7	Allegheny County Jail. You'll seem to make no
8	distinction between wild animals and humans, and
9	to me, it's utterly disgusting.
10	Kel-Tech shotguns and rifles
11	chambered in 223 and 12 gauges now are in the
12	Allegheny County Jail.
13	I wanted to present to the Board
14	223 and 12 gauges so you all can see exactly how
15	they are and what they can do to a human body,
16	but I was advised not to by people smarter than
17	me. Instead, I was advised to point out the
18	irony at how I cannot even bring these bullets
19	into the building, yet the jail continues to
20	threaten the health and the wellbeing of our
21	neighbors in the ACJ with these weapons on a
22	daily basis, and in violation of the clear JOB
23	Motion approved, because I also remember that the
24	JOB decided in a 4-3-1 vote to cancel the
25	contract and for their work with Garcia.

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1 And when the presence of these 2 weapons was previously pointed out, the response 3 was something like, well, your Motion saying we 4 can't bring them in, because they're already 5 here, we're not violating it. 6 So again, I'm calling on the Board 7 very clearly and very precisely to remove all of 8 the weapons and ammunition that Garcia requested 9 from the Allegheny County Jail, but more 10 importantly, to remember the humanity of the 11 people you're charged with caring for. 12 Thank you. 13 JUDGE HOWSIE: Thank you, sir. 14 Elizabeth Schongar. 15 MS. SCHONGAR: Elizabeth Schongar, 16 S-C-H-O-N-G-A-R. 17 JUDGE HOWSIE: Thank you. 18 MS. SCHONGAR: I've been thinking 19 about the shooting at the Tree of Life and the 20 loss our community suffered. I suggest we also 21 consider the deaths in the jail and think about 22 the loss of fathers, husbands, sons to our 23 community. 24 Consider the trauma that many 25 people in jail are suffering and will bring with

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1	50 them when they leave the jail. Every person in
2	jail is our neighbor. They need to know we're
3	working together to bring the best results for
4	them and for anyone they hurt. Community must
5	include everyone. People in jail should not
6	suffer without adequate healthcare. People with
7	mental health issues must not be isolated from
8	their families and cut off from contact with
9	anyone else and left without proper mental health
10	care.
11	This Board needs to review the
12	health contract with AHN and determine what
13	changes are needed to provide adequate staffing
14	and healthcare decision-making. This Board, you
15	folks need to review all the policies and
16	practices that County and AHN staff follow and
17	revamp healthcare and mental health care at the
18	jail.
19	You have the mortality report and
20	then NCAC's and the NCCHC standards to guide
21	you. It's time for you to put in the work.
22	The Warden can't do this alone.
23	Rich Fitzgerald cannot revamp healthcare at the
24	jail unless you provide the recommendations. The
25	jail is central to our community, like it or not.

1	51 After all, we spend a third of our County budget
2	on it, and we need this Board to mobilize to
3	change the health and mental health outcomes of
4	the jail.
5	JUDGE HOWSIE: Thank you. Thank
6	you very much.
7	Brian Englert.
8	MR. ENGLERT: My name is Brian
9	Englert, E-N-G-L-E-R-T. I'm President of the
10	Union at the jail. This Thursday, there's a
11	County Hiring Event from 2:00 to 5:30. The first
12	100 individuals are going to get a swag-bag for
13	attending. And they will interview you, have you
14	applied, test, and even give you a conditional
15	offer of employment within 3 hours.
16	The starting wage is \$25.47 an
17	hour. And this is all great. Unfortunately,
18	it's not our county. It's Cuyahoga County Jail.
19	We had a hiring event two weeks ago. We didn't
20	even get maybe two dozen people. Our starting
21	wage is \$22.82 an hour.
22	So here we have a like a county
23	just like ours, Cuyahoga County, that knows how
24	to hire people. But we don't still, after me
25	talking about this for two years.

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1	52 I'd also like to address
2	Ms. Brinkman. I've been e-mailing you
3	consistently, nonstop since May for a list of all
4	the medical devices in the jail that we are
5	finding made into weapons. You continue to
6	ignore me, and just last week. We found a pair
7	of screws in crutches that were sharpened into
8	shanks for an inmate that no longer needed them.
9	Will you please provide this list to at least the
10	Captain, so the officers can go throughout
11	housing units and remove any potential weapons?
12	I mean, I'm not going to beg you, but it is kind
13	of a dereliction of duty if you refuse to do
14	something.
15	And lastly, I want to talk about
16	the subcontracting of our work. We won a major
17	unfair labor case against the County for
18	subcontracting our jobs to sergeants. I've
19	expressed my concerns to Chief Beasom and other
20	majors. Now the schedule is being deliberately
21	manipulated from the overnight shift into the
22	morning shift to create vacancies to allow
23	sergeants to get easy overtime. If you want
24	sergeants to do our jobs still, then they should
25	be able to do our jobs, housing units, hallways,

1 et cetera, not just cherry-pick the jobs that are 2 ours and were always ours. 3 And when you give our jobs to Captains, let me be clear, when management does 4 5 the job of a union person, they're rats. They're 6 rats. And you have enough rats in that building 7 running around the kitchen and the lounge. We 8 don't need any more. Quit giving our work to 9 captains. They're rats, and we're not going to 10 take it anymore. 11 That's it. 12 JUDGE HOWSIE: Thank you. 13 That was the last Public Comment. 14 With that, hopefully, everyone has had an 15 opportunity to review the Minutes from the last 16 meeting. 17 Is there a Motion? 18 MS. MOSS: So moved. 19 MR. KRAUS: Second. 20 JUDGE HOWSIE: The Motion has been 21 moved, made and properly seconded. 22 All in favor of approving the 23 Minutes from the July 6, 2023 meeting, say aye. 24 (Chorus of ayes.) 25 JUDGE HOWSIE: Any opposed?

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54 1 (No response.) 2 JUDGE HOWSIE: Motion carries. 3 MS. HALLAM: Point of order, Judge 4 Howsie. Can we approve the Minutes without a 5 quorum? 6 JUDGE HOWSIE: Well, we have a 7 quorum, so they've been approved. 8 MS. HALLAM: Can you count that 9 quorum for me? I don't see it. 10 JUDGE HOWSIE: One, two, three, 11 four, five, six people. 12 MS. HALLAM: You're counting two 13 non-members in your quorum. 14 JUDGE HOWSIE: I know. You pointed 15 that out earlier. Thank you. 16 So could we take a brief recess 17 before we start with the Warden's Report, maybe 18 like 2 minutes, please? 19 (Off the record.) 20 JUDGE HOWSIE: All right. Thank 21 you very much. Sorry for the inconvenience. 22 We'll now hear from the Warden. 23 Warden Harper. 24 WARDEN'S REPORT 25 WARDEN HARPER: Good evening,

1 Board. Visits. The jail continues hosting 2 3 contact visits with juveniles, incarcerated 4 workers, veterans, and program participants 5 designated Saturdays each month. For the month 6 of July, a total of 49 incarcerated individuals 7 received visits from a total of 97 family 8 members. 9 Chaplaincy and Prerelease. The 10 Foundation of Hope Prerelease Program held a 11 graduation ceremony today as 10 males and 12 23 female participants graduated from the 13 program. There are currently approximately 60 14 males and 44 females participating in the 15 prerelease program. A new term of classes for 16 both male and female individuals will begin next 17 week. 18 The Discharge and Release Center. 19 The Discharge and Release Center assessed 288 20 individuals and distributed 52 boxes of Narcan in 21 the month of July. The jail also worked with the 22 Health Department to obtain Fentanyl and Xylazine 23 test strips. These test strips are now being 24 distributed through the DRC to individuals as 25 they are released from custody. The goal of this

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56 1 program is harm reduction as it pertains to 2 overdose prevention. A total of 75 test strip 3 packages were distributed. 4 The DRC continues to make referrals 5 to community partners for services and assistance 6 and to provide resources to assist individuals 7 upon their release. 8 Employee of the Month. Finally, we 9 would like to announce that Social Worker 10 Tyra Burke has been named ACJ's employee of the 11 month. 12 I will now pass it over to Chief 13 Deputy Warden Beasom. 14 CHIEF DEPUTY BEASOM: Thank you, 15 Warden. 16 Can everybody hear? 17 AUDIENCE MEMBER: No. 18 CHIEF DEPUTY BEASOM: How is that? 19 Okay. 20 Good afternoon, Board. So the ACJ 21 held a new-person job fair on July 13th and 15th 22 at the facility. A total of 47 individuals 23 attended the fair during those two days. 24 Attendees had an opportunity to meet with hiring 25 managers, human resource staff and learn about

57 1 available positions, wages, benefits, and the hiring process itself. Attendees could also fill 2 3 out applications on-site. 4 Our current cadet class began on 5 Tuesday, June 20th, with nine cadets, and they 6 are scheduled to graduate in two weeks, on 7 August 18th. 8 PADOC Transfers, we currently have 9 14 males, 1 female, with 300 Bs in the facility; 10 12 males with detainers and 12 males with open 11 cases. The longest wait time on a 300 B was 12 received June 28th, and the shortest wait time is 13 from yesterday, August 2nd. 14 Federal Inmates, we currently have 15 36; 15 are United States Marshal holds, and 21 16 are federal transfers for Allegheny County Court. 17 Use of Force Numbers for July 18 was 43. 19 I'll pass it on to Deputy Warden 20 Clark. 21 CHIEF DEPUTY WARDEN'S REPORT 22 DEPUTY WARDEN CLARK: Good evening, 23 Board. The Residential Placement Services 24 Department transferred 49 individuals to 25 alternative housing in July and released 26

58 individuals to substance use treatment through 1 2 the Diversion Program. 3 The Diversion Program received 39 new referrals and served a total of 99 4 5 participants in July. 6 The Medical Assistance Program 7 assisted a total of 108 individuals with 8 completing a Medical Assistance application upon 9 release from the jail. 10 Reentry Services. Harm Reduction 11 Education Groups began on July 11th and are 12 ongoing. These groups focus on coping skills, 13 recovery and relapse, community treatment 14 resources, harm reduction, and overdose 15 prevention. 16 Programming with Amachi begins 17 tomorrow, August 4th. Amachi will be providing 18 parenting programming targeted to supporting 19 incarcerated parents and their families in the 20 community. 21 Renovation, Repair, and Painting 22 class will take place in the jail on August 7th 23 and 8th. This class will conclude with a State 24 certification testing. Those who are certified 25 will be more marketable to construction,

1	59 remodeling and painting companies. This is a
2	valuable training, particularly in Allegheny
3	County, where we have a number of older homes in
4	need of renovation.
5	Educational Services. Summer
6	educational services for the juvenile population
7	ended on July 14th. At the conclusion of summer
8	educational programming, the ServSafe training
9	was offered to the juveniles. 13 juveniles
10	participated in the ServSafe certification class
11	and passed the test to become ServSafe certified.
12	Additional ServSafe training
13	classes will be offered to the juvenile
14	population in the upcoming academic year, which
15	begins on August 24th.
16	The jail hosted several guest
17	speakers during the month of July. We are
18	grateful for the time, dedication, and services
19	that these program representatives, as well as
20	our community partners, contribute to the jail on
21	a daily basis to support our population.
22	On July 18th, Leon Ford, from the
23	Hear Foundation, visited the jail as a guest
24	speaker. The Hear Foundation's mission is gun
25	violence reduction, trauma education, and

1	60 workforce development. Mr. Ford shared his story
2	of adversity and success. His infectious
3	optimism and tenacity were inspirational. He
4	engaged participants who asked great follow-up
5	questions, which led to more in-depth discussion.
6	On July 26th, the jail hosted a
7	joint presentation by Allegheny County Veteran's
8	Services and Pittsburgh Hires Veteran's
9	Organization. A total of 23 veterans attended
10	the event. Pittsburgh Hires Veteran's aims to
11	equip incarcerated veterans with essential job
12	search skills, resume-building techniques,
13	interview preparation, second-chance employers,
14	and other resources to enhance their employment
15	chances upon release. The goal is to have the
16	veteran become an employed, engaged member of
17	society.
18	The veterans who participated in
19	the presentation were given an assignment to
20	prepare a draft resume. Those resumes will be
21	collected and reviewed, and feedback will be
22	provided. Allegheny County Veteran's Services
23	also provided information on various housing
24	programs for veterans in the region. A Veteran's
25	Services Officer comes into the jail once a week

1 to meet with and provide supportive services to the veteran population. The jail will continue 2 3 to partner with these programs to provide services for incarcerated veterans. 4 5 On July 31, Chuck Ondo from Revival 6 Today Veterans Brigade spoke with the veterans 7 and reentry population about resources to support 8 their physical and emotional well-being and how 9 to become empowered to lead more fulfilling 10 lives. Mr. Ondo will continue to speak with 11 individuals in the jail on a weekly basis. 12 On August 1st, the Peace Education 13 Program began. These groups help individuals 14 focus on exploring personal peace and discovering 15 resources and tools within themselves, such as 16 inner strength, choice, appreciation, and hope. 17 The Peace Education Program will be held twice 18 weekly in the jail's Reentry Center. 19 Finally, commissary web ordering, 20 which allows for family members to purchase 21 commissary items for incarcerated individuals 22 began on July 24th. 23 That concludes this month's report 24 for programs. Dr. Brinkman will provide the 25 healthcare services update.

