

ALLEGHENY COUNTY
JAIL OVERSIGHT BOARD MEETING

Thursday
October 3, 2024

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

MEMBERS OF THE BOARD IN ATTENDANCE:

County Executive Sara Innamorato

Judge Kelly Bigley

Sheriff Kevin Kraus

Controller Corey O'Connor

Councilmember Bethany Hallam, for County Council

President Pat Catena

Man-E, Citizen Member

Robert Perkins, Citizen Member

Barbara Griffin, Citizen Member

JAIL ADMINISTRATION IN ATTENDANCE:

Interim Warden Shane T. Dady

Chief Deputy Warden Jason Beasom

DHSA Amy Shaw

Deputy Warden Blythe Toma

Deputy Warden Connie Clark

COMMUNITY CORRECTIONS PRESENTERS

Jeff Williams - Passages to Recovery

Darren Hood - The Renewal Center

Steve Esswein - Electronic Monitoring

SPEAKERS

Reverend David Swanson

John Kenstowicz

John Bolanos

Tanisha Long

Sharon Bonavoglia

P R O C E E D I N G S

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

CALL TO ORDER AND ATTENDANCE

MR. PERKINS: Good afternoon,
everyone. We're going to call the meeting to
order. And I believe the Executive Innamorato
would begin the meeting with some comments.

MS. INNAMORATO: Can we do roll
call first?

MR. PERKINS: Oh, sorry. Roll
Call.

JUDGE BIGLEY: Here.

MR. PERKINS: Barb Griffin?

MS. GRIFFIN: Here.

MR. PERKINS: Sheriff?

MR. KRAUS: Here.

MR. PERKINS: Controller O'Connor?

MR. O'CONNOR: Here.

MR. PERKINS: Executive?

MS. INNAMORATO: Here.

MR. PERKINS: Councilmember Hallam?

MS. HALLAM: Here.

MR. PERKINS: Man-E?

MAN-E: Here.

MR. PERKINS: Rob is here.

1 MS. INNAMORATO: Great. Thank you,
2 Chair.

3 So as we begin today's Jail
4 Oversight Board Meeting, I wanted to take a
5 moment of silence in memory of Tracey Hickey, the
6 individual who passed away last month after a
7 medical emergency in the Allegheny County Jail.
8 So if you're able, please rise for a moment of
9 silence.

10 (Moment of silence.)

11 MS. INNAMORATO: Thank you. I want
12 to take a moment to offer our deepest sympathies
13 to Tracey's friends and family. It is not -- it
14 is not lost on me that Tracey died while she was
15 in our care and that one death at the jail is one
16 death too many.

17 I do want to say that the County
18 immediately launched an administrative review and
19 investigation of this incident. And while we
20 wait for the results of those investigations, I
21 want to reiterate our commitment, my
22 administration's commitment to full
23 accountability.

24 My administration remains committed
25 to continue to seek improvement on how we care

1 for incarcerated individuals. Incarcerated
2 individuals often are medically vulnerable and
3 suffering from multiple comorbidities and they
4 deserve the highest level of care possible when
5 they're at the ACJ.

6 And while the Allegheny County Jail
7 has made many strides to improve the Intake
8 procedures and medical care, there is always
9 still more work to do. That includes not only
10 working with our leadership at the ACJ but also
11 working with our partners and the courts and
12 local law enforcement to address systemic issues
13 that put people in jail in the first place.

14 We will continue to pursue
15 potential interventions both inside and outside
16 of the jail that could have made a difference and
17 prevented this tragic outcome.

18 So I want to close by taking a
19 moment to thank the members of our committee and
20 those who advocate through avenues like the Jail
21 Oversight Board. You are continuing to raise
22 awareness and to drive progress and
23 accountability in this space.

24 So thank you.

25 MR. PERKINS: Because I'm standing

1 in as Chair of the Board this evening, Judge
2 Evashavik could not be here, I thought I would
3 just offer a couple additional comments just
4 specifically from the Board's perspective.
5 Executive Innamorato said it correctly that, you
6 know, we take this extremely seriously. This is
7 the first death of an incarcerated person since
8 I've been on this Board. It was heartbreaking to
9 hear the news. The reason I volunteered to serve
10 on this Board was to improve healthcare at the
11 jail. The waiting nature of this loss demands a
12 thorough and complete investigation by
13 appropriate authorities, and that includes
14 effective oversight by this Board. And if the
15 investigation shows that there's opportunities to
16 correct issues that can prevent future tragedies
17 like this, then this Board will do whatever's in
18 our power to make that happen.

19 And with that, we're going to begin
20 the meeting. Move on to the Community
21 Corrections Reports and start with Passages to
22 Recovery.

23 **COMMUNITY CORRECTIONS REPORT**

24 MR. WILLIAMS: Good afternoon,
25 everyone. Jeff Williams pinch hitting for

1 Gregory Price from Passages to Recovery. I'm the
2 Facility Director there.

3 Just a few updates. September
4 was -- for the month of September, the last
5 30 days, pretty much has been a pretty smooth
6 month. We currently stand at having 36 active
7 clients or residents. Within the last 30 days
8 the thing -- we had no COVID cases. There's been
9 no self-harm or use of force in the month, nor
10 have there been any overdoses.

11 So, like I said, for the most part,
12 for the month no issues at Passages to Recovery.

13 Any questions?

14 Yes.

15 MS. HALLAM: When you report on
16 overdoses, are you speaking of non-fatal and
17 fatal overdoses? There were neither of each of
18 those?

19 MR. WILLIAMS: Yes, neither of each
20 of those. I've only been with the organization
21 since April, and we have not had any of those
22 since I've been there.

23 MS. HALLAM: You haven't had any --

24 MR. WILLIAMS: Fatal overdoses
25 since I've been there.

1 MS. HALLAM: What about non-fatal?

2 MR. WILLIAMS: Not since I've been
3 there since April. To my knowledge we haven't
4 had any overdoses, period.

5 MS. HALLAM: Okay. Thank you.

6 And then the second thing is what
7 about, have any folks been sent back to jail from
8 Passages in the past month?

9 MR. WILLIAMS: In the past month, I
10 believe yes. I think we might have had two
11 revocations.

12 MS. HALLAM: Okay. And can you
13 like broadly say what those reasons were with no
14 specifics?

15 MR. WILLIAMS: Oh, sure. It was
16 two individuals that had got into a physical
17 altercation, and that was a Class 1 violation
18 that demands an automatic revocation.

19 MS. HALLAM: Okay. And when
20 someone is revoked and returned to the jail, is
21 there -- are they able to come back in the
22 future? Like if a judge would -- to grant them
23 alternative housing again, is there any like
24 period where they're not allowed to return to
25 Passages?

1 MR. WILLIAMS: That's a question
2 that I can't answer at the time. But like I
3 said, I meet with the jail weekly and that's a
4 question that I could put before the jail.

5 MS. HALLAM: Okay. So it's a jail
6 policy. It's not a Passages policy?

7 MR. WILLIAMS: Maybe a little bit
8 of both. I don't want to misspeak in regards to
9 say it's one or the other. But from my
10 knowledge, since I've been there since April, no
11 one has came back that has been revoked.

12 MS. HALLAM: Okay. I appreciate
13 that. If you could just find out if you're going
14 to come back next month, I would like to know
15 that each month. All right?

16 MR. WILLIAMS: Oh, definitely.

17 MS. HALLAM: Thank you.

18 MR. PERKINS: Any others? Any
19 other questions?

20 (No response.)

21 MR. PERKINS: No. Thank you.

22 MR. WILLIAMS: You're welcome.

23 MR. PERKINS: Next is Renewal
24 Center.

25 MR. HOOD: Good afternoon,

1 everyone, Board. Darren Hood, H-O-O-D. Director
2 or Reentry Services with Renewal, Incorporated.

3 All right. Renewal's report is as
4 follows. Our work release number are at 78. We
5 have 35 inpatient, giving us 113. We also have 2
6 reentrant in a therapeutic housing program.

7 Our employment percentage is at
8 82 percent. Average wage rate is \$15.37. No
9 COVID cases to report among staff or reentrants.