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1	62 HSA DR. BRINKMAN: Good evening.
2	For Medication Assisted Treatment
3	and the expansion of the efforts of
4	continuation of Medication Assisted Treatment
5	includes the following from July.
6	There were 26 individuals
7	prescribed oral Naltrexone, 2 receiving their
8	Vivitrol injection prior to community release.
9	120 individuals were treated with Suboxone, and
10	27 were treated with Sublocade. Of those,
11	11 patients transitioned from Suboxone to
12	Sublocade to support their recovery.
13	Methadone Continuation Services
14	have treated 46 individuals with 25 current
15	patients.
16	For Torrance commitments and
17	admissions in July, 6 patients were admitted and
18	transferred to Torrance State Hospital; 13 were
19	committed to Torrance State Hospital; 2 patients
20	had their commitments to Torrance State Hospital
21	for competence restoration rescinded due to their
22	clinical stabilization. Currently, we have 26
23	awaiting admission to Torrance State Hospital,
24	with the longest waiting since March 31st.
25	For our Tier 4 and 5 mental health

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1	data for the month of July, no individuals were
2	identified as a Tier 5 in the mental health tier
3	system, and 23 unique individuals were identified
4	for Tier 4.
5	From our healthcare waiting times
6	in the waiting queues, we have sick call requests
7	for medical, having a total of 9 patients
8	waiting, with the longest waiting 3 days.
9	Our sick call for mental health
10	patients, we have a total of 21 patients waiting,
11	with the longest waiting 4 days.
12	Our psychiatrist appointment wait
13	is for 133 patients, with the longest waiting 18
14	days oh, I misspoke on that one. I duplicated
15	last week's last month's numbers. The longest
16	was waiting 23 days.
17	And then mental health specialists,
18	I have inaccurate information because I
19	duplicated from psychiatry, so I apologize. It
20	was well under 20 when I last looked earlier this
21	week.
22	And then, as Chief had spoke about
23	our successful job fair that ACJ had in July,
24	healthcare was able to engage 10 new candidates
25	and have them pursuing eligible candidates for a

1 variety of positions. 2 WARDEN HARPER: Your Honor, we're 3 ready for any questions that you may have for the 4 management team. 5 JUDGE HOWSIE: I did have one 6 question. Regarding the commissary and creating 7 the ability for family members to purchase things 8 on commissary for incarcerated individuals, I 9 know it's just been a month, but have you seen 10 any impact, or is there, like -- anecdotally, is 11 there an increase in items that are being 12 purchased? Can you say, or is it pretty --13 DEPUTY WARDEN CLARK: Right. It 14 began July 24th, so we don't have any outcomes 15 from that yet. 16 JUDGE HOWSIE: I apologize. So you 17 don't have anything. No way to even gauge it 18 yet, just anecdotally? 19 DEPUTY WARDEN CLARK: No, not yet. 20 JUDGE HOWSIE: All right. Thank 21 you. I apologize. I thought you said it's been 22 a month. I'm sorry. 23 Ms. Hallam. 24 MS. HALLAM: Thank you, 25 Judge Howsie.

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1	Okay. So I do have a couple
2	questions. My first question is: Warden Harper,
3	you asked you spoke about the contact visit
4	stuff folks were getting. My first question is
5	if you can speak to specifically how many
6	children got contact visits? If anybody can?
7	DEPUTY WARDEN CLARK: I don't have
8	the specific number of contact visits for
9	children versus adults with me. I mean, we'd
10	have to get that for you. I'm sorry.
11	MS. HALLAM: Okay. And then I know
12	I think that he said there are four different
13	groups of folks, four different categories who
14	got the contact visits. Is it's on Saturdays,
15	right?
16	DEPUTY WARDEN CLARK: Correct.
17	MS. HALLAM: How is every Saturday
18	for all of those groups who get contact visits,
19	or do you break them down?
20	DEPUTY WARDEN CLARK: No, it's
21	different each week. So one week is one
22	population. The next Saturday will be a
23	different population. So it may be workers are
24	generally our first Saturday, and then the next
25	one is Reentry Program, and so on. And so it

1 varies. 2 MS. HALLAM: So can you speak to 3 how many of those Saturdays were for the 4 children? Would it have just been one then? Ιs 5 it one each month? DEPUTY WARDEN CLARK: Children can 6 7 come in and visit their loved one. 8 MS. HALLAM: The children 9 incarcerated at the jail. 10 DEPUTY WARDEN CLARK: Oh, I'm 11 sorry. They have -- they have one Saturday a 12 month, yes. 13 MS. HALLAM: Okay. And then is 14 there any other way for folks who are not in 15 those four categories to get contact visits? 16 Like can you earn them in some way or -- because 17 I think you said it was children, workers --18 DEPUTY WARDEN CLARK: Our reentry 19 population. 20 MS. HALLAM: Yeah. 21 DEPUTY WARDEN CLARK: Veterans. 22 People that participate in programming, so that's 23 how you can earn that. 24 MS. HALLAM: So if you -- like 25 there's no way that anybody who is not in one of

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1	those categories can get contact visits?
2	DEPUTY WARDEN CLARK: Right.
3	MS. HALLAM: Okay. My next
4	question is I read an article this week from the
5	Pittsburgh Institute of Non-Profit Journalism, I
6	think, in coordination with the Pittsburgh
7	Independent about the see-saw contract. And I
8	was under the impression that when we passed that
9	Motion here that that training stopped. But even
10	myself, you know, a couple weeks ago, when I was
11	on a visit in the jail, saw folks carrying the
12	shotguns. So I'm wondering if someone could
13	speak to the see-saw training that Joseph Garcia
14	and his organization were contracted to provide.
15	Was that training completed?
16	WARDEN HARPER: See-saw training
17	was terminated a couple of years ago, but we
18	still have correction officers, members of our
19	correctional response team responding to
20	situations with our special delivery systems.
21	MS. HALLAM: So it was terminated
22	without being completed?
23	WARDEN HARPER: It was terminated.
24	MS. HALLAM: Okay. And then any of
25	the weapons that were purchased to the weapons,

1	68 projectiles, munitions, whatever you want to call
2	them, are any of those still in the jail?
3	WARDEN HARPER: We still have those
4	ammunitions and special delivery systems in our
5	jail, but we are compliant to the Motion by not
6	bringing in those delivery systems and
7	ammunitions from the day the Motion was passed.
8	MS. HALLAM: But they you do
9	still have the shotguns and the ammunitions in
10	the jail, and you are using them? You're just
11	not bringing new ones in. Is that what you're
12	saying?
13	WARDEN HARPER: That is correct.
14	MS. HALLAM: Okay. Cool. Next
15	question I have was about the online commissary
16	ordering. Can you just tell me about it? I
17	mean, it's the first I've heard about it. I
18	think I understand that it's the whole commissary
19	menu, or are we talking about the packages? What
20	are we talking about here with online commissary?
21	CHIEF DEPUTY WARDEN TOMA: So with
22	the online commissary, like you brought up a
23	couple weeks ago, you actually inquired about it.
24	MS. HALLAM: Yep.
25	CHIEF DEPUTY WARDEN TOMA: We

1 worked with the vendor to identify items that 2 would be available to the entire population. So 3 because there is limited abilities to have 4 restrictions, so some pods, due to dietary 5 restrictions, can't have high sodium products. 6 So those are not on the menu to ensure that we 7 are providing healthy options and that the entire 8 population can benefit then from this. 9 So we did not go with the packs as 10 has been with previous vendors because this 11 allows for families to customize what they want 12 to send. So their friend, individual, may not 13 have wanted this item, but the pack had it. So 14 this one allows for them to customize what they 15 are sending. And it is not the entire menu. Ιt 16 is curated items. 17 MS. HALLAM: How many items? 18 CHIEF DEPUTY WARDEN TOMA: I can't 19 speak to this right now. The menu is publicly 20 available on the website. 21 MS. HALLAM: It is. 22 CHIEF DEPUTY WARDEN TOMA: And 23 based on, you know, sales, it's based on interest 24 and feedback we get. Those menus may be adjusted 25 in the future.

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1	70 MS. HALLAM: Okay. Thank you very
2	much.
3	My next question is about the
4	medicated assisted treatment. It's nice I
5	mean, since I've been on this Board this
6	Board, those numbers have definitely gone up of
7	the folks who are receiving that treatment, but I
8	do have a couple questions about it.
9	You said that there were a lot of
10	folks who were transitioned from Suboxone to
11	Sublocade. Can you speak you know, you said
12	it was to support their recovery. But can you
13	speak as to who made the decision to transition
14	those patients from Suboxone to Sublocade?
15	HSA DR. BRINKMAN: It's usually a
16	treatment team decision, including the patient.
17	MS. HALLAM: Okay. And what is the
18	rationale behind that?
19	HSA DR. BRINKMAN: It could be
20	patient preference because they want to move
21	toward that. It could be to support them if they
22	were to leave our facility and go somewhere that
23	doesn't offer Suboxone.
24	MS. HALLAM: Uh-huh.
25	HSA DR. BRINKMAN: That way that

71 1 can at least have the Sublocade for a period of 2 time. Or if there were issues with their 3 treatment plan not working with Suboxone, then we'll consider Sublocade. 4 5 MS. HALLAM: Okay. And how many of 6 these -- you know, you listed the five different 7 medications that are being provided and how many 8 people are on each. How many of those people had 9 those prescriptions when they came into the jail? 10 Were they all existing prescriptions? 11 HSA DR. BRINKMAN: Not exactly. So 12 somebody who transitions to Sublocade, if they 13 were on Suboxone, but they're choosing Sublocade 14 once they get to us, they can do that, or they 15 can transition while they're with us. 16 And Vivitrol and Naltrexone, we can 17 induct internally. 18 For Methadone, there are some po-19 -- pregnant populations where we would be 20 inducting, but otherwise, they're coming to us on 21 existing treatment plans. 22 MS. HALLAM: Okay. And then why is 23 the jail able to initiate Naltrexone and Vivitrol 24 but not the others? 25 HSA DR. BRINKMAN: It was --

1 previous -- there's a long process as to how we 2 got to the point that we're at today. So 3 Naltrexone, we were able to navigate all of the 4 policies, procedures, access, and things like 5 that a lot easier than we've been able to 6 navigate for Buprenorphine products. 7 So I know that you're -- you are 8 interested in and where that is. I haven't had 9 all of those logistics finalized at this time, 10 but we're hoping -- and that's why I haven't 11 reported in detail what that will look like. 12 We're hoping early '24, but like I said, all the 13 logistics are not finalized for me to be able to 14 say this is when we're starting. 15 MS. HALLAM: Okay. Can it please 16 be soon? 17 I am trying. HSA DR. BRINKMAN: As 18 There are things related to our soon as we can. 19 manufacture, Caps, and having the staffing to 20 support the volume of patients we anticipate. 21 MS. HALLAM: Okay. Yeah. Because 22 I know I had spoken with a couple of the 23 Methadone distribution facilities -- I'm sorry. 24 I don't know what you really call those places, 25 but they were like super gung-ho about it. So is

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1 it really just like staffing issues? Like do we 2 need to be able to hire people to support the 3 program roll-out? Is that what I should focus on? 4 5 HSA DR. BRINKMAN: It's not the 6 only issue because it does have to do with having 7 access to the volume of medications that we 8 expect to have. So we have to work with our 9 manufacturer for that. 10 But Methadone specifically is 11 100 percent contracted out. So that's a 12 different conversation. 13 MS. HALLAM: Okay. That's why that 14 one is the one that it seems to have like the 15 lowest numbers is because you need to do that 16 from another facility? 17 HSA DR. BRINKMAN: You also see a 18 lower population on Methadone treatment. That's 19 why -- don't quote me on the number, but there's 20 only approximately 10 providers in the county and 21 there's far more providers of the other methods. 22 MS. HALLAM: Okay. Thank you very 23 much. 24 Warden Harper, I actually -- you 25 know, my brain is reeling a little bit about this

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1	these weapons in the jail. Can you speak to
2	exactly I know whenever they first the
3	see-saw training first came, and the weapons
4	first came, the shotguns, and the munitions we
5	had gotten like a breakdown of what was coming
6	into there, the types of guns, the types of
7	munitions. Can you speak to which of those are
8	actively being used inside the jail right now?
9	WARDEN HARPER: I can't give you
10	the exact type of weapons that see-saw has.
11	That's something that we could probably present
12	at a later date. And I'm not sure that I will
13	want to do that in the public forum either, so
14	that's something that I can present to the Board
15	in a setting that's not public.
16	MS. HALLAM: I don't need to see
17	them. I've seen them. What I'm asking
18	specifically is like questions about the
19	quantity, how many you have, which of them I
20	know they were Kel-Tech. Actually, one of the
21	public commentators spoke about it today. I know
22	they were Kel-Tech weapons. I want to know
23	who maybe you can speak to that uses them
24	in the jail? Can you just give me positions of
25	people who do that?

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75 1 WARDEN HARPER: I will be more than 2 willing to provide you that information, but not 3 in this setting. I don't want to give the number 4 of weapons that we have in a public setting. Ι 5 don't want to give all the information that 6 you're requesting in a public setting. 7 MS. HALLAM: Yeah. You have said 8 that to me about a lot of things, and you've 9 never given me any of the information in a 10 non-public setting either. 11 WARDEN HARPER: Send me an e-mail 12 of everything that you want, and I can give you 13 information immediately. So send --14 MS. HALLAM: Yeah. 15 WARDEN HARPER: -- the e-mail of 16 everything. And I asked you that before. If you 17 want something, e-mail the team, and we'll give 18 it to you. 19 MS. HALLAM: Everybody who is 20 sitting up here? Is there specific people for 21 specific questions? Can I direct them all to 22 you? 23 WARDEN HARPER: If it's for weapons 24 and operations, it's me and Chief Beasom. 25 If it's healthcare, it's Dr.

76 1 Brinkman. 2 If it's tablets and commissary, 3 it's Deputy Toma. 4 If it's Programming, it's Deputy 5 Clark. 6 MS. HALLAM: But if I send them all 7 to you, you can make sure that the proper people 8 get them to answer? 9 WARDEN HARPER: Absolutely. 10 MS. HALLAM: Okay. One list. 11 WARDEN HARPER: But also, my thing 12 is this, I'm not going to send the e-mail back to 13 you where you can meet and discuss it in a 14 private setting if it's something that I think 15 would jeopardize the safety and security of the 16 ACJ. 17 MS. HALLAM: But you just said that 18 you would e-mail me immediately with the answers. 19 WARDEN HARPER: I'm not going to 20 e-mail you things that's going to jeopardize the 21 safety and security of the ACJ. Things that will 22 not jeopardize the safety and security, I will 23 get it to you immediately. So I just want to 24 make sure that I'm clear about that. 25 MS. HALLAM: So is there a reason

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1	why are there certain things that you won't
2	present here though? I'm trying to think how to
3	phrase this question. Like you have alleged that
4	everything that I've asked for is a safety and
5	security concern. So what things will you e-mail
6	me? Like what things would you be leaving out of
7	these meetings except for that excuse?
8	WARDEN HARPER: So you just asked
9	me about how many weapons that we have. I'm not
10	going to say that in this setting.
11	MS. HALLAM: But you will e-mail me
12	that?
13	WARDEN HARPER: But I will meet
14	with you I feel that that jeopardizes safety
15	and security. So we can meet to discuss that.
16	Issues that I feel that will not
17	jeopardize the safety and security, I will e-mail
18	that to you immediately.
19	MS. HALLAM: Okay. And would you
20	also discuss those things in this setting, the
21	things that you do not believe jeopardize safety
22	and security?
23	WARDEN HARPER: If it doesn't
24	jeopardize safety and security, I would
25	definitely talk about it in this meeting.

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1 MS. HALLAM: Right. So that's my 2 point. So there is not a single thing that I 3 have asked for that you will e-mail me then? 4 WARDEN HARPER: Ms. Hallam, e-mail 5 what you'd like --6 MS. HALLAM: I will. I'll e-mail 7 you anyway just to try it. 8 WARDEN HARPER: Thank you. 9 MS. HALLAM: But can you at least 10 say yes or no, have any of those weapons been 11 used in the jail? 12 WARDEN HARPER: Yes, they have. 13 MS. HALLAM: Okay. On people who 14 are incarcerated in the jail? 15 WARDEN HARPER: I don't remember 16 ever a weapon being used on an individual, but --17 I don't remember anything on an individual. But 18 other methods have been used. 19 MS. HALLAM: On multiple 20 individuals, is that what you're saying? I'm 21 just trying to understand what not on an 22 individual means, if you could please clarify. 23 WARDEN HARPER: So let me give you 24 an example. There's an issue on the pod, 25 multiple -- 50-some inmates refusing to go in,

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1	crew members respond to the unit, give the orders
2	to step in. The individuals don't step in. They
3	use a Nova round, shoot it on the floor, loud
4	burst. They hit the ground. They go to their
5	cells. So that has been done, yes.
6	MS. HALLAM: Multiple times?
7	WARDEN HARPER: That has been done.
8	I don't know how many times, Ms. Hallam.
9	MS. HALLAM: Whoa. Okay.
10	All right. I'm going to move on to
11	my next question. You know, one of the NCCHC
12	Mortality Review findings was that the amount of
13	time an individual is kept in Intake exceeds most
14	jail practices and places inmates at risk for not
15	being treated or identified as requiring
16	additional care.
17	Is there any sort of recordkeeping
18	that the jail has that actually quantifies how
19	long an individual is staying in Intake? I know
20	we get the numbers about how long they're waiting
21	for medical treatment and mental health
22	treatment, but is there any sort or recordkeeping
23	for how long someone is in Intake?
24	WARDEN HARPER: I don't recall of
25	any documents to record that, no.

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80 1 CHIEF DEPUTY BEASOM: The only 2 operation system we have that tracks that is once 3 they're booked in back in the Processing 4 Department. That starts the tracking in the OMS 5 System. Prior to that, there's no -- there's no 6 official tracking to say how long they were 7 there. 8 MS. HALLAM: So how does the NCCHC 9 know that they're being kept in there for a 10 really long time; that's too long according to 11 their standards? 12 CHIEF DEPUTY BEASOM: I'd have to 13 ask the NCCHC where they got that information. 14 MS. HALLAM: They got it from the 15 jail. They came into the jail. 16 CHIEF DEPUTY BEASOM: What I'm 17 saying is, I don't know where they gleaned that 18 information from specific. 19 MS. HALLAM: So can you explain 20 when does processing start? Like the -- what did 21 you call it, OSM. 22 CHIEF DEPUTY BEASOM: OMSE. 23 MS. HALLAM: OMSE. When that kicks 24 in, you said once they go through processing, 25 that's when the OMSE System picks them up?

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1	81 CHIEF DEPUTY BEASOM: Yes.
2	MS. HALLAM: What stage is that?
3	Is that when they like get called and get cleared
4	by Medical and then go upstairs?
5	CHIEF DEPUTY BEASOM: So they go to
6	the Processing Department after they're after
7	they're seen in the Arraignment Department by the
8	MDJ. So if they're given a bond that they can't
9	satisfy, or if you know, if they're not given
10	an ROR or a non-monetary bond and released at
11	that point, then they're sent to processing.
12	To be entered into the system,
13	that's where they see the medical, the healthcare
14	department. You know, we change their property
15	out and then send them upstairs.
16	MS. HALLAM: Okay. So it's like
17	the last thing that happens in Intake before they
18	go upstairs?
19	CHIEF DEPUTY BEASOM: Correct.
20	MS. HALLAM: But when someone comes
21	into the jail, like literally comes through the
22	sally port, there's nothing that says Joe Smith
23	came into the sally port at 7:20 on Tuesday?
24	CHIEF DEPUTY BEASOM: There's an
25	ASAP System that we that we complete at the

1	82 front side. That's where we take the committing
2	agency's information, and then we start, you
3	know, tracking who committed the individual. We
4	track when they went to ID, when they went to
5	pre-arraignment, things like that.
6	MS. HALLAM: All the steps?
7	CHIEF DEPUTY BEASOM: Right.
8	MS. HALLAM: Okay. And that's
9	called the ASAP System, you said?
10	CHIEF DEPUTY BEASOM: Yes.
11	MS. HALLAM: So do those two
12	systems talk?
13	CHIEF DEPUTY BEASOM: No.
14	MS. HALLAM: No. Okay. All right.
15	My next question about so I hold on. I'm
16	trying to find it here. Okay.
17	So who can speak to the mortality
18	reviews that are conducted? I don't know whose
19	department.
20	WARDEN HARPER: The only thing I
21	can say is the County Manager's Office is looking
22	to work with the NCCHC to do annual mortality
23	reviews. So that's in the County Manager's
24	Office hands.
25	MS. HALLAM: Okay. Has there ever

83 1 been a mortality review done? 2 HSA DR. BRINKMAN: We just had one 3 done for historical mortality reviews in the 4 fall, which the Board had. 5 MS. HALLAM: Wait. I'm sorry. 6 You're saying that -- I'm not understanding what 7 you're saying, for historical mortality. You're 8 saying you went backwards. All the deaths that 9 hap- -- all the deaths that happened prior to the 10 fall? 11 HSA DR. BRINKMAN: Yes. In the 12 fall, we had done a historical lookback with 13 NCCHC of five years' worth. 14 MS. HALLAM: And you're saying you 15 gave that to us? 16 HSA DR. BRINKMAN: Yes, and the 17 public. It's posted online in a redacted 18 version. 19 MS. HALLAM: That's the NCCHC's 20 review? 21 HSA DR. BRINKMAN: Yes. 22 MS. HALLAM: Correct. But the 23 NCCHC said that the jail -- and the law says that 24 the jail is supposed to do both a mortality 25 review and a Death and Custody Act Report for

84 1 every individual that dies in the jail. 2 HSA DR. BRINKMAN: I'm not sure 3 what law you're saying we have to do that for. 4 MS. HALLAM: I mean, it's -- I have 5 it here somewhere. "Allegheny Jail does not do 6 7 mortality reviews or psychological autopsies, and 8 they are minimal if done at all. They're not 9 providing the information intended by the 10 standard." 11 HSA DR. BRINKMAN: I understand 12 that, but they're -- you cited that would be 13 breaking the law by not doing this. 14 MS. HALLAM: Sorry, the standard. 15 I misspoke. 16 HSA DR. BRINKMAN: Okay. So that 17 would be the standard when you are compliant and 18 completely accredited by them. 19 MS. HALLAM: Correct. 20 HSA DR. BRINKMAN: We have not done 21 that completely. 22 MS. HALLAM: Accredited by whom? 23 HSA DR. BRINKMAN: NCCHC. 24 MS. HALLAM: So there is an NCCHC 25 accreditation process?