10 We had 54 reentrants exit the
11 program, 32 successful, 14 escapes, 12 program
12 revocations, and they varied for reasons. Some
13 pulled out by the court for bench warrants,
14 returned for behavioral issues. Zero deaths,
15 zero non-fatal overdoses. Use of force
16 incidents, zero. Self-harm incidents, zero.
17 Suicide attempts, zero.

18 The number of times emergency
19 medical services were called and reported to
20 either building for county reentrants since the
21 last Jail Oversight Board meeting was only twice.

22 And those -- EMS were called for
23 the following conditions: Kidney stones and
24 chest pains.

25 We had some special community

1 service projects. On September 7th, Renewal had
2 approximately 25 county reentrants assist and
3 participate in the 2024 Pittsburgh Recovery Walk.
4 This past weekend, Renewal had 12 county
5 reentrants volunteer to perform community service
6 at the Great Race.

7 Renewal would also like to thank
8 Judge Evashavik-DiLucente and Allegheny County
9 Council Members Bethany Hallam and Man-E for
10 touring Renewal's various facilities.

11 That's all I have to report.

12 Any questions?

13 MR. PERKINS: I have a question for
14 you. How many open county beds are available at
15 Renewal now?

16 MR. HOOD: Well, we have the
17 capacity for 120 beds. And our current number
18 between inpatient and work release is 78. I
19 believe we have like 74 beds currently filled in
20 our work release program. So minus 120. So we
21 have quite a few beds open.

22 MR. PERKINS: Okay. Thank you.

23 MS. HALLAM: First of all, I wanted
24 to thank you for the tour. It was awesome. Long
25 overdue, and you guys are really hospitable to

1 us. We'll report on that under New Business.

2 But the one question I had,
3 somebody literally asked me last night, do you
4 guys do fire drills?

5 MR. HOOD: We do.

6 MS. HALLAM: You do. How regularly
7 do you do them?

8 MR. HOOD: We have to do them every
9 shift and I know we have to do them at least once
10 a month in each building.

11 MS. HALLAM: Oh, wow. Okay. And
12 you, like, you're saying every shift meaning like
13 this one will be on the day shift. This one will
14 be on the night shift.

15 MR. HOOD: Correct.

16 MS. HALLAM: Like that?

17 MR. HOOD: Correct.

18 MS. HALLAM: And -- oh, the only
19 other thing was you reported on non-fatal
20 overdoses. Were there any fatal overdoses?

21 MR. HOOD: No.

22 MS. HALLAM: Okay.

23 MR. HOOD: No deaths period.

24 MS. HALLAM: All right. Thank you
25 very much.

1 MR. HOOD: You're welcome. Good
2 evening.

3 MR. PERKINS: We have one more
4 question for you.

5 MAN-E: Sorry. I do this all the
6 time just to jag you. No, no, I'm messing with
7 you. I do just want to say thank you for
8 welcoming us. I really enjoyed the tour. Like
9 Bethany said, it was long overdue, and of course,
10 I appreciate the hospitality. Renewal is a
11 really great program. I really didn't realize
12 all of the different aspects of the program
13 itself, and I wish we will fill some of those
14 empty county beds. And I guess we're going to go
15 into it in a little bit more detail. I just
16 wanted to express my thanks. I'm a huge
17 proponent of giving credit where it's due, and
18 y'all do really great work. Thank you.

19 MR. HOOD: Well, thank you.
20 Greatly appreciate it.

21 MR. PERKINS: All right. Next, we
22 have a report from Electronic Monitoring.

23 MR. ESSWEIN: Good evening, Board
24 Steve Esswein for the Probation Office. So for
25 this reporting period, we have 625 individuals

1 being supervised on the bracelet. During that
2 time we had 91 that successfully completed their
3 sentence.

4 And any questions?

5 MR. PERKINS: Ms. Hallam?

6 MS. HALLAM: Yeah. How many folks
7 had it revoked?

8 MR. ESSWEIN: Zero.

9 MS. HALLAM: Zero. That's awesome.

10 MR. ESSWEIN: Uh-huh. It was a
11 good month.

12 MS. HALLAM: Thank you.

13 MR. PERKINS: Any other questions?

14 (No response.)

15 MR. PERKINS: Thank you.

16 MR. ESSWEIN: All right. Thank
17 you.

18 MR. PERKINS: So this evening, we
19 don't have any Board action, so Public Comment
20 will come later.

21 **OLD BUSINESS**

22 **Subcommittee Updates**

23 MR. PERKINS: So next, we move to
24 Old Business, and the first line item is the
25 Subcommittee updates. We usually go right to

1 left, so I'll start left to right.

2 Man-E or Council Member Hallam if
3 you want to give any updates on your various
4 subcommittees.

5 MAN-E: Yes.

6 Okay. So the Use of Force/Lockdown
7 Committee met. That's myself, Bethany Hallam,
8 Barbara Griffin. Of course we discussed in great
9 length about the lockdowns because most of the
10 time when we speak to people inside of the ACJ,
11 they're complaining about the amount of times
12 that they're locked down and for how long.

13 We talked about what's causing
14 them. Of course, you know, it's been said in
15 these meetings, you know, multiple times that
16 staffing is usually the issue. We're trying to
17 figure out whether or not we can get some
18 additional details and, of course, we want to
19 figure out, you know, how to address the staffing
20 issue overall.

21 We're also concerned about the CRU
22 Team. It used to be called SERT. Correct me if
23 I'm wrong. It is currently CRU, and it was SERT.
24 Okay, I got you. And just when we went into the
25 jail the other day, and we visited, we saw them,

1 you know, enter into the elevator with us with
2 the shotguns. We had like a brief conversation
3 about it. So, of course, the Uses of Force is
4 something that I'm personally interested in
5 addressing. And, you know, ultimately, we want a
6 little bit more information, even if that is in a
7 different setting, not in this public forum.

8 We also noticed a couple
9 discrepancies between some of the reportings that
10 we've seen, and we're trying to figure out how to
11 utilize the Jail Oversight Board liaison's
12 position a little bit better so that we have a
13 clearer understanding of what's happening.

14 Bottom line is we can't really
15 address an issue if we don't have a complete and
16 clear understanding of what that issue is. And
17 so I think it was a really good start. I think
18 we're committed to addressing these issues of
19 lockdowns, especially. But, you know, uses of
20 force are no less important. We have another
21 meeting scheduled, and we plan on, you know,
22 seeing some movement on this expeditiously.

23 Bethany, did I miss anything?

24 MS. HALLAM: No, I think that's it.
25 Just that a request for that -- more information

1 will be forthcoming, just some things that we
2 need to be able to better do our jobs on this
3 committee.

4 MR. PERKINS: Barb?

5 MS. GRIFFIN: I'm good.

6 MR. PERKINS: Do you want to give
7 an update on --

8 MS. HALLAM: Which one?

9 MR. PERKINS: The Incarcerated
10 Welfare People.

11 MS. HALLAM: You want me to do that
12 instead of you?

13 MR. PERKINS: Yeah.

14 MS. HALLAM: Okay. All right. The
15 Incarcerated Welfare Fund, we've been doing a lot
16 of work on this committee, specifically around
17 getting the MOU for the job description for the
18 liaison finalized, getting a solicitor for the
19 Jail Oversight Board, which everyone knows we're
20 long overdue for, and I'm hoping Controller
21 O'Connor can give an update on that, and also
22 working to help shape the new RFP for the tablet
23 providers. We have gotten a lot of complaints
24 over the years about the tablet and the various
25 functions that aren't working, or just problems

1 in general with policies around it. So we're
2 working on trying to fix tablet access, and also
3 help shape an RFP so that any future contracts
4 really address the needs of the people
5 incarcerated at the jail.

6 Controller O'Connor, do you want me
7 to alley-oop to you for that?

8 MR. O'CONNOR: Quick, yeah. On the
9 solicitor, we sent a draft out to everyone. You
10 know, if we can get it back with your edits, you
11 know, let us know as soon as we can and then
12 we'll post the job description right after that.
13 So hopefully, every -- I think we got it out to
14 everybody this Tuesday. So please let us know.