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1	85 HSA DR. BRINKMAN: Yes. We have
2	discussed it here before.
3	MS. HALLAM: What is the
4	accrediting the accreditation process that we
5	have discussed that the jail has is not the
6	NCCHC.
7	HSA DR. BRINKMAN: Correct, but
8	we've also discussed the NCCHC one.
9	MS. HALLAM: Okay. So you're
10	saying you don't do mortality reviews because
11	you're not going for the NCCHC's accreditation?
12	I'm just not following you.
13	HSA DR. BRINKMAN: No, you're
14	putting words in my mouth. I just said that it
15	would be a violation of the standard if we are
16	were accredited by them. We do aim for that, but
17	we haven't been able to yet accomplish that
18	accreditation. So that is a part of why it's
19	one of the things that we're working on now, as
20	the Warden discussed previously.
21	MS. HALLAM: So prior to the
22	NCCHC's mortality review that was done this
23	fall which yes, I'm very aware, and have that,
24	and seen that very redacted, but I have seen
25	it other than that there's never been a

86 1 mortality review on a death in the jail? 2 HSA DR. BRINKMAN: We haven't done 3 one in a formal way in order to demonstrate that to NCCHC. So they weren't able to see anything 4 5 formalized. 6 MS. HALLAM: What about 7 psychological autopsies? Have you ever done 8 those? 9 HSA DR. BRINKMAN: Yes. 10 MS. HALLAM: For deaths in the 11 jail? 12 HSA DR. BRINKMAN: Yes. 13 MS. HALLAM: Okay. And how do you 14 determine who to do one of those on? 15 HSA DR. BRINKMAN: When the Medical 16 Examiner's Office has determined that it is by a 17 manner of suicide. 18 MS. HALLAM: Okay. And was the --19 are you starting to do mortality reviews now, or 20 was the NCCHC one the only one that you have 21 done? 22 WARDEN HARPER: As I just stated, 23 Ms. Hallam, the County Manager's Office is in the 24 process right now of doing the mortality review 25 for this year. So I just would -- they're in the

1 process of doing that. 2 MS. HALLAM: I'm just very confused 3 why the County Manager's Office, that is not 4 located inside the jail, they do not work in the 5 jail, is conducting mortality reviews for the 6 jail. 7 WARDEN HARPER: I did not say that 8 the County Manager's Office is conducting the 9 mortality review. I said that they're having 10 conversation with NCCHC to come back to do the 11 mortality reviews for this year. 12 MS. HALLAM: So the plan is to have 13 the NCCHC do every mortality review, not for the 14 jail to do any on their own? 15 CHIEF DEPUTY WARDEN TOMA: Ms 16 Hallam, it is not uncommon to outsource services 17 like that where it requires a subject matter 18 expert. It also removes that from the 19 individuals who participated in the care. So 20 having an outside body do those mortality death 21 reviews offers objective views from the outside. 22 So it is not uncommon for agencies to outsource 23 that type of review. 24 MS. HALLAM: Yeah, I'm not alleging 25 I just -- this is the first that it's uncommon.

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	8
1	I've ever heard that the jail was not doing the
2	mortality reviews.
3	CHIEF DEPUTY WARDEN TOMA: By
4	contracting the jail or the County Manager's
5	Office will be contracting it. So if your
6	confusion is that, it's not jail employees to do
7	it. Again, even if we were to do the mortality
8	death review at the jail, it would actually have
9	to be outsourced to AHN, who are the providers,
10	who are the subject matter experts to be able to
11	do that.
12	MS. HALLAM: And why did you choose
13	NCCHC to do them instead of AHN?
14	CHIEF DEPUTY WARDEN TOMA: We did
15	not. As the Warden has stated that the County
16	Manager's Office has engaged with them because
17	they are the ones who did the original NCCHC
18	mortality review that was conducted, and they're
19	looking at that and seeking guidance to further
20	that mortality review.
21	MS. HALLAM: And I believe there's
22	actually someone from the County Manager's Office
23	here. Mr. Pilarski, could you speak to that
24	process?
25	MR. PILARSKI: I can speak to the

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89 1 fact that we are in conversation with NCCHC to 2 possibly enter into an agreement to conduct those 3 reviews. But nothing has been finalized yet. 4 MS. HALLAM: Okay. Is that 5 something that was put out for a bid? Like, was 6 there an RFP put out for those services? 7 MR. PILARSKI: No. This would be 8 under professional services that doesn't require 9 bidding. 10 MS. HALLAM: Okay. And then I 11 guess I can assume then that there was not a 12 mortality review conducted for Douglas Bonomo? 13 HSA DR. BRINKMAN: We would still 14 be within the time period to conduct that. So 15 we're in the process of all of our 16 investigations. 17 MS. HALLAM: So what is the time 18 period to conduct those? 19 HSA DR. BRINKMAN: I don't have it 20 handy in front of me, so I don't want to 21 misspeak. 22 MS. HALLAM: But have all of the 23 mortality reviews been done within that time 24 period? 25 HSA DR. BRINKMAN: As we've talked

1	90 about, this has been a process we've been
2	developing complete implementation. So we
3	haven't been able to fully completely implement
4	the standard yet.
5	MS. HALLAM: And how many it's
6	not a new requirement, though.
7	HSA DR. BRINKMAN: Correct.
8	MS. HALLAM: Okay. So why is
9	HSA DR. BRINKMAN: The require
10	as I already mentioned, it is a requirement, and
11	it's not a violation when you're not accredited.
12	So we've been trying to get to a place where we
13	can be completely compliant for accreditation.
14	We've not been able to do that in past years
15	because of the numerous amount of reasons. So
16	we've not been able to be 100 percent compliant,
17	and we've been honest about that and upfront.
18	MS. HALLAM: I would dispute that,
19	but what about a psychological autopsy? Has that
20	been done for Douglas Bonomo?
21	HSA DR. BRINKMAN: If it's
22	determined to be a suicide, it will be.
23	MS. HALLAM: Is it currently
24	suspected that it is a suicide?
25	HSA DR. BRINKMAN: I would not know

91 1 that. 2 MS. HALLAM: Okay. What -- what --3 I know that Mr. Bonomo dies in the mental health 4 pod, it says around 7:00 a.m., and this is from 5 the County's own press release, around 7:00 a.m. 6 Sunday, correctional officers discovered an 7 unresponsive man in his cell and notified a 8 nurse. 9 Is there any record of when 10 Mr. Bonomo was check on prior to him being 11 discovered unresponsive at 7:00 a.m.? 12 WARDEN HARPER: Ms. Hallam, we're 13 not going to get into that in this forum, ma'am. 14 Now, if you would like to meet later on, we can 15 answer all those questions, but we cannot get 16 into that in this forum. 17 MS. HALLAM: Why? 18 WARDEN HARPER: Pending litigation, 19 ma'am. 20 MS. HALLAM: Are you being sued as 21 a result of Mr. Bonomo's death? 22 WARDEN HARPER: Ms. Hallam, we will 23 not get into that in this forum. 24 MS. HALLAM: But you just alleged 25 that there was pending litigation. Is -- there

1 is not. I know that for a fact. 2 WARDEN HARPER: Ms. Hallam, we will 3 not get into the details of that death in this 4 forum. 5 MS. HALLAM: Okay. Prior to 6 Mr. Bonomo's death, what mental health tier --7 you know how you have the tiers of the mental 8 health, and he was on the mental health pod, what 9 mental health tier was he on? 10 HSA DR. BRINKMAN: That is 11 HIPAA-protected information. We're not going to 12 discuss Mr. Bonomo. 13 MS. HALLAM: Okay. Can you all 14 speak to what is the purpose of mortality review, 15 please? 16 HSA DR. BRINKMAN: It's a 17 continuous quality improvement tool to be able to 18 see what kinds of precipitating factors may have 19 gone into the tragic event and what kinds of 20 things we might be able to glean from it for 21 improvement. 22 MS. HALLAM: Okay. And did you 23 glean anything from the last one that was 24 conducted? 25 HSA DR. BRINKMAN: From which one

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93 1 are you talking about? MS. HALLAM: Well, you told me 2 3 there was only one. So I'm talking about that 4 one in the fall. 5 HSA DR. BRINKMAN: Are you 6 talking -- yes, and we've been talking about how 7 we're working on implementing process 8 improvements. 9 MS. HALLAM: So you agree with the 10 findings of the NCCHC. That's what you have 11 gleaned is what their findings were? 12 HSA DR. BRINKMAN: We agree that we need to make improvements in general so that we 13 14 could eventually be able to be compliant with all 15 of their standards. 16 MS. HALLAM: Okay. And what 17 documents and materials are reviewed for a 18 mortality review? 19 HSA DR. BRINKMAN: It would be 20 different for each patient. So it's not going to 21 look the same. 22 MS. HALLAM: Are there certain 23 documents that are reviewed for every person who 24 dies in the jail? 25 HSA DR. BRINKMAN: The clinical

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1	94 mortality review is only to be done by a
2	non-treating physician. So I would not be the
3	one who is doing that.
4	MS. HALLAM: But you're not aware
5	of the process by which it happens either?
6	HSA DR. BRINKMAN: I'm not saying
7	that, but I'm not sure what kind of information
8	would would help answer your question right
9	now.
10	MS. HALLAM: I'm trying to
11	understand the process. I want to understand how
12	things are happening in the jail, and that's
13	something that I haven't really been able to get
14	from anyone in these meetings. How is a
15	mortality review conducted when it is conducted?
16	WARDEN HARPER: Ms. Hallam, we
17	would be more than willing to meet with you at a
18	later date to bring you that information. But
19	for you to hit us with this information right now
20	and expect us to answer, we cannot do that.
21	MS. HALLAM: Sir, I literally
22	WARDEN HARPER: So all I'm
23	saying all I'm saying is, we will be willing
24	to meet with you to answer that question. Just
25	e-mail us the information that you want, and we

95 1 can meet to discuss that. 2 MS. HALLAM: These are just really 3 simple, like, questions, general questions. The 4 fact that no one up here can answer them is 5 really scary to me, but that is probably why our 6 death rate is so high. 7 CHIEF DEPUTY WARDEN TOMA: 8 Actually, Ms. Hallam, a mortality death review, 9 as Dr. Brinkman mentioned, is carried out by 10 physicians. So for the Warden and myself to be 11 able to speak to it, we are not subject matter 12 experts. 13 I believe NCCHC did have an 14 executive session where they were made available 15 to the entire Jail Oversight Board, which at that 16 moment in time, you could have asked them what 17 they entailed in their mortality death review. 18 MS. HALLAM: I never --19 CHIEF DEPUTY WARDEN TOMA: So T --20 if I could continue. 21 MS. HALLAM: Did we have an 22 executive session with then NCCHC? 23 CHIEF DEPUTY WARDEN TOMA: When the 24 report was handed out and made available and 25 posted live to the website an executive session

96 1 was made available to NCCHC. They attended, and 2 they answered questions by the Jail Oversight 3 Board. So if -- and that was coordinated through 4 the County Manager's Office. 5 MS. HALLAM: And you're saying I 6 was there? 7 MR. PILARSKI: No. Judge Howsie, 8 Sheriff Kraus was there. Terri Klein called in. 9 Corey O'Connor. 10 MS. HALLAM: I didn't know about 11 this. 12 MR. PILARSKI: I believe there was 13 an e-mail sent where we sent out the dates. 14 MS. HALLAM: Whatever. I'll deal 15 with that later. Okay. That is also another 16 reason why we have asked for the medical director 17 from the jail to come here is because I would 18 like to speak to a medical professional for once, 19 especially about the deaths in the jail. 20 So is that something that is maybe 21 in the words to happen? 22 CHIEF DEPUTY WARDEN TOMA: Т 23 believe Dr. Brinkman has spoken to that as the 24 response to which AHN has provided. 25 MS. HALLAM: Okay. What about a

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1	97 psychological autopsy? Is that something you can
2	speak to what that looks like?
3	HSA DR. BRINKMAN: What kinds of
4	questions do you have about a psychological
5	autopsy?
6	MS. HALLAM: What is a
7	psychological autopsy? What is its purpose?
8	What documents and materials are reviewed? Who
9	is involved or participates in the review? Do
10	you meet in person or communicate by e-mail? Is
11	there any documentation of these autopsies? Have
12	there been any changes to policies, practices, or
13	procedures based on the findings of the
14	autopsies?
15	HSA DR. BRINKMAN: If you want
16	comprehensive answers to those, I need more than
17	30 seconds to be able to answer it.
18	MS. HALLAM: I literally asked you
19	the same questions every single meeting, and you
20	say that.
21	HSA DR. BRINKMAN: You never asked
22	me about psychological autopsy.
23	MS. HALLAM: Every single meeting.
24	HSA DR. BRINKMAN: Sorry, but
25	that's not come up.