15 And I do know on subcommittees
16 where some residents can be members, we were
17 trying to go live today. There was a hiccup with
18 our office, but as soon as it goes live, we will
19 send out a post and a link, so everybody sees it.
20 But we thought that the subcommittee link for
21 everybody to apply was going to go live today.
22 We had a little error in our office with
23 communication today, so -- or technology, I
24 should say. So hopefully, as soon as that's up,
25 we'll send it out to everybody.

1 MS. HALLAM: How will folks --
2 members of the public find out about it? Will it
3 be like a press release, or will your office push
4 it out?

5 MR. O'CONNOR: We'll probably do
6 office, personal, send it to everybody. If you
7 want to Tweet it out or post it as well -- as
8 soon as we can figure out what that hiccup was,
9 we'll get it done.

10 But it was ready -- like I said, it
11 was ready to go and something with technology
12 didn't work today, so.

13 MS. HALLAM: Can you maybe just,
14 you know, tell folks in the audience and who's
15 watching, like what that means, the subcommittees
16 are allowed to have members of the public on?

17 MR. O'CONNOR: Yes. I don't --
18 which -- I don't have the list in front of me of
19 the subcommittees, but it will be detailed when
20 it's out there what you can apply for. I
21 definitely know that there's some individuals
22 looking to help with healthcare, especially that
23 subcommittee as well.

24 So once we get that link up and
25 running, hopefully tomorrow, we will post it out

1 and then individuals can apply to be part of the
2 subcommittees.

3 Thank you.

4 MR. PERKINS: I have nothing really
5 to add to the Incarcerated Person Welfare
6 Committee other than we have gotten cooperation
7 from the jail. Deputy Warden Clark has shown us
8 a lot of progress with tablet access. We can,
9 you know, benefit from Council Member Hallam's
10 long history with the tablet issues and receiving
11 information from people who have been impacted by
12 lack of access to tablets, or broken tablets, and
13 issues of that nature. But it's an example, I
14 think, of the subcommittees working, doing their
15 function -- you know, they can understand the
16 issues and working with the jail administration
17 to improve those issues.

18 I can -- I guess I'll talk about
19 the Healthcare Committee next, and you know, I'll
20 start, and you all can add. So since their last
21 meeting, we've visited the jail multiple times.
22 We -- in one of the meetings, there was five
23 members of the committee that visited the jail,
24 and the jail was accommodating. We met with
25 several senior members of the healthcare team,

1 including Deputy Warden Martin and the medical
2 director. I thought it was a very productive
3 meeting. You know, I think we spent about three
4 hours in the jail. We were accompanied by our
5 medical experts on the subcommittee. And
6 obviously someone who has been trained in
7 medicine and has an MD and has completed a
8 residency program has more technical expertise
9 than we do. And that's the value of the
10 subcommittees. We need to make sure that -- we
11 figure out a process and policies that allow the
12 Non-Board Member subcommittee members to have
13 access to information.

14 While we were there, we toured
15 several of the medical pods. We toured Intake.
16 We -- I guess one specific thing we did recently
17 is, you know, in light of the recent death, we
18 did go down to the jail and review the jail's
19 healthcare policies and policies specifically of
20 what they do in the event of an inmate death, and
21 to evaluate whether they are in compliance with
22 the National Commission of Correctional
23 Healthcare standards.

24 And I expect that, you know, one of
25 the things that subcommittee will do is to review

1 the jail's investigation into what happened and,
2 again, any opportunities for improvement and
3 prevention in the future.

4 The last thing I'll note with
5 respect to the Healthcare Committee is that --
6 and I think this goes to a lot of the Board -- is
7 that everyone here has different professional
8 experience, very in-depth experience perhaps in a
9 legal field or, you know, judiciary. You know,
10 we have the Controller's Office. Everyone brings
11 different experiences, but most of us are new to
12 the Jail Oversight Board, and the term Jail
13 Oversight is not susceptible to clear definition
14 and a consistent definition everywhere. And I
15 think that's one of the things that this Board
16 needs to have a collective understanding of is
17 what does oversight mean, and to ensure we
18 effectively execute our oversight mission. I
19 think we need to do some trainings. And there
20 are national experts that I've been in contact
21 with to learn from, you know, best practices.

22 And one of the things that these
23 subcommittees can do is to make recommendations.
24 Say, hey, we looked at these innovative policies
25 at a jail in Nebraska. Maybe we can adopt those

1 policies here in Allegheny County, but if we
2 don't have that information, we can't make those
3 recommendations. So I guess this is a plug that
4 we should think about organizing trainings and
5 perhaps attending national trainings such as the
6 NCCHC, I believe it's biannual Healthcare
7 Training. I think that would make us better at
8 our job, just as any job.

9 As an attorney, I have to do
10 continuing legal education. This Board perhaps
11 could benefit from that training.

12 Barb, I don't know if you have
13 anything else about the Healthcare Committee.

14 MS. GRIFFIN: Yeah. Thanks. And I
15 agree with that perspective.

16 I just wanted to add a couple of
17 specifics that stood out to me during our visit.
18 We did visit areas of the jail where there are
19 some of the most vulnerable, I would say,
20 residents. And that includes -- well, not only
21 the medical housing unit but the acute male
22 mental health unit. 5-C we visited. We visited
23 8-E, the restricted housing unit. We visited
24 Intake also. So it was really great to see some
25 of the most challenging parts of the jail that

1 help us focus on our priorities.

2 One of the priorities for the
3 Healthcare team that I thought was really
4 interesting was their strong desire and need to
5 have telehealth visits, and they're having some
6 technical issues relating to that. But that
7 would -- that would also -- I would put that up
8 there as priority. It would -- it would help in
9 many ways. And they're working on it, and
10 they're committed to doing that.

11 I also will say that I -- on every
12 pod that we visited, I looked for the paper forms
13 to see what paper forms were there. Sometimes
14 they were there; sometimes they were not. Some
15 were replenished when I was there. And they
16 seemed readily available when I asked for them,
17 so I'm hoping that, you know, there can be an
18 effort just to have them there all the time
19 because it clearly can be done.

20 And that's it. Thanks.

21 MR. PERKINS: I think that's -- and
22 I think one other -- well, one other thing on the
23 Healthcare Committee, Man-E makes a really good
24 point of, in order to solve a problem, and more
25 constructively to propose solutions, you have to

1 understand. And I think, again, that's a value
2 of the subcommittees as focusing on one issue,
3 getting full access to information and really
4 understanding it. And I think that that's been
5 very valuable so far and we need to continue on
6 that trend.

7 As far as the Employee Welfare, you
8 know, we met several times. We've done several
9 exit interviews. Judge Bigley and President
10 Judge Evashavik are part of the committee. Other
11 committee members or Board Members have also
12 contributed. And again, it's an education
13 process, but one of the issues -- obviously,
14 there's overlap between this committees and the
15 issue we see from the employee perspective is
16 they -- the forced overtime, the long hours, and
17 how that ends up impacting the people that work
18 in the jail in addition to the people that reside
19 in the jail because of the constant lockdowns.
20 And that's a -- you know, that's not an easy
21 problem to fix, but I think it needs to be one of
22 the Board's priorities and the County's
23 priorities overall is to figure out that issue.

24 One of the things we keep --
25 continue to hear is that everyone that starts in

1 the jail, pretty much their first year, they work
2 80 hours a week, and that is not sustainable, and
3 I think that's a major cause of the attrition. I
4 personally, as a father of two children and a
5 wife who works, I couldn't work 80 hours a week.
6 So those are really important issues. And we
7 don't have the answers right now, but, you know,
8 we're going to study the issues and see what we
9 can come up with.

10 And I think that's it for the
11 subcommittee updates.

12 New business -- well, solicitor
13 position updates, Mr. O'Connor already addressed
14 that. We have New Business next.

15 NEW BUSINESS

16 MS. HALLAM: Okay. So on Tuesday,
17 we -- Man-E and I visited -- well, first we did
18 a, you know, planned tour of the Renewal facility
19 on Second Avenue. That's the one right next to
20 the jail. This was -- so even though it wasn't
21 unannounced, we don't have to do a report. We're
22 just going to do it anyways, just for the Board's
23 and the public knowledge, because it was -- also
24 it was pretty great. I mean, I have very few
25 complaints about the facility. I was housed

1 there at one point in my life, and so it was cool
2 to see, like, what has changed, what has stayed
3 the same.

4 And we talked to a few folks. We
5 knew a few folks that were in there, so we got to
6 talk to a few folks that were housed in there.
7 And I think some of the things that stood out to
8 me was just the contrast of Renewal versus the
9 jail and how much more of a rehabilitative
10 approach it appeared to have. And folks -- I
11 mean, nobody complained to us about anything that
12 was going on in there.

13 We got to see various floors. We
14 got to see the men's treatment floor, the women's
15 treatment floor, and then women's work release
16 and men's work release as well. We also got to
17 see the workout activity room. We got to see
18 some of the group rooms on the rehab floors. We
19 got to see both of the kitchen, cafeteria areas
20 and just kind of learned -- you know, we get
21 these reports every month and we talk to people
22 who are there regularly, and so it was just cool
23 to see the whole Renewal team explaining to us
24 all the behind the scenes. So I do -- I know,
25 again, I want to follow Man-E and give props to

1 you guys. I mean, that was a fantastic tour. It
2 was really, really helpful to us. You guys
3 answered all of our questions, even some like
4 kind of off-the-wall questions that we may have
5 had, and were just super receptive, welcoming of
6 us.

7 And yeah, it is not often that we
8 get to say great things at this meeting. So I
9 definitely want to highlight those, because it
10 really was fantastic.

11 And what else can I say about
12 that -- oh, we did, you know, want to point out a
13 couple of things like they did have posted the
14 liaison's contact information for anybody that
15 had concerns. They could reach out to her. They
16 did have Naloxone on the floors.

17 We did notice a ton of open beds,
18 you know, going to Chairman Perkin's questions
19 about the open beds. There are a ton of open
20 county beds and I was told that Judge Evashavik,
21 even though she can't be here today, that she had
22 recently gone and toured it and it was something
23 that she noticed as well and hopefully she can
24 take that back to her fellow judges in the Court
25 of Common Pleas and really try to expedite

1 getting folks out of the jail and into Renewal
2 where they can really get the treatment and the
3 care that they need.

4 And so, yeah, overall again, great
5 visit. And we will be conducting unannounced
6 inspections going forward of Renewal. We will do
7 a planned tour of the other Renewal facility on
8 Boulevard of the Allies, which is all men in work
9 release. And so we'll be doing a planned one of
10 that and then some unannounced inspections going
11 forward, but just wanted to get kind of get that
12 foundation for where do we go, what are we
13 looking for, how everything runs so we can
14 understand that a little better.

15 But yeah, shout out to the Renewal
16 Team. I appreciate you guys.

17 Now, do you want to give the report
18 on the jail?

19 MAN-E: So later that same day, we
20 actually went from the Renewal Center to the
21 jail, and we saw a lot of the same things. We
22 really didn't see, you know, the amount of people
23 that we normally see because of time constraints,
24 but we saw a lot of the same issues. You know,
25 we were only there, you know, for a short bit.

1 We were really there to view the tape of the
2 incident of the woman who passed away.
3 Unfortunately, we weren't able to. Maybe we'll
4 get into that a little bit. We were denied
5 access, they said, because it was an ongoing
6 investigation, and we're not sure, you know what
7 I'm saying, if that necessarily jibes with the
8 State Statute that says that we have access to
9 all of the records in the jail. And I think that
10 includes video surveillance, but we'll see how
11 that goes. People smarter than me are, you know,
12 going to contest that. But you know, it was
13 pretty much the same.

14 The one thing I do want to say
15 about the Renewal is that it's not freedom,
16 right, but it is, in my opinion, a very
17 beneficial alternative, you know what I mean? So
18 the fact that there are so many open beds, I
19 think, you know, people can be put on the right
20 track a little bit faster, you know what I'm
21 saying, if they were to, you know, utilize all of
22 the services that the Renewal Center has.

23 You know, I'm going to be writing
24 up a full report of our jail visit because we
25 don't want to get banned again.

1 MS. HALLAM: They can't ban us.

2 MAN-E: True, true, true. And we
3 can test their, you know, authority to do that as
4 well. But, you know, some of the issues that we
5 had, we actually -- Bethany sent an e-mail to the
6 liaison to look into some of these issues a
7 little bit further. You know, people complaining
8 about incidents with the guards. Of course, the
9 food is always a complaint. The tablets. People
10 had complaints about that.

11 And actually, I have a few
12 questions that I'll wait until, you know, the
13 reports about some of the things that we
14 observed. But look forward to a full report from
15 us very, very soon.

16 Anything else?

17 MS. HALLAM: I just wanted to add a
18 couple things to that. Again, we can get into
19 this a little bit further after the various
20 reports from the jail administration. But,
21 again, just like issues that keep happening over
22 and over again. Tablets are dying in the middle
23 of the day. They have no opportunity to charge
24 them. Lots of folks reported, you know, if they
25 do one video call that that will kill their

1 tablet for the rest of the day.

2 Remember, we have moved so many
3 things from paper to tablets, their communication
4 with loved ones, their legal documentation, ways
5 to file grievances and sick calls, all of that is
6 on the tablet. And so when their tablet dies,
7 it's not like when yours or my tablet dies, and
8 we can't play games or watch Netflix. Like, they
9 are cut off from everything when they don't have
10 access to a tablet. And so that's something that
11 we're going to try to resolve either through the
12 new tablet RFP or just through the Incarcerated
13 Individual Welfare Fund as we're trying to fix
14 the tablet issues altogether.

15 Another thing that we heard over
16 and over again was allegations of, you know, a
17 specific corrections officer that folks felt they
18 were being mistreated by. We will again, detail
19 that in the report. But again, over and over and
20 over again, one specific person that we kept
21 hearing their name, and we kept hearing about
22 inappropriate statements being made,
23 inappropriate treatment based off race
24 specifically, and so we're going to hopefully
25 between the liaison and the jail administration

1 we can come to a resolution to figure out how we
2 can stop that immediately and hopefully not hear
3 that anymore.

4 I would say the last thing I would
5 point out about our inspection was again, Man-E
6 touched on it a little bit. We can get into a
7 little bit more after the jail administration's
8 report, but again, the Statute does give us
9 access to all records at all times. At all times
10 has been disputed over the years to mean we have
11 to go down to the jail to see certain things and
12 request for them in person. We did exactly that.
13 We went there for the sole purpose of reviewing
14 footage of Intake from a specific time period and
15 we were denied access to the video footage. And
16 so again, all records at all times. We do not
17 have that as this Board is in clear violation of
18 the Statute. And so hopefully, we can get that
19 resolved very, very soon. As, you know, our
20 Chairman today said, you know, there is an
21 ongoing investigation into Tracey's death and the
22 jail -- County Police are doing their
23 investigation, but we need to do our oversight as
24 well, and we cannot do that if we are being
25 denied access to some of the most basic

1 documents. Again, all we wanted to do was watch
2 footage and we were denied that. So thank you.

3 Oh, our reports will be forthcoming
4 within the ten-day window that is required by
5 this Board.

6 MS. INNAMORATO: Councilperson
7 Hallam, with the repeat offender, the CO, has
8 there been a formal filing against that
9 individual so that the process, the investigative
10 process can begin internally?

11 MS. HALLAM: I sent an e-mail to
12 the liaison, the President Judge, today Chairman
13 Perkins and jail administration, Warden Dady,
14 Chief Deputy Warden Beasom, and Deputy
15 Warden Clark detailing not just that, but they
16 had asked in the past that instead of bringing up
17 individual people's specific issues in this
18 public setting that I send an e-mail asking them
19 to address it separately. So that is included in
20 my e-mail that I sent to all of them.