1	98 MS. HALLAM: Have I not asked about
2	mortality reviews either?
3	HSA DR. BRINKMAN: Not in this
4	capacity.
5	MS. HALLAM: Oh, my God. Okay.
6	Next question is well, that's just asking for
7	the things I just asked for.
8	So another thing I've been hearing
9	a lot when it comes to people who are dying in
10	the jail is about this 6-A process. And I don't
11	know if anybody can speak to that or explain to
12	me what that is?
13	CHIEF DEPUTY BEASOM: 6-A generally
14	is just a sentence modification document that
15	comes down from the Courts. But I don't know how
16	it would relate to your question, no.
17	MS. HALLAM: Because people who are
18	being hospitalized prior to their death are
19	getting released from the custody of the jail,
20	and that has led to the jail thinking that they
21	don't have to report some of the deaths that have
22	happened for people who are incarcerated at the
23	jail. So I'm trying to understand how that
24	release from custody happens. It's been
25	explained to me in over the years as a way

1 that the reason for the release from custody when someone is about to die in the jail -- in the 2 3 hospital is so that their family members can be 4 near them as they die. And I'm just trying to 5 understand, I quess, what that process looks like for a 6-A release? 6 7 CHIEF DEPUTY BEASOM: When we 8 have -- when we're advised by the attending 9 physicians at the hospital, wherever the 10 individual may be, that the individual is near 11 end of life, that -- then our Healthcare 12 Department then petitions Judge Howsie to start 13 the 6-A release process. 14 MS. HALLAM: Okay. So that was my 15 question. So it's the Healthcare Department at 16 the jail who gets word from the hospital and then 17 petitions JUDGE HOWSIE? 18 CHIEF DEPUTY BEASOM: Correct. 19 MS. HALLAM: Okay. Is it a 20 specific person from the Healthcare Department, 21 or is it just like they're just relaying a 22 message from the hospital? 23 CHIEF DEPUTY BEASOM: I believe 24 we're just passing information on. 25 MS. HALLAM: Okay. And has there

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1	been instances where someone received a 6-A
2	release and then was re-incarcerated because they
3	recovered?
4	CHIEF DEPUTY BEASOM: I don't have
5	that information. I can't say yes or no right
6	now.
7	JUDGE HOWSIE: A 6-A is a Court
8	Order from a judge directing a person to be
9	released from jail. 6-A can be given because a
10	person has reached their minimum for their
11	sentence. It can be given because a person
12	has their detainer has been lifted. It's
13	nothing more than a Court Order directing the
14	jail to release a person. It can be because of a
15	medical concern. It could be because their
16	sentence has been served, but it's a Court Order.
17	It's not just because a person has been
18	hospitalized or is you know, having a chronic
19	illness. It is a Court Order from a judge
20	directing the jail to release a person from
21	custody. That's what a 6-A is.
22	MS. HALLAM: Thank you for that
23	explanation, Judge Howsie.
24	And so who from the Allegheny
25	County Jail keeps track of the 6-A releases that

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101 1 are made for medical reasons? 2 CHIEF DEPUTY BEASOM: All that 3 information would come to our Records Department. 4 That information would then be placed in the --5 in the individual's folder. 6 MS. HALLAM: Okay. Is there ever 7 an instance where the ask to Judge Howsie 8 originates in the Jail's Healthcare Department as 9 opposed to from a hospital? Like you said "the 10 hospital" calls the Healthcare Department. The 11 Healthcare Department reaches out to the Courts. 12 Is there ever an instance where the Jail 13 Healthcare Department just does it without the 14 hospital saying so? 15 CHIEF DEPUTY BEASOM: I'd have to 16 defer to Dr. Brinkman for that. I don't recall 17 any but... 18 HSA DR. BRINKMAN: I can't recall 19 anything like that. Usually, we're alerting the 20 Courts that there is a critical condition. For 21 them to make whatever decision they feel is 22 necessary. 23 MS. HALLAM: But that's never made 24 prior to the hospital telling you to do that? 25 It's when the HSA DR. BRINKMAN:

1 attending physician determines that they are in 2 critical condition. So it's -- I can't recall it 3 ever happening outside of a hospital. 4 MS. HALLAM: Okay. Can you recall 5 it ever happening where then the person 6 recovered? 7 HSA DR. BRINKMAN: I wouldn't know 8 because they were really -- if the 6-A was 9 ordered, then they were released. So I wouldn't 10 know what their health status is. 11 MS. HALLAM: But they would come 12 right back to jail if they were in jail when they 13 went to the hospital? 14 HSA DR. BRINKMAN: Not necessarily. 15 CHIEF DEPUTY BEASOM: If we had the 16 6-A release and that individual recovered, 17 they're released from custody. They're not --18 MS. HALLAM: Oh, really? So 19 they're not rearrested just because they 20 recovered? 21 CHIEF DEPUTY BEASOM: Correct. Ιf 22 that's ever happened. 23 MS. HALLAM: I don't think that's 24 true. It has happened, and I don't think that's 25 true what you're saying.

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1	103 JUDGE HOWSIE: Absolutely.
2	MS. HALLAM: People are so
3	you're saying I am in jail awaiting trial for
4	murder. I go to the hospital. The hospital
5	thinks I'm going to die. They tell JUDGE
6	HOWSIE they 6-A release me. You're saying I'm
7	just free now? I know that's not true.
8	JUDGE HOWSIE: Well, you know what,
9	you would know. How would I know?
10	MS. HALLAM: Go ahead, speak.
11	Please speak. I would love to hear.
12	JUDGE HOWSIE: A 6-A is a Court
13	Order directing the jail to release a person. It
14	could be done for a variety of reasons. If a
15	person is given a 6-A, a Judge has determined
16	that that person should no longer be detained in
17	the Allegheny County Jail for whatever reason.
18	Just because a person gets better
19	or just because a person if the person is
20	arrested on new charges, they may be returned to
21	the jail. If the person violates a term or
22	condition of probation, they may be returned to
23	the jail. But just because there's an
24	improvement in circumstances does not result in
25	the person being sent back to jail. That's not

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1 correct. 2 MS. HALLAM: Okay. All right. Do 3 you have any record, if any, of these medically 4 necessary releases have been requested this year? 5 HSA DR. BRINKMAN: Can you clar- --6 what are you asking? 7 MS. HALLAM: Have there been any 8 instances where the jail reached out to the 9 courts for a person who was in critical condition 10 in a hospital to be released from custody? 11 HSA DR. BRINKMAN: I don't 12 specifically track that. 13 JUDGE HOWSIE: It happens all the 14 time. I mean, I get requests to release people, 15 not even because they're in the hospital. It may 16 be a person who has health issues and had tested 17 positive for COVID, or it may be a person who is 18 a high-risk, incarcerated individual, and there's 19 a concern about that person getting COVID, and so 20 the question becomes, is it better for that 21 person to be in jail, or is it better for that 22 person to be on house arrest, or is it better for 23 that person to be released and to deal with their 24 case from their home? It happens all the time. 25 But I think you are convinced that

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1	105 it's only done when someone is near death.
2	MS. HALLAM: No, Judge Howsie. Can
3	I correct you? I'm sorry. I'm asking
4	specifically about the people who are released.
5	JUDGE HOWSIE: Actually, I was
6	MS. HALLAM: I know, but I
7	wasn't
8	JUDGE HOWSIE: Let me finish. What
9	I think the misunderstanding is that you appear
10	to be under the belief that there's a 6-A being
11	done to circumvent the process of getting a
12	person out of jail so that they can die, and no
13	one has to report that information. And what I'm
14	telling you is 6-As are done for a variety of
15	reasons. But in a health situation, it could be
16	done where there's no concern about a person
17	being near death. It could just be that the
18	person has asthma and has hypertension and has a
19	history of blood clots, so you release the person
20	because, based on the nature of the offenses,
21	it's not necessary for them to be in jail, so you
22	lift the detainer, and you enter a 6-A. They're
23	released from jail. So it's not always because
24	someone is about to die.
25	MS. HALLAM: I am very aware of

1	106 that. I am, in case you can't tell, specifically
2	asking about the people that the jail is
3	requesting to be released because they are
4	critically ill. That's what this we were
5	talking about.
6	JUDGE HOWSIE: Sure. But the jail
7	is not always requesting that they be released
8	because they're critically ill. Sometimes it's
9	the Probation Department that is calling and
10	saying, hey, I have a person who is in jail.
11	They have a high-risk illness. They're high-risk
12	incarcerated individual, and we think that they'd
13	be better suited to go to this alternative
14	housing facility or this drug treatment facility.
15	So sometimes it has most of the
16	time, it has nothing to do with the health
17	condition.
18	MS. HALLAM: I am very aware of
19	that, but I am not questioning Probation right
20	now. I am questioning the Jail. So very
21	obviously, I don't think they had any question if
22	I was asking about other departments that ask for
23	the 6-A. I'm specifically asking about the jail,
24	okay?
25	JUDGE HOWSIE: Based on your

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1	107 question, I don't know that you fully understand
2	what a 6-A is. I think that's the problem.
3	MS. HALLAM: I understand what it
4	is.
5	JUDGE HOWSIE: Okay.
6	MS. HALLAM: And I'm trying to
7	understand when the jail is using it. And yes, I
8	am alleging that the jail has done those things
9	to not have to report deaths because we people
10	whose names are on those signs out there who have
11	died in the jail have been released from custody
12	and have not been reported as deaths from the
13	Allegheny County Jail in accordance with the
14	Death in Custody Reporting Act.
15	So yes, I know for a fact that that
16	has happened.
17	JUDGE HOWSIE: And just so
18	MS. HALLAM: And I'm just trying to
19	gather some information about it. If you would
20	please let me proceed with my questions.
21	JUDGE HOWSIE: And just so you're
22	clear, the Death and Reporting Act does not
23	require anyone not in the custody of the
24	Allegheny County Jail
25	MS. HALLAM: You are in luck,

1	108 because I happen to have the language right here.
2	JUDGE HOWSIE: Okay.
3	MS. HALLAM: If an incarcerated
4	person dies in the hospital after transfer from a
5	jail that's the subject line. This is
6	directly from bja.ojp.gov, Death in Custody
7	Reporting Act, Reporting Guidance and Frequently
8	Asked Questions. "If an incarcerated individual
9	is transferred to a medical facility and dies
10	there, not in the correctional facility, is that
11	reportable? Yes. If the incarcerated person,
12	absent the medical condition, would have been in
13	prison at the time of death, it counts as a
14	reportable death. Although the person was not
15	physically in a correctional facility at the time
16	of death, the death is still one of an
17	incarcerated individual."
18	Have you read this?
19	JUDGE HOWSIE: Which furthers my
20	point. You I don't believe you understand
21	what a 6-A is, because what that is saying is if
22	a person is in the custody of the Allegheny
23	County Jail and they are still detained and they
24	are sent to the hospital and they die, that is a
25	reportable death. I agree 100 percent.

109 1 However, if a person is -- a 6-A is 2 entered, and a person is released from the 3 custody and care of the Allegheny County Jail, 4 and they die later at home, at the hospital, on 5 their way to church, that is not a reportable 6 death. 7 MS. HALLAM: That is not true. Ι 8 think I should repeat this. "If the incarcerated 9 person, absent the medical condition," so a 10 person gets a 6-A because of their medical 11 condition, because in this situation that I'm 12 discussing they are critically ill. The hospital 13 calls the jail. The jail relays that to JUDGE 14 That is what we just heard, correct? HOWSIE. 15 JUDGE HOWSIE: That's not what that 16 says. 17 MS. HALLAM: That is literally what 18 this says. "If the incarcerated person absent 19 the medical condition would have been in prison, 20 it is a reportable death." That person would 21 have been in jail and not released. 22 JUDGE HOWSIE: Incarcerated, in 23 custody of the jail, sent to the hospital, 24 absolutely. They're in custody of the jail. 25 They should be reported.