21 I can forward that to the rest of
22 the Board if that's something everyone else would
23 like to see. But -- maybe I should do that
24 anyways, but I did submit that, and also, at
25 least one of the incarcerated individuals

1 reported one of the incidents internally and
2 never heard anything back from his complaint. So
3 if there's another way to formally file that
4 complaint, I would be more than happy to do that
5 to assist the incarcerated individuals in showing
6 them how to do that, but that's kind of the only
7 way I know to handle that right now.

8 MS. INNAMORATO: Okay. Thank you.

9 MS. HALLAM: All right. You're
10 welcome.

11 MR. PERKINS: All right. Next item
12 on the agenda is the Warden's Report.

13 **WARDEN'S REPORT**

14 WARDEN DADY: Good evening, Board.
15 I'd like to begin again by acknowledging the
16 passing of Ms. Tracey Hickey that occurred at the
17 facility on September 14th. And I, again, offer
18 our deepest condolences to her family and
19 friends.

20 I came into ACJ this time last
21 year, and my goal for the jail was to prevent any
22 more inmate deaths. Though I have not met that
23 goal for the jail, we have continued to invest
24 time and effort to assess our processes in Intake
25 and throughout the facility to identify those who

1 are most vulnerable.

2 We continue to evaluate policies
3 and procedures and make continual improvements to
4 our operations to ensure they comply with NCCHC
5 and ACA standards. We have implemented wristband
6 identifiers and continued remodeling of our
7 upfront medical area in Intake -- in the Intake
8 Department. We continue to provide hydration for
9 detoxing individuals. We continue to hire --
10 look to hire medical staff and bring on
11 therapists.

12 I know that what I may say here
13 this evening does not make up for the individual
14 passing while in our care. I only can say that
15 we are committed to making improvements, and I
16 will continue to strive to prevent any more
17 resident deaths.

18 As part of our overall review
19 process, it begins with Allegheny Health Network,
20 our contracted healthcare partner, which will
21 conduct a clinical mortality review within 30
22 days. This review is due October 14th.
23 Additionally, we will conduct an administrative
24 mortality review. Both reviews are part of the
25 NCCHC and ACA standards.

1 The clinical review includes the
2 appropriateness of clinical care, efficiency of
3 policies, procedures, and current practices, and
4 identification of issues that may require quality
5 improvement studies. Supplemental documentation
6 may be reviewed after the autopsy findings are
7 issued.

8 The administrative mortality review
9 brings together all staff involved in the
10 incident from both correctional and healthcare
11 disciplines. These staff members then review
12 video, electronic health records, operational
13 adherence to policies and procedures, and all
14 other available records to determine what
15 occurred and formulate a corrective action plan
16 if and where deemed necessary. And this is
17 scheduled for October 8th.

18 Through these reviews, we recognize
19 that even with our best intentions, some deaths
20 may not be preventable. My goal, again, was that
21 we continue to look at how we can improve to aid
22 us in preventing any more inmate deaths in that
23 county jail. We will continue to strive to
24 provide the best care possible for our residents.
25 Currently, as these reviews have not been

1 finalized and the death is still under
2 investigation, we will not be able to address
3 additional questions in this setting so as not to
4 impact our ongoing investigation process.

5 However, we are willing to set up a
6 time to review additional information after these
7 reviews are complete with members of the JOB.

8 I also wanted to acknowledge on
9 September 7th, two correctional officers were
10 involved in an incident at an outside hospital.
11 We are grateful that the officers were able to
12 respond immediately by securing the area. We
13 commend our officers for their quick response of
14 professional work to ensure the situation did not
15 escalate. Those officers will be recognized for
16 their efforts with an in-house commendation.

17 This jail is preparing for the
18 facility for the adult to be -- the audit -- I'm
19 sorry, to be performed in October by the NCCHC.
20 We look forward to welcoming the NCCHC back into
21 the facility, and that with our continued
22 partnership with the NCCHC, we will continue to
23 improve our resident care.

24 That's all I have for this month,
25 and I'd like to turn it over to Chief Beasom at

1 this time.

2 **CHIEF DEPUTY WARDEN'S REPORT**

3 CHIEF DEPUTY BEASOM: Thank you,
4 Warden. Good evening, Board.

5 Start with the staffing update.
6 The jail's training academy began its new class
7 on Monday, September 23rd, with 18 cadets. The
8 current class is scheduled to graduate on Friday,
9 November 22nd. The jail is also hosting physical
10 agility and interview sessions next week on
11 Tuesday, the 8th, and Thursday, the 10th, for the
12 cadet class that is scheduled to begin on Monday,
13 December 16th.

14 Currently, we have 27 males, 1
15 female with 300 Bs awaiting transfer to the PA
16 Department of Corrections; 6 males with
17 detailers; 14 males with open cases. The longest
18 wait time on a 300 B was received April 29th, and
19 the shortest wait time is from September 24th.

20 Currently, in the ACJ, we have 24
21 federal inmates, 19 of which are United States
22 Marshal holds and 5 are federal transfers for
23 Allegheny County Court.

24 For the month of September, there
25 were zero individuals on a hunger strike.

1 And finally, the jail
2 administration would like to pass on
3 congratulations to Reentry Services Coordinator
4 Tamara Harris for being named the correctional
5 professional of the month.

6 Deputy Clark will continue the
7 report.

8 DEPUTY WARDEN CLARK: Thank you,
9 Chief. Good evening, Board.

10 For Chaplaincy and Pre-Release, the
11 Foundation of Hope will hold its fall volunteer
12 training on October 26th. Interested volunteers
13 should fill out the volunteer application form
14 found at FoundationofHope.org.

15 On September 26th, the Foundation
16 of Hope hosted a graduation ceremony for 17
17 successful graduates of the Hope Program. The
18 graduation ceremony included a violinist and
19 guest speakers Roger Jay and Ken Aquiline.

20 The jail was pleased to welcome
21 County Executive Innamorato and members from her
22 team. We appreciate their continued support.

23 Discharge and Release. In the
24 month of September, the Discharge and Release
25 Center assessed 295 individuals, distributed 60

1 boxes of Narcan, 190 fentanyl and xylazine test
2 strips, 403 condoms and 382 bus tickets.

3 A total of 64 incarcerated
4 individuals received contact visits from 128
5 family members.

6 To ensure that those being released
7 on Saturdays can receive their monetary funds
8 upon release, the Cashier's Department is now
9 open on Saturday from 8:00 a.m. until 11:00 a.m.
10 and 12:00 p.m. to 4:00 p.m.

11 Residential Placement Services.
12 Based on orders from the court, Residential
13 Placement Services facilitated the transfer of 74
14 individuals to alternative housing in September
15 and 23 individuals to substance use treatment
16 through the Diversion Program. The Diversion
17 Program received 25 new referrals and served a
18 total of 71 participants in September.

19 The Medical Assistance Program
20 assisted a total of 105 individuals with
21 completing medical assistance applications upon
22 release from the jail in the month of September.

23 Reentry Services. On
24 September 12th, the jail's program and medical
25 staff received traumatic brain injury training.

1 The team learned about how to identify and assess
2 -- and assist individuals who have experienced
3 traumatic brain injury.

4 Due to positive feedback that was
5 received from the Financial Literacy Pilot Group,
6 the instructor has agreed to offer additional
7 courses. On September 25th, a new financial
8 literacy class began in the Reentry Center.

9 On September 26th, the Reentry team
10 began a book club with the female population.
11 The group will be reading and discussing three
12 chapters a week of the book Cooked, by Jeff
13 Henderson. The book tells the compelling journey
14 of Jeff Henderson, who went from federal prison
15 to becoming the leading executive chef in
16 Las Vegas.

17 Educational Services. On September
18 12th and 25th, with the support of League of
19 Women Voters, BPEP, West End Power, and community
20 volunteers, the jail caseworker team held a voter
21 registration drive. Committee volunteers
22 provided instructions on voter eligibility as
23 well as how to complete registration and absentee
24 ballot forms. The caseworkers distributed and
25 collected the forms and will continue to do so

1 until the application deadlines. A total of 141
2 voter registration applicants -- applications and
3 131 absentee ballot applications were completed
4 during these two events. The jail has registered
5 a total of 250 new voters and updated addresses
6 or voter registration status for 114 voters.