1	11 If there is a 6-A entered directing
2	the jail to release that person, they are no
3	longer in the custody of the jail. Even if they
4	go to the hospital, once a 6-A is entered, it is
5	a Court Order directing the jail to release that
6	person. Once a 6-A is entered, they are no
7	longer in the custody of the jail.
8	MS. HALLAM: I'm aware, but this
9	does not say if at the time of their death they
10	are in custody. This does not say that. This
11	says if they would have been in jail if they
12	weren't taken to the hospital where they died,
13	regardless of the 6-A the 6-A happened after
14	they got to the hospital
15	JUDGE HOWSIE: It doesn't say that.
16	That's not what that says.
17	MS. HALLAM: It literally says
18	absent the medical condition, they would have
19	been in prison. A person who is released would
20	have been in the jail absent the medical
21	condition.
22	JUDGE HOWSIE: True. A person who
23	is in jail, detained in jail, sent to the
24	hospital because of a health condition, they're
25	still in the custody of the jail.

111 1 A person who is in jail and becomes 2 ill and gets a 6-A and is sent to the hospital is 3 no longer in the custody of the jail. 4 MS. HALLAM: No, these are 6-As 5 that are happening once the person is already in 6 critical condition. We just heard from the 7 administration that that's when --8 JUDGE HOWSIE: All right. 9 MS. HALLAM: -- the 6-As happen. 10 JUDGE HOWSIE: I don't think you 11 fully appreciate what the statute says. 12 MS. HALLAM: I'm really worried 13 that a sitting judge does not understand the 14 Death in Custody Reporting Act. 15 JUDGE HOWSIE: I'm really worried 16 that you are going to tell me how it works when I 17 do it every day. 18 MS. HALLAM: That's even worse. 19 Oh, my gosh, man. 20 JUDGE HOWSIE: Ms. Hallam --21 MS. HALLAM: Okay. I'm going to 22 I'm going to move on. move on. 23 Anyways, okay. So the next things, 24 we had talked a lot about emergency room runs. Ι 25 had asked repeatedly, repeatedly -- so has

1 Controller O'Connor, for information about 2 emergency room runs, information about, you know, 3 people going to the hospital. Also, in a 2021 4 meeting, Judge Clark actually ruled that the 5 Warden is required to notify the Jail Oversight 6 Board when an incarcerated person is 7 hospitalized. And Warden, you actually agreed to 8 do this. I've asked for that information over 9 and over again. I was told it was HIPAA or 10 safety or security or whatever, one of the 11 excuses at the time. It's really funny because a 12 Right to Know Request was filed, and I got it 13 all. I couldn't get it in this Board, but the 14 County Law Department determined that that was 15 not HIPAA-protected. With names redacted, of 16 course, this whole stack is just since January of 17 2021, and there are 13 per page. 18 I also have here the logs from the 19 9-1-1, again, something that you told me you 20 could not give us to the Board in this setting, 21 but yet via Right to Know Request, the County Law 22 Department disagreed with your opinion and turned 23 it over. 24 So I just want to ask a few 25 questions about this because this is a lot, and I

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1	don't know if anyone else up here has gotten
2	notifications about any of these as we are
3	supposed to. Any other members of the Board got
4	notifications about hospital runs?
5	(No response.)
6	MS. HALLAM: Okay. And
7	Warden Harper, do you recall the meeting where
8	you agreed to notify us when an individual is
9	hospitalized?
10	WARDEN HARPER: What I do recall,
11	Ms. Hallam, is that Controller O'Connor has been
12	out on leave, and the Sheriff and I have
13	requested a meeting with O'Connor to discuss
14	exactly what is an emergency. So we have
15	scheduled the meeting. We want to meet so we can
16	find out exactly what the Board considers an
17	emergency. And we have not had that meeting yet.
18	So when we have that meeting, and we are advised
19	as to what the Board considers an emergency, we
20	will report what the Board wants to report.
21	MS. HALLAM: We're talking about
22	two different things. I did not once mention the
23	word "emergency" outside of the context of the
24	fact that these are emergency room runs. That is
25	not what was agreed upon with Judge Clark and

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	11
1	you, and the rest of this Board in 2020. It was
2	when an incarcerated person is taken to the
3	hospital. It was not anything about tell us
4	about emergencies. It was specifically about
5	going to the hospital.
6	WARDEN HARPER: Well, can you I
7	don't remember this, so can you send me the
8	e-mail with that with those in the Minutes?
9	MS. HALLAM: I can send oh, send
10	you the meeting Minutes from it. I was going to
11	say I can do that.
12	WARDEN HARPER: Can you do that,
13	please?
14	MS. HALLAM: Uh-huh. So I just
15	want to ask a couple questions about this. So I
16	have you know, it's actually really
17	informative information. It says the location
18	that the individual was picked up. These 9-1-1
19	records go back to January of 2020. These are
20	the receipts. This is all the money the
21	taxpayers have paid to get people treatment at
22	the hospital because the jail is unable to
23	provide it. It says the date that it happened.
24	It says where that the individual was picked up,
25	what time the call was entered, what time the

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1 call was dispatched, what time EMTs arrived on 2 scene, what time they cleared the call, and what 3 it was for. 4 These are some really serious 5 things. I mean, a jumper, a seizure, seizure, 6 heart attack, stroke, psych, fall, overdose, 7 pregnancy, bleeding. There are lots of different 8 assaults, allergies, convulsion. We -- a crash 9 entrapment. I don't even know how a crash 10 entrapment happens inside the jail, but these are 11 all things that were dispatched to 9-1-1 from the 12 jail, and this Board was not notified of a single 13 one of these. 14 Did your administration not think 15 it was pertinent for the Jail Oversight Board to 16 know about these very serious issues happening in 17 the jail? 18 WARDEN HARPER: First of all, Ms. 19 Hallam, there's no way that we can respond to all 20 of the documentation that you have. Now, if you 21 would like to meet to discuss those 22 documentation, we'll be more than willing to 23 meet. 24 MS. HALLAM: We are meeting now and 25 discussing now.

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1 WARDEN HARPER: I understand -- so we cannot discuss that because we don't have that 2 3 information. 4 MS. HALLAM: You do. It came from 5 you. It was turned over from the jail. These 6 documents here --7 WARDEN HARPER: So what I would 8 like to do, Ms. Hallam, is meet with you, and you 9 can pres- -- we can go over that information so 10 we can give you a good answer to your questions. 11 Right now, we are not able to give 12 you a good answer to your questions pertaining to 13 that. 14 MS. HALLAM: Which question 15 specifically? 16 WARDEN HARPER: Anything pertaining 17 to the documentation that you have now. 18 MS. HALLAM: I'm generally asking 19 about ER runs and ambulances being dispatched to 20 the jail. Are you not qualified to speak on 21 that? 22 WARDEN HARPER: We're not -- we're 23 not capable of speaking about the documentation 24 that you have there. 25 MS. HALLAM: I was just showing

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1	11 these documents for reference to let you know
2	that it was something that I requested that you
3	told me no, and it was gotten through Right to
4	Know Requests.
5	WARDEN HARPER: Okay.
6	MS. HALLAM: That's the only
7	reference to the documents that I'm going to
8	make. The rest of this is questions generally
9	about the emergency room runs, which by the way,
10	you detail in your Warden's Report. For example,
11	in 2023, there have been 253 emergency room runs
12	already. That's from your report. Can you speak
13	to that?
14	WARDEN HARPER: Only thing that I
15	can say is that there's been 253 emergency room
16	runs. So they apparently, they were needed.
17	MS. HALLAM: And can you describe
18	the process by which an ambulance is called for a
19	need at the jail?
20	HSA DR. BRINKMAN: After responding
21	to either a complaint or an emergency, the
22	medical team will assess and determine if it's
23	something they're able to manage, monitor for a
24	period, or if they feel that the patient needs to
25	go to the hospital.

1	1 MS. HALLAM: Okay. And can you
2	please clarify who the medical team is that is
3	making these decisions?
4	HSA DR. BRINKMAN: It would be
5	interdisciplinary, including a provider,
6	director, assistant director of nursing, or
7	another manager on duty, possibly nurse. It's a
8	variety of people who is there in that moment
9	that trans or responds to the patient issue.
10	MS. HALLAM: And there is always a
11	medical professional? I only ask because I know
12	from prior a prior Deputy Warden who is not a
13	medical professional who was fulfilling ADON
14	duties, and so I'm just wondering if you can
15	guarantee that there is an actual medical
16	professional making those calls?
17	HSA DR. BRINKMAN: There are
18	providers, as I mentioned, in that
19	interdisciplinary team who are making those
20	calls.
21	MS. HALLAM: Okay. Medical
22	providers?
23	HSA DR. BRINKMAN: A nurse
24	practitioner, a physician's assistant, or a
25	doctor of osteopathy, or a medical doctor.

119 MS. HALLAM: Okay. On every single
call for an emergency room run, one of those
positions is participating in that team?
HSA DR. BRINKMAN: Yes.
MS. HALLAM: Okay. Thank you very
much. And then so again, I do want to be
clear that the County lawyers already have
determined that these invoices and receipts, that
these calls and in rationales were not protected
by HIPAA, so it is cool for us to talk about this
here.
So the total transportation cost
for these visits just from January to May of this
year, so in the first five months of this year,
was \$55,835.81. When the Warden's Report When
the Warden's Report gives these numbers for the
emergency room runs, where do those numbers come
from? Is it from a hospital bill? Is it from a
patient file? Is it some sort of tracking within
the jail?
HSA DR. BRINKMAN: We track it from
the emergency run itself. So they any time
there's an emergency room like that, we have a
series of checks and balances that we do, and
that's how we manually track it. There's not an

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1 electronic system or something like that. MS. HALLAM: Where do you keep that 2 3 record for these -- to compile the report of the 4 total number? Is it kept in a daily activity 5 Is it its own separate log? log? 6 HSA DR. BRINKMAN: No, it's not a 7 log. We manually track them. 8 MS. HALLAM: In what? 9 HSA DR. BRINKMAN: It happened 10 today. We have it. There's not like any 11 formalized process. We have -- that's why a lot 12 of times when these data requests come in, we 13 don't have formalized processes to track some of 14 the things that are very specific that are being 15 asked of. 16 MS. HALLAM: Okay. But these 17 literally say Allegheny County Jail, 950 Second 18 Avenue on them. Like, these are your documents. 19 This is -- I'm wondering if this is what you're 20 using to track at the invoices from the --21 HSA DR. BRINKMAN: I don't know 22 what you're looking at. 23 MS. HALLAM: This is invoices and a 24 tracking of all of the hospital runs, the dates, 25 how much was billed for it. This is from the

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		1:
1	jail.	
2	CHIEF DEPUTY WARDEN TOMA: So one	
3	of your asks was how much does a hospital run	
4	cost.	
5	MS. HALLAM: Uh-huh.	
6	CHIEF DEPUTY WARDEN TOMA: That is	
7	a singular item within the cost of a hospital	
8	run. So your question was very broad in scope.	
9	So to that broadness of the scope your ask, we	
10	could not calculate because there's other	
11	variables in every hospital run expense. So	
12	that's where we could not answer that question.	
13	That contract is public as to how	
14	much each hospital run costs. That's a	
15	contracted service.	
16	MS. HALLAM: Uh-huh.	
17	CHIEF DEPUTY WARDEN TOMA: So that	
18	is a public document that is available for	
19	review. So that exists, but your ask was how	
20	much does a hospital visit cost, which	
21	MS. HALLAM: No an ambulance run.	
22	CHIEF DEPUTY WARDEN TOMA: But	
23	that yeah, an ambulance run, but to us, that	
24	meant not just the physical transportation. So	
25	that's where I believe the Warden extended to you	