7 On September 24th, Duquesne
8 University's Inside-Out Program began. The class
9 is offered on Tuesdays and Thursdays. The focus
10 of the Tuesday class is to study the criminal
11 justice system as seen through the eyes of the
12 incarcerated student and the college student.
13 The focus of the Thursday class is reading and
14 reenacting portions of the Hamlet play written by
15 William Shakespeare.

16 The Veterans Leadership Program
17 began job preparation classes with the veteran
18 population on September 20th. The purpose of
19 these classes will be to help veterans assess
20 what their employment goals are, develop resumes,
21 and provide education on how to complete an
22 application. The Veterans Leadership Program
23 will continue to work with these clients
24 post-release to help them gain emp- -- to obtain
25 employment.

1 That concludes this month's report
2 for programs. Deputy Martin will provide the
3 Healthcare Services update.

4 DHSA MARTIN: Good evening, Board.
5 For medications offered for substance-use
6 disorders, our -- for the month of September, 18
7 individuals were prescribed Naltrexone, 1
8 individual received Vivitrol, 335 individuals
9 were treated with Suboxone, 49 individuals were
10 treated with Sublocade, 47 individuals were
11 treated Brixadi, and 59 individuals were treated
12 with Methadone.

13 For Torrance commitments and
14 admissions, for the month of September, 9
15 patients were admitted and transferred; 7
16 patients were committed; 3 patients had their
17 commitment rescinded due to clinical
18 stabilization; and currently, 26 patients are
19 awaiting admission, with the longest wait time
20 since May of 2024.

21 For Tier 4 and 5 mental health
22 data, one individual identified as Tier 5; 20
23 individuals identified as Tier 4.

24 For reporting in queue numbers,
25 sick call requests queues for medical for 36, the

1 longest waiting two days. SCR mental health,
2 zero and zero days waiting. SCR dental, 5 with
3 the longest waiting 2 days. Psychiatrist
4 appointments, 373, longest waiting 6 days; mental
5 health specialist 13, longest waiting 1 day.

6 For sick call completions for the
7 month of September, SCR dental 219 visits were
8 completed; SCR medical, 1,099 visits were
9 completed; SCR mental health 370 visits were
10 completed; 1,300 medical provider appointments
11 were completed, and 1,248 psychiatrist
12 appointments were completed.

13 Just an update on some of the
14 projects we were working on for both the new
15 Methadone provider coming in for induction, that
16 will be starting -- after that happens -- and the
17 mobile competency restoration team, they are both
18 still in the contract phase. We are still
19 meeting with both of those groups, the ACJ team
20 and both providers, that get our processes
21 started and a plan in place for when the
22 contracts are signed.

23 That completes our report.

24 MR. PERKINS: We'll start with
25 questions. We'll go right to left this time.

1 Judge Bigley, Barb, do you have any
2 questions?

3 MS. GRIFFIN: Not right now.

4 MR. O'CONNOR: I just had two.

5 MR. PERKINS: Controller --

6 MR. O'CONNOR: Sorry. Chief, you
7 mentioned the cadets. Did you say still 18 in?
8 Is that how you phrased it, or there's 18 in and
9 they're getting through? You said 18 cadets.

10 CHIEF DEPUTY BEASOM: 18 in the
11 current class.

12 MR. O'CONNOR: In the current
13 class. Okay. Right. Sorry.

14 And then I actually didn't have
15 this question until the Warden mentioned that his
16 time is running short, or you said something like
17 that. Do we have a general update on where we
18 are with that may -- I'm sorry. The Exec, I
19 don't want to put you on the spot, but where are
20 we with the search? It just triggered when you
21 had said that to me, so I don't know if
22 there's -- I know the individual was here a
23 couple of months ago, so maybe just an update if
24 we can ask for it from that group that was here
25 from DC. I can't remember the guy's name off the

1 top of my head.

2 MR. PERKINS: Polihire.

3 MR. O'CONNOR: Yeah.

4 MS. HALLAM: I'm on the Warden's
5 Search Committee. I haven't heard anything since
6 the last -- the first and only time I met with
7 Polihire, and that was a few months ago when the
8 process first started.

9 MR. O'CONNOR: Okay. Maybe we can
10 just send an e-mail. And again, I wasn't
11 thinking about it until you phrased it that way,
12 and I don't want to put you on the spot, but that
13 triggered the question. So all right.

14 I'm good. Thanks.

15 MR. PERKINS: Executive?

16 MS. INNAMORATO: I don't have a
17 question. I'll just say next week we will
18 provide an update to the Board on the Warden's
19 search and hire.

20 MR. PERKINS: I can report. I did
21 meet with the gentleman from Polihire a couple
22 weeks ago. I believe he may have came to
23 Pittsburgh even to interview some people, so he
24 seemed engaged, and he met with myself and a few
25 other people for about an hour.

1 So I do have some questions,
2 Warden. I understand -- thank you for the -- I
3 do believe that you care about these issues, and
4 you really have strived to improve healthcare in
5 the jail, and I appreciate that.

6 The questions I have, I don't want
7 to ask about the details of the investigation
8 because I understand it's an ongoing
9 investigation, but I do think the public has an
10 interest and would like to know, like, you know,
11 just generally what the review process entails
12 and if it's consistent with national standards?
13 And I believe you already answered some of the
14 questions. So I am going to ask some questions.
15 You tell me if you can't answer them, but you
16 referenced NCCHC policies, and I don't know if
17 yourself or someone else wants to answer these
18 questions, but these national policies prescribe
19 at least two reviews. One is an administrative
20 review, and one is a clinical mortality review.
21 Is the jail in compliance with that standard?

22 WARDEN DADY: Yes.

23 MR. PERKINS: Do you know when that
24 policy went into place? Did that happen within
25 the past year, two years, do you know?

1 DEPUTY WARDEN TOMA: The last
2 revision of the policy to bring it in compliance
3 was April 15, 2024.

4 MR. PERKINS: So it's a recent
5 change to make sure it's compliant with the
6 national standards?

7 DEPUTY WARDEN TOMA: Most re- --
8 the latest revision, yes.

9 MR. PERKINS: And obviously a
10 policy needs to be -- to be effective has to be
11 adhered to. Is the jail acting consistent with
12 that policy to engage in those two reviews at
13 this point?

14 WARDEN DADY: Yes.

15 MR. PERKINS: I understand we're
16 still within the 30-day period, and so, I'll get
17 to that in a minute. But as far as the -- what
18 you review in that context, is it more than the
19 video? Are there other things that you're
20 reviewing as part of this clinical mortality
21 review?

22 WARDEN DADY: Yes. We look at
23 these reviews. It's, you know, compiling the
24 staff's statements as well as the video -- you
25 know, the video review that we have. So it's

1 those things. It's medical. So looking at both
2 sides, operationally and medically what happened
3 in the situation, what -- you know, was there a
4 way to prevent this person from passing in our
5 care.

6 MR. PERKINS: And the person that
7 conducts this review, is it the same doctor that
8 was in charge of the care at the time of the
9 person dying?

10 WARDEN DADY: No.

11 DEPUTY WARDEN TOMA: No, the doctor
12 doing the review was not caring for the patient.

13 MR. PERKINS: Is that part of the
14 policy as well, to make sure it's a more
15 independent review?

16 DEPUTY WARDEN TOMA: Correct.

17 MR. PERKINS: So as far as the
18 timing of these, so the clinical mortality review
19 is supposed to be done within 30 days, for
20 obvious reasons, memories are fresh. You want to
21 make sure that if there's any issues that can be
22 improved, then you identify them.

23 Is the administrative review, does
24 that take longer generally than 30 days or is
25 that also completed within 30 days?

1 DEPUTY WARDEN TOMA: I've treated
2 this one as our goal to be done with everything
3 within 30 days.

4 MR. PERKINS: Okay. And once
5 that -- so as far as the Board's oversight
6 function here, I understand that you need to
7 engage in your independent review, and we don't
8 want to do anything that would interfere,
9 certainly, with that review. But is the plan to
10 then share the information -- not just the
11 findings, but also the source information with
12 the Board so the Board can make an independent
13 review?