1	122 a sit-down so we can understand what that ask is.
2	Because an ambulance run to us is not just the
3	cost associated with an ambulance picking you up
4	and going there because there's also expenses of
5	staff going with that individual. So a hospital
6	run to us is more than that piece of paper in
7	front of you.
8	MS. HALLAM: But this piece of
9	paper specifically just ambulance transports.
10	CHIEF DEPUTY WARDEN TOMA: Correct.
11	But that's but your ask was an ambulance run.
12	Like I'm saying
13	MS. HALLAM: But you have this and
14	didn't give it to me.
15	CHIEF DEPUTY WARDEN TOMA: But to
16	us that your ask was an ambulance run meaning
17	all the components that
18	MS. HALLAM: I didn't ask for all
19	the components. I asked how much an ambulance
20	run cost. And these documents told me.
21	CHIEF DEPUTY WARDEN TOMA: And
22	that's what I'm saying. That was that is a
23	that is a difference of terminology that is used,
24	and I'm more than happy to sit down with you
25	outside of this, after this, whenever, to discuss

1 with you when you use the terminology as 2 ambulance run, to you it means one thing, but to 3 us, it means something different. So in that regard, I'm happy to 4 5 have that conversation --6 MS. HALLAM: I don't need to have 7 that conversation now. I have it. I mean, I 8 just had to ask month after month and then file a 9 Right to Know Request. I got it. I don't know 10 what you're talking about having it now. You 11 won't answer my questions. 12 But yeah, I have the total now. Ι know how much it costs. So you guys all know 13 14 now, from January to May, \$55,835. So I would 15 like these going forward. When these happen, I 16 want these, this specific document, so that it is all very clear what I want. I want to know how 17 18 much it cost, how many of them happened. 19 Do you have any questions? 20 WARDEN HARPER: I do have 21 questions --22 MS. HALLAM: If you do have a 23 question when I ask for things, tell me. I will 24 clarify. 25 I'm going to tell WARDEN HARPER:

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	12
1	you. We want everything that you're requesting
2	in writing so we can make sure that we get it
3	right, Ms. Hallam. You ask for a lot of stuff.
4	MS. HALLAM: Yeah.
5	WARDEN HARPER: So again, Ms.
6	Hallam, if you want us to provide you what you're
7	requesting, please put it in writing to us so
8	that we can make sure that you get it, ma'am.
9	MS. HALLAM: Sure. I actually am
10	really happy that you bring that up, because I
11	would actually like in writing what you're going
12	to present on when you come here. I get this
13	really basic agenda that just says Warden's
14	Report for 10 minutes. We have asked you to
15	clarify what you're going to be presenting on.
16	Also, with the Staff Deputy
17	Warden's Report, there are categories but not all
18	of that. Can you also present that in writing
19	ahead of time?
20	And also, if the agenda could be
21	sent prior to 10:00 a.m. the day of the meeting,
22	that would also be helpful. Do you think we
23	could work on that to mutually help each out with
24	that?
25	WARDEN HARPER: You send me what

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1	125 you want in writing
2	MS. HALLAM: Uh-huh.
3	WARDEN HARPER: In an e-mail, and
4	we will work with the team to try to get you what
5	you need, ma'am.
6	JUDGE HOWSIE: The agenda will
7	continue to reflect what it reflects regarding
8	the Warden's Report. And the reason why is
9	because when we tell the Warden what to report
10	on, it doesn't give him the flexibility to tell
11	us the things that he wants to report on.
12	And as always, if you have a
13	question about something, send it to him in
14	writing or follow up after his report with a
15	question. So the agenda will continue to look
16	exactly the way it does.
17	MS. HALLAM: I never once mentioned
18	what the agenda looks like that I'm trying to
19	change. What I'm trying to change is to get
20	information on what is contained in what the
21	agenda says. Just like I get this packet, I
22	would like to know what is going to be presented
23	to us from the folks who are sitting in front of
24	us.
25	Okay? Thank you very much.

1		
1	1 My next question is about the	26
2	memorial plaque for Dr. Patterson. I was	
3	actually here when that happened. It looks like	
4	you're real excited to talk about it, so please	
5	answer. What's up with it?	
6	WARDEN HARPER: I wanted to wait	
7	for you to finish your question first, ma'am.	
8	MS. HALLAM: What's up with it was	
9	the question. What's up with the plaque?	
10	WARDEN HARPER: Nothing is up with	
11	the plaque. What I would like to do is consult	
12	with the family members first to see if they	
13	still approve of the plaque going up. So I will	
14	contact the family members, and if the family	
15	members agree to put it up, I'll put it up	
16	tomorrow.	
17	MS. HALLAM: Okay. Great. That is	
18	a commitment that we have from you?	
19	WARDEN HARPER: If I hear from the	
20	family members that they have no objections to	
21	the plaque going up, it will be up tomorrow.	
22	MS. HALLAM: Do you have any reason	
23	to believe that they have objections to it going	
24	up?	
25	WARDEN HARPER: I'm not going to	

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1	127 get into that, ma'am. I will let's contact
2	the family, and if they have no issues, I will
3	take care of it.
4	MS. HALLAM: Okay. Have you had
5	communications with the family about this plaque?
6	WARDEN HARPER: Years ago.
7	MS. HALLAM: Okay. And what was
8	the reason that it didn't happen when we talked
9	about it in this Board years ago?
10	WARDEN HARPER: As Mr. Kenstowicz
11	said, COVID hit us.
12	MS. HALLAM: I understand that
13	COVID hit. I was here for that as well. I'm
14	wondering what that had to do with a plaque being
15	installed on a wall. The jail didn't shut down,
16	did it?
17	WARDEN HARPER: Somewhat, the jail
18	did shut down during COVID. So if the plaque
19	didn't go up as Mr. Kenstowicz said because of
20	COVID, and as I said, Ms. Hallam, I'm going to
21	contact the family members, and if the family
22	members have no problem with it, we will put it
23	up, ma'am.
24	MS. HALLAM: Okay. Thank you for
25	that, Warden Harper.

1 So next, I know every meeting we 2 talk about how yinz aren't in compliance with the 3 Solitary Confinement Referendum. I'm not even 4 going to push on that. I just have a couple 5 questions. If we could just talk about the 6 process by which you document what is posted on 7 the website in compliance with the Solitary 8 Confinement Report, you know, the thing that says 9 how many facility-wide lockdowns, how many pod 10 lockdowns. Can you please talk about the process 11 for documenting those instances? 12 Yeah, sure. So I want to know how 13 the report that is compiled about the solitary 14 confinement that happens at the jail, how that 15 report is -- comes to be? Who puts it together? 16 Where is it logged internally in the jail? How 17 does it come to live on the website? 18 WARDEN HARPER: Ms. Hallam, what I 19 would like to do is have that information 20 available to you at the next meeting so I can 21 make sure that you get all of the information 22 that you need, okay? 23 MS. HALLAM: To my next question. 24 So how and where specifically are lockdowns 25 documented? Instead of talking about the whole

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129 1 process since it seems that you're not prepared 2 to talk about that, can we just talk about maybe 3 the pieces of it to see if you know any of the 4 answers to those? I just really hope somebody 5 knows about locking down the jail, and we have 6 like five administrators here from the jail, and 7 none of you --8 WARDEN HARPER: We do know about 9 it, Ms. Hallam, but I don't think that is 10 appropriate to discuss that in this forum, Ms. 11 Hallam. 12 MS. HALLAM: Do you complete a form 13 or a document every time a lockdown happens? 14 WARDEN HARPER: There is 15 documentation that's filled out, yes. 16 MS. HALLAM: For every single one? 17 WARDEN HARPER: Yes, ma'am. 18 MS. HALLAM: Okay. Who has the 19 authority to decide if a lockdown happens? Could 20 any corrections officer decide that? Is it the 21 Warden? Is it a Deputy Warden? 22 CHIEF DEPUTY BEASOM: It's 23 authorized through a member of the 24 administration. 25 MS. HALLAM: And who does that

130 1 include, Deputy Wardens, Captains? 2 CHIEF DEPUTY BEASOM: Majors, 3 Deputy Wardens. 4 MS. HALLAM: Majors and Deputy 5 Wardens only, okay. CHIEF DEPUTY BEASOM: And the 6 7 Warden, himself, of course. 8 MS. HALLAM: Okay. So the Warden 9 is aware of every single lockdown that happens. 10 Okay. Does he participate in that decision for 11 the lockdown to happen, or is he just made aware 12 of every one? 13 CHIEF DEPUTY BEASOM: He's made 14 aware of them, yes. 15 MS. HALLAM: Okay. What about 16 whenever the documentation from the medical 17 providers, when a lockdown -- when someone is 18 locked down for the mental health solitary 19 confinement that you all do, is there different 20 documentation for that when you're locking 21 someone down because of a mental health reason? 22 HSA DR. BRINKMAN: The medical professionals' documentation would be in their 23 24 health record. 25 MS. HALLAM: That's what I'm

131 1 asking. It's not in a separate form or document? 2 It's just in the person's patient file? 3 HSA DR. BRINKMAN: Right. 4 MS. HALLAM: Okay. How do you keep 5 track of how long a person has been held in 6 solitary confinement, specifically for mental 7 health reasons then if it's just in their file? 8 HSA DR. BRINKMAN: If they have a 9 reason that they're being denied recreation, then 10 they're required to be evaluated every single 11 day. 12 MS. HALLAM: Every day? 13 HSA DR. BRINKMAN: Uh-huh. 14 MS. HALLAM: And who does that 15 evaluation? 16 HSA DR. BRINKMAN: One of the 17 psychiatric providers. 18 MS. HALLAM: Okay. And you know --19 I know you use provider very broadly. What 20 position specifically are able to make that 21 everyday certification? 22 HSA DR. BRINKMAN: A nurse 23 practitioner, a physician's assistant, or a 24 physician. 25 MS. HALLAM: Okay. And what's the

132 1 process for releasing someone from mental health 2 solitary confinement? 3 HSA DR. BRINKMAN: One of those 4 people's evaluation determines it. 5 MS. HALLAM: Okay. So the same way 6 that they stay in is the same way that they get 7 out? 8 HSA DR. BRINKMAN: Uh-huh. 9 MS. HALLAM: Okay. And then what 10 about the folks who are in solitary confinement 11 for behavioral reasons, court appearances, 12 transfers to or from restricted housing? Those 13 are exact quotes from the report. What about the 14 documentation for that? 15 CHIEF DEPUTY BEASOM: Are you 16 asking about the recreation logs? 17 MS. HALLAM: No, I'm talking 18 specifically about when the Solitary Confinement 19 Report is posted on the website; it says reasons 20 why the person was held in solitary confinement. 21 And some of the reasons have been behavioral 22 reasons, court appearances, transfers to or from 23 restricted housing. So I'm wondering how those 24 specific reasons for lockdowns are documented. 25 CHIEF DEPUTY BEASOM: So I think

1 that's what the Warden was referring to, the 2 overall process. But generally, the daily 3 activity -- the daily recreation logs when 4 they're generated, if somebody doesn't -- if 5 somebody doesn't get to that 4-hour threshold, 6 it's reported at that point, okay? 7 MS. HALLAM: Like when the day 8 ends? 9 CHIEF DEPUTY BEASOM: It's a --10 MS. HALLAM: How do you know that 11 they're not getting it? 12 CHIEF DEPUTY BEASOM: It's a day 13 log, so it's at the end of the day. 14 MS. HALLAM: So if it's like, I 15 don't know, 8:05 p.m. and you know the person 16 hasn't been out all day, you're saying that's 17 when you'll go and report it because you know 18 there's not 4 hours left in the day? 19 CHIEF DEPUTY BEASOM: We can still 20 get them recreation at that point. 21 MS. HALLAM: 4 hours? 22 CHIEF DEPUTY BEASOM: Sure. You 23 know, we could -- we could run it into the night 24 shift if we have to. We try and get it done 25 before that.