14 WARDEN DADY: I mean, I would be
15 open to providing the video and the findings from
16 our reviews to the Board.

17 MR. PERKINS: And like the source
18 document, for example, would be the healthcare
19 worker's staff reports. I'm sure they prepare
20 incident reports after something like this; is
21 that correct?

22 WARDEN DADY: Yes.

23 MR. PERKINS: And if there's any
24 recommendations for improvements in the future --

25 WARDEN DADY: Yes.

1 MR. PERKINS: -- then that will be
2 a part of it as well?

3 WARDEN DADY: Yes.

4 MR. PERKINS: Okay.

5 WARDEN DADY: And I would, you
6 know, of course, vet that through our solicitor.
7 But yes, I would be open for the Board to be able
8 to view those documents, as I know you mentioned,
9 Ms. Hallam, for doing your rev -- your open
10 review of the -- for JOB.

11 MR. PERKINS: Okay. And we can
12 talk as a Board, if it makes sense to do it
13 through the Healthcare Committee.

14 WARDEN DADY: Sure.

15 MR. PERKINS: In addition to that,
16 just to make sure that -- strike that.

17 You indicated that you don't want
18 to talk about it because an investigation is
19 ongoing, but there's probably several levels of
20 investigation. I'm just trying to understand
21 that -- look, let's assume that the District
22 Attorney's Office is a part of that process.

23 WARDEN DADY: Yes.

24 MR. PERKINS: And the District
25 Attorney's Office makes an indication that

1 there's, you know, now foul play, so to speak.
2 Then at that point it becomes just a jail
3 investigation, is that right?

4 WARDEN DADY: Yes.

5 MR. PERKINS: So in that case, and
6 I'm not offering an opinion as far as, you know,
7 whether the -- I could understand why if the
8 District Attorney's Office is investigating a
9 potential homicide, then they want to have, you
10 know, very narrow view and they don't want other
11 people involved in the investigation. You know,
12 for whatever reasons they want to focus on their
13 tasks. But once that's done and it's a jail
14 internal investigation, is the jail open to
15 sharing the information with the Board sooner
16 rather than later so that we can -- put it this
17 way. We don't want to way, you know, 90 days,
18 120 days.

19 WARDEN DADY: Sure.

20 MR. PERKINS: If there are -- is
21 there anything we can do to recommend at the
22 Board we want to do that in a timely fashion.

23 WARDEN DADY: I mean, I believe
24 that our efforts are going to be completed here
25 within the -- prior to the 30-day deadline that

1 we have. But if that occurs prior to, I am open
2 to providing the Board with that information.
3 You know, I don't want to present you with, you
4 know, something that isn't complete from our end.

5 MR. PERKINS: I understand that.

6 All right. I don't have any
7 further questions. Thank you.

8 WARDEN DADY: Thank you.

9 MS. HALLAM: Thank you, Chairman
10 Perkins.

11 Okay. A couple of follow-ups just
12 off of your questions. So that list that you
13 gave of the staff statements that you review,
14 medical operations, what happened, could we
15 prevent this, that's the administrative mortality
16 review, correct?

17 WARDEN DADY: Yes.

18 MS. HALLAM: And what does the
19 standard say that that has to be done by? I know
20 clinical mortality is 30 days. What is the
21 deadline? Do you know it off the top of your
22 head? I thought it was longer than 30 days.

23 MR. PERKINS: I do. It used to be
24 30 days. It's no longer 30 days, but I think
25 they said they're going to beat that deadline,

1 so...

2 MS. HALLAM: On that one, okay.
3 And that is all internal? There's no outside
4 entity that helps with that process, the
5 administrative mortality review?

6 DEPUTY WARDEN TOMA: Correct.

7 WARDEN DADY: Correct.

8 MS. HALLAM: And then the clinical
9 mortality review, is there anyone internally that
10 works on those, or is it simply AHN?

11 DHSA MARTIN: All of our providers
12 are AHN employees. So I just want to make sure
13 everybody understands that.

14 But as a provider that was not a
15 part of any of the care of that patient at all.
16 It will be providers on the AHN team that may
17 work in the facility, but they were not directly
18 caring for that patient. So it's like an outside
19 view.

20 MS. HALLAM: Okay.

21 DHSA MARTIN: So nothing is skewed.

22 MS. HALLAM: I thought I remembered
23 months ago talking about an independent entity we
24 were contracting with to do mortality reviews?

25 DEPUTY WARDEN TOMA: So we do do an

1 annual mortality review. That was -- that was
2 contracted outside of our office that they do an
3 annual review of those deaths that occur from the
4 prior year. So they would look at the mortality
5 reviews that we do in-house and look at the
6 entire year and scope of any incidents that
7 occurred that fall under those reviews.

8 MS. HALLAM: Okay. And when does
9 that happen each year?

10 DEPUTY WARDEN TOMA: It happens
11 in -- after the year ends, so it --

12 MS. HALLAM: Beginning of the new
13 year? Okay. And who does those?

14 DEPUTY WARDEN TOMA: To this date,
15 it's always been contracted to NCCHC, to their
16 consulting side.

17 MS. HALLAM: Okay. All right. And
18 so I know you talked about the most recent
19 standard being updated in April of 2024, but I
20 don't know if that like really answered your
21 questions because I just wanted to make sure the
22 clinical mortality review and the administrative
23 mortality review are something that have been
24 required long before April of 2024.

25 DEPUTY WARDEN TOMA: They've been

1 standards through NCCHC, yes.

2 MS. HALLAM: Right. And so -- and
3 the jail has been in compliance with the
4 standards as they have changed for how long?

5 DEPUTY WARDEN TOMA: I can't answer
6 that off the top of my head. I know that I have
7 spoken here at the Jail Oversight Board and
8 informed you that we were doing clinical
9 mortality reviews as of July of last year. We've
10 always done, to the best of my knowledge,
11 administrative reviews, but beyond that, I could
12 not speak.

13 MS. HALLAM: Okay. Maybe that's
14 something that we, as a Board, could have a
15 session about to review the prior clinical
16 mortality reviews and administrative mortality
17 reviews just to see what we can expect with the
18 new ones if there's no objections to that. I
19 would be really interested in that. I know in
20 all the time I've been on the Board, I have
21 never, ever seen a clinical mortality review or
22 an administrative mortality review. So if they
23 exist, that would be great if we could see them.

24 But they do exist, prior ones? All
25 clinical mortality reviews and some -- or

1 clinical mortality review since July of last year
2 was when the jail started doing them?

3 DEPUTY WARDEN TOMA: As I was
4 informed when I reported out, that July of last
5 year is when we started to do them.

6 MS. HALLAM: And prior to that,
7 they had never happened?

8 DEPUTY WARDEN TOMA: I could not
9 confirm that off the top of my head without
10 looking into it.

11 MS. HALLAM: Okay. But the
12 administrative mortality reviews, you said, as
13 long as you know, they've been happening?

14 DEPUTY WARDEN TOMA: As long -- as
15 long as I know, but I haven't been at the jail
16 for them.

17 MS. HALLAM: Okay. Cool. All
18 right. Yeah. I would really be interested in
19 seeing those. I have never seen those before.

20 My other question is I do know that
21 the NCCHC standards specify that it has to be a
22 different provider who does the clinical
23 mortality reviews, and you said that that's
24 happening. But has there been any thought to
25 actually bringing in an actual independent

1 reviewer, someone who is not associated with the
2 same entity as the provider who would have
3 provided the medical care? Like if it's AHN for
4 the treatment, should it be UPMC for the review,
5 or if it's AHN for the treatment -- I don't even
6 know any other company. But, you know, has there
7 been any thought of making it actually
8 independent?

9 DHSA MARTIN: No, no. And I
10 wouldn't see a need to. I mean, we're following
11 the standard by making sure that it's a provider
12 reviewing the case that wasn't a part of the
13 care.

14 And at this rate, our medical
15 director is doing it, so she would be the most
16 closest person. She worked with our current
17 providers for process improvements if needed.