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134 1 WARDEN HARPER: But Ms. Hallam, 2 that's something that I would not like to 3 continue going forward in this setting. That's 4 something that I really would like to have a 5 meeting about to talk about these issues. Chief Beasom answered a lot of your 6 7 questions but --8 MS. HALLAM: I have one more about 9 it. What -- I know we talked before about the 10 partial-day lockdown. When you say a partial 11 lockdown, partial-day lockdown, does that person 12 get 4 hours out of their cell that day? 13 CHIEF DEPUTY BEASOM: It would 14 depend on where the lockdown is effected. 15 MS. HALLAM: So I'm just asking, 16 when I read partial lockdown on the report, what 17 does that mean? 18 CHIEF DEPUTY BEASOM: That means 19 that the facility was in lockdown for a part of 20 the day. 21 MS. HALLAM: But why -- but the 22 rea- -- what you need to report is when someone 23 has not been allowed out of their cell for at 24 least 4 hours a day, right? 25 CHIEF DEPUTY BEASOM: Right.

	13
1	MS. HALLAM: So why would you even
2	tell me about the jail being partially locked
3	down for part of the day if there was still
4	enough hours in the day to get rec?
5	CHIEF DEPUTY BEASOM: Because if
6	that partial lockdown affected our segregation
7	units or our mental health units, then recreation
8	isn't going on in those areas. So that may
9	result in somebody not getting the 4 hours of
10	out-of-cell time.
11	MS. HALLAM: So when I read partial
12	lock partial day, what that means is it's the
13	same as a lockdown? I'm just not really
14	understanding how your lockdown because, for
15	example, if I'm locked down for half the day,
16	right, let's say the pod, it's locked down for
17	half, why can't they get rec in the second half
18	of the day?
19	CHIEF DEPUTY BEASOM: Because we
20	have to have medication pass. We have to have
21	dinner served. I mean, there's other things that
22	we have to do besides get recreation done.
23	WARDEN HARPER: So I think you
24	would get a better understanding of the process
25	if we meet in private, Ms. Hallam, instead of

1	13 MS. HALLAM: Man, you keep
2	saying you're funny about this.
3	CHIEF DEPUTY BEASOM: What we're
4	saying is there's a lot of working parts
5	WARDEN HARPER: It's a lot of
6	working parts.
7	CHIEF DEPUTY BEASOM: involved
8	with this. So for us to sit here and try and go
9	through that process isn't fair to the process.
10	MS. HALLAM: So if I see partial
11	day then, can I assume that that means that no
12	one got rec, got 4 hours out of their cell that
13	day?
14	CHIEF DEPUTY BEASOM: No, I can't
15	say that. That's why I said we would have to
16	look at each particular instance to see what the
17	reasoning was, how long the partial lockdown, you
18	know what I mean? There's no there's no
19	black-and-white answer for that question.
20	MS. HALLAM: Okay. So you're
21	saying it's not a yes or no question, did they
22	get 4 hours out of the cell or not?
23	CHIEF DEPUTY BEASOM: No. What
24	you're asking me about the partial lockdowns
25	without specific instances for me to be able to

137 1 speak to it. That's why the Warden is asking that we if get -- if we could --2 3 MS. HALLAM: I could give you some 4 examples. 5 CHIEF DEPUTY BEASOM: We could talk 6 about the entire process, and I think that will 7 answer your question. 8 MS. HALLAM: Yeah. I mean, I can 9 give you examples. Like for example, in April, 10 it said in the report that the jail submitted, 29 11 times there was a partial-day lockdown. 12 In May, 18 times there was a 13 partial-day lockdown. 14 In June, 15 times there was a 15 partial-day lockdown. 16 WARDEN HARPER: Ms. Hallam, we 17 would like to meet with you in another meeting to 18 discuss this in its entirety. 19 MS. HALLAM: And I would like you 20 to answer questions for this Body. 21 WARDEN HARPER: And we are not 22 prepared at this time to answer those questions. 23 MS. HALLAM: Do you see how much I 24 prepare for these meetings? Why can't you do the 25 same?

	4.00
1	138 Okay. Next question is I have been
2	getting a really scary number of reports lately
3	about medication not being received, folks going
4	two or three days, sometimes a week at a time,
5	without getting their medication. And I'm
6	wondering what is the process to remedy that? So
7	if I get a report that someone hasn't been
8	getting their medication, who what do I do
9	about it?
10	WARDEN HARPER: This is the first
11	time that I'm hearing about individuals not
12	getting the medications that they're supposed to
13	get.
14	MS. HALLAM: This is not the first
15	time we've even talked about it.
16	WARDEN HARPER: So Ms. Hallam, when
17	you get information like that, if you could
18	advise the jail realtime as opposed to waiting to
19	the Jail Oversight Board so we can investigate
20	it, it would be greatly appreciated.
21	MS. HALLAM: I am asking you so
22	that I can do that. Please tell me what is the
23	process of ident for letting the jail know
24	that people are not getting their medication?
25	WARDEN HARPER: You can e-mail

139 1 Dr. Brinkman, myself --MS. HALLAM: Dr. Brinkman. 2 3 WARDEN HARPER: -- the team here. 4 MS. HALLAM: And can you promise me 5 there will not be a retaliation against the 6 person for reporting it to me or their family? 7 WARDEN HARPER: Nobody retaliates 8 at our jail, and if they do retaliate, we do take 9 discipline on individuals. So we don't 10 retaliate, ma'am. 11 MS. HALLAM: At the last Jail 12 Oversight Board meeting, which you were present 13 at, there were specific -- Aaron Tipton was 14 specifically referenced multiple times by public 15 commentators, and were you not here for that? 16 Because they talked a lot about him not getting 17 medication and treatment that he needed? 18 WARDEN HARPER: Ms. Hallam, again, 19 if you have any information about individuals not 20 getting their medications in realtime, we would 21 greatly appreciate it so we can look into it. 22 MS. HALLAM: But I just want to 23 clarify. You just said this is the first you've ever heard that this was an issue. 24 25 WARDEN HARPER: This is the first

140 1 that I've heard about you stating that 2 individuals in our jail is not getting medication 3 for two or three days. This is the first that 4 I'm hearing of that. Yes, ma'am. 5 MS. HALLAM: Have you heard that 6 from other people? 7 WARDEN HARPER: This is the first 8 that I'm hearing about any individual not getting 9 medications for two or three days. 10 MS. HALLAM: And I am telling you 11 that at the very last meeting we had, public 12 commenters said that. 13 WARDEN HARPER: Well, I'm not going 14 to sit here and argue about that, Ms. Hallam. 15 All I'm saying is I want to make sure that I'm 16 providing quality healthcare. When you get that 17 information, send it to us. 18 MS. HALLAM: Definitely. I --19 WARDEN HARPER: Thank you. 20 MS. HALLAM: No further questions, 21 Judge Howsie. 22 JUDGE HOWSIE: Any other questions 23 from anyone? 24 Mr. Herbinko? 25 MR. HERBINKO: (Shaking head.)

141 1 JUDGE HOWSIE: Mr. Pilarski? MR. PILARSKI: No. 2 3 JUDGE HOWSIE: Sheriff Kraus? 4 MR. KRAUS: No. 5 JUDGE HOWSIE: Gayle Moss, any 6 questions? 7 MS. MOSS: No. I did, but it's 8 been answered. 9 MS. HALLAM: Well, go first. So 10 you don't have to sit. 11 JUDGE HOWSIE: Judge Lazzara is not 12 here for Old Business. There is no New Business 13 given the Motions that we made last -- that were 14 made and approved last meeting. 15 MS. HALLAM: Judge Howsie, I would 16 like to read Judge Lazzara's report. 17 JUDGE HOWSIE: Sure. I didn't know 18 you had it. 19 MS. HALLAM: Okay. Thank you very 20 much. 21 OLD BUSINESS 22 MS. HALLAM: Okay. The status of 23 the jail population as of 4:30 on August 1, 2023, 24 was as follows: 1,550 folks were in the 25 Allegheny County Jail, and 137 were in

	1
1	alternative housing facilities, excluding any
2	people with holds by the Federal Government.
3	6 percent or 100 people in the jail
4	itself are serving a county sentence as the
5	result of a new conviction; 23 percent of people
6	in alternative housing, 31 of 137, are serving a
7	county sentence; 22 percent, 345 people in the
8	jail had a hold from an external jurisdiction
9	including other counties or the State. No
10	individuals in alternative housing have a hold
11	from another jurisdiction.
12	41 percent, or 640 people in the
13	jail itself, were detained by Allegheny County
14	Adult Probation. These individuals were detained
15	for violating probation on a crime for which they
16	had previously been convicted. Of those, 87
17	percent, or 555, were determined to be moderate
18	or high risk to re-offend based on their
19	Probation Proxy Risk Score. The remainder were
20	being held for a variety of reasons, including
21	violent felonies, awaiting mental health
22	commitments or service plans, and other reasons
23	related to their own safety or the safety of the
24	community.
25	26 percent, 35 of 137 people in

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1 alternative housing, were detained by Allegheny County Adult Probation. 86 percent, 30 of 35 of 2 3 those detained in alternative housing, were of 4 moderate or high risk based on their Proxy Score. 5 27 individuals in the jail itself have been Court 6 Ordered to be seen by the Behavioral Assessment 7 Unit for evaluation, reevaluations, and pending 8 commitment hearings to Torrance. 22 were male, 9 and 5 are female. These individuals seen by the 10 Behavioral Assessment Unit were seen in the jail 11 itself and not alternative housing. 26 12 individuals in the jail itself are committed to Torrance State Hospital and awaiting admission. 13 14 Additionally, 26 individuals 15 currently at Torrance State Hospital are wards of 16 the Allegheny County Jail. No individuals in 17 alternative housing are awaiting Torrance State 18 Hospital commitments. 19 27 percent, or 431 people in the 20 jail itself, were held pretrial only, meaning 21 they had no other reason, such as external holds 22 or detainers, keeping them in the jail. Of these 23 people, under 2 percent screened as low risk for 24 re-offense based on the Allegheny County Locally 25 Validated Pretrial Risk Instrument without

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	14
1	consideration of the seriousness of the current
2	offense.
3	14 percent, 19 of 137 people in
4	alternative housing, were held pretrial only.
5	None screened as low risk for re-offense based on
6	Allegheny County's Validated Pretrial Instrument.
7	107 individuals, approximately 7 percent of the
8	jail population, are currently being held in the
9	Allegheny County Jail pretrial only on monetary
10	bonds. Of these individuals, only 11 screened as
11	low risk for new criminal activity.
12	Only 1 individual in alternative
13	housing was held pretrial only. Only 1
14	individual in alternative housing was held
15	pretrial only on monetary bonds, and this
16	individual was not low risk for re-offense. All
17	pretrial monetary bond cases are reviewed for
18	possible bail modification.
19	And also, Judge Howsie, if we're in
20	New Business right now, before we move on, I
21	would like to ask if Ms. Duffola could introduce
22	herself and kind of give us an update on what she
23	has done in her liaison position so far?
24	JUDGE HOWSIE: She's not here for
25	that. That wasn't part of the agenda. She just

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1 came to observe the meeting. 2 MS. HALLAM: Is she going to, 3 moving forward, be a regular agenda addition so that we can hear from her? 4 5 JUDGE HOWSIE: I'm sure that 6 everyone will sit down and figure out what her 7 job description is and how that relates to the 8 agenda. I am not at liberty to discuss that, but 9 she was kind enough to come and meet with 10 everyone, so you had an opportunity to ask her 11 those questions earlier. 12 So with that being said --13 MS. HALLAM: That wasn't questions. 14 I just wanted her to introduce herself. 15 JUDGE HOWSIE: With that being 16 said, Sheriff Kraus. 17 MR. KRAUS: Motion to adjourn. 18 JUDGE HOWSIE: Seconded by Mr. 19 Pilarski. 20 (Whereupon, the hearing was 21 concluded at 6:28 p.m.) 22 23 24 25

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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. Galvin G ane Notary Public Commonwealth of Pennsylvania - Notary Seal Diane G. Galvin, Notary Public Allegheny County My commission expires July 22, 2026 Commission number 1055705 Member, Pennsylvania Association of Notaries

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County of Allegheny Office of the Controller Allegheny County Courthouse 436 Grant Street | Suite 104 Pittsburgh, PA 15219-2498 Phone (412) 350-4660 | Fax (412) 350-3006

The minutes of Thursday, August 3, 2023's Jail Oversight Board meeting are provided by the County of Allegheny Office of the Controller Corey O'Connor.

Sincerely,

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Corey O'Connor Allegheny County Controller