18 MS. HALLAM: And are there any --
19 either clinical mortality review or
20 administrative mortality review for people who,
21 you know, the superseding cause of their death
22 happened in the jail, but maybe they died later
23 in the hospital? Are there any reviews done for
24 those deaths?

25 DHSA MARTIN: If somebody died

1 while they were in our custody, then they would
2 have had a review done.

3 MS. HALLAM: I think you know that
4 I'm not talking about like in your custody.

5 DHSA MARTIN: I understand. Right.
6 And I understand. But once they're released from
7 our custody, no. We wouldn't do that because A,
8 we're not privy to that information anymore.

9 MS. HALLAM: But you are privy to
10 what happened to them prior to being released
11 from your custody.

12 DHSA MARTIN: Sure.

13 MS. HALLAM: And there's no review
14 at all of anything that led up to them getting
15 out of your custody and their dying?

16 DHSA MARTIN: Like I say, we do
17 reviews all the time on patients. If something
18 piques our -- I don't want to say piques our
19 interest. That is not the correct wording for
20 that, but if something happens that we notice
21 somebody in the hospital for a certain reason,
22 like, oh, let's take a look at this and see was
23 it a good catch? Did we miss something? We do
24 reviews all the time. It is a formal process
25 with the entire administrative team, no. But I

1 mean, that is one thing our providers do a lot.
2 And along with the healthcare administration team
3 and the different directors of each, you know,
4 area, let's take a look at this one patient. Did
5 we miss anything? Did we do anything? Do we
6 want to process improve anything or are we good?
7 So I mean, that is an ongoing thing.

8 MS. HALLAM: What do you call that
9 process? Like if I wanted to come and review,
10 you know, with fellow members of the Board, one
11 of those reviews of someone who died later in the
12 hospital, what would I ask for?

13 DHSA MARTIN: I don't have
14 anything -- a formal name for that process, and I
15 would actually need like a specific name to see
16 if anything was actually written up on that.

17 MS. HALLAM: Okay. So you don't
18 keep track of people who were released from
19 custody for medical reasons? Like you don't keep
20 a list of these people? Because I know we get
21 the number each month, so I assume you guys know
22 the person.

23 DHSA MARTIN: Sure.

24 MS. HALLAM: And, you know, similar
25 to the person who was recently released to

1 custody, you guys know who that person is.

2 DHSA MARTIN: Sure.

3 MS. HALLAM: Yeah. So you could
4 provide us that name, and then we could ask for
5 the review of that person's situation?

6 DHSA MARTIN: If the review was
7 done. I'm saying not every -- a review is not
8 done on every single person, no.

9 MS. HALLAM: Even if they are
10 released from custody because they are dying?

11 DHSA MARTIN: I can't promise you
12 that a review was done on every single person.

13 MS. HALLAM: Okay.

14 DHSA MARTIN: Previously. You know
15 what I mean? Now, recently, yes. Reviews have
16 been done recently on certain patients, yes.

17 MS. HALLAM: Okay. Like when you
18 know someone is approaching end of life and
19 that's why they're released from custody
20 recently, you have done those reviews?

21 DHSA MARTIN: Recently, yes. I can
22 say recently.

23 MS. HALLAM: Okay. And are those
24 done by an independent provider as well, like the
25 clinical mortality reviews or are those done by

1 you or --

2 DHSA MARTIN: No, that's like our
3 in-house -- I don't want to say in-house but like
4 our current staff. Our directors of the
5 departments will collaborate with the medical
6 providers and take a look at the charts.

7 MS. HALLAM: Okay. My next
8 question is about -- oh, fire drills. I asked
9 that about Renewal, but I'm wondering if the jail
10 ever does a fire drill.

11 CHIEF DEPUTY BEASOM: Yes.

12 MS. HALLAM: Yes. What does that
13 look like in a jail?

14 CHIEF DEPUTY BEASOM: Well, we
15 have -- sorry. We have several stages of fire
16 drills. Most of them are Stage 1. We do those
17 quarterly, which is just moving the population
18 from one housing unit to a secure area.

19 MS. HALLAM: And you do it for all
20 the housing units?

21 CHIEF DEPUTY BEASOM: Yes.

22 MS. HALLAM: Okay. So every
23 quarter, all of the housing units each get a fire
24 drill?

25 CHIEF DEPUTY BEASOM: Minus our

1 acute mental health units, our restricted
2 housing.

3 MS. HALLAM: So somebody who has
4 been incarcerated on one single pod for four
5 months would have experienced moving to another
6 pod for a fire drill?

7 CHIEF DEPUTY BEASOM: Yes.

8 MS. HALLAM: Huh. What are the
9 other stages? You said that's Stage 1.

10 CHIEF DEPUTY BEASOM: Yeah. We
11 have Stage 2 and Stage 3.

12 MS. HALLAM: What are those -- what
13 do those look like?

14 CHIEF DEPUTY BEASOM: Stage 2 is a
15 separate internal safe area within the facility.
16 Stage 3 is outside of the facility.

17 MS. HALLAM: Okay. And how often
18 do you do those, either one.

19 CHIEF DEPUTY BEASOM: We don't have
20 a requirement for Stage 2 or 3.

21 MS. HALLAM: Okay. When is the
22 last time you did Stage 2, and when is the last
23 time you did Stage 3?

24 CHIEF DEPUTY BEASOM: Never done a
25 Stage 3 as long as I've been there. Stage 2 was

1 just completed probably a month or two ago.

2 MS. HALLAM: Okay. And would you
3 say that is everybody in the whole jail moves to
4 a central location?

5 CHIEF DEPUTY BEASOM: No, just the
6 affected area.

7 MS. HALLAM: Okay. But do you try
8 it on every pod, or do you just pick one? Like,
9 let's say do you pretend there was a fire on 4-D
10 and then move all those people to like, what, the
11 gym?

12 CHIEF DEPUTY BEASOM: Quarterly, we
13 do the Stage 1 evacuations for all the general
14 population housing units.

15 MS. HALLAM: Right. Where you move
16 them to a different unit?

17 CHIEF DEPUTY BEASOM: No. That's
18 just moving the population to the attached gym.

19 MS. HALLAM: To the attached gym is
20 where they go in Stage 1. Okay. And then Stage
21 2, where do they move to?

22 CHIEF DEPUTY BEASOM: To the larger
23 gymnasium on the level.

24 MS. HALLAM: Okay. Okay. My next
25 question is specifically for -- about detox. So

1 whenever someone is getting a detox assessment,
2 how long are they in the jail before they receive
3 that detox assessment?

4 DHSA MARTIN: That would just
5 depend on the individual.

6 MS. HALLAM: Can you give me some
7 examples?

8 DHSA MARTIN: Starting when
9 somebody comes into the jail, they're asked all
10 the medical clearance questions. They're asked
11 some receiving -- receiving screen questions.
12 Ideally, within the first four hours of them
13 being in the jail. Our goal is to always have
14 that done immediately. Sometimes circumstances
15 happen where that can't. But our goal is within
16 the first four hours.

17 MS. HALLAM: Okay. And that's just
18 the verbal questions, like the self-identifying
19 things.

20 DHSA MARTIN: Uh-huh.

21 MS. HALLAM: And then how long is
22 it after someone gets into the jail that they get
23 a urine analysis?

24 DHSA MARTIN: Again, our goal is
25 immediately, and then if they can't provide one

1 immediately then the staff are asked to follow up
2 routinely. So within the first couple hours, do
3 it again. And then in another couple of hours do
4 it again to see if they can provide one.

5 MS. HALLAM: Okay. So you are
6 saying they are asked for urine analysis often
7 before they even get those verbal questions?

8 DHSA MARTIN: Uh-huh. Our process
9 is when you first walk into the door, they come
10 at there -- see their -- the officers sign them
11 in, do their scans, provide urine.

12 MS. HALLAM: Okay.

13 DHSA MARTIN: And then see medical.

14 MS. HALLAM: Okay. And what is the
15 protocol for detox when the urine screen doesn't
16 match the self-report that they give?

17 DHSA MARTIN: That goes by further
18 into like questioning? Do clinical scales to see
19 what they're going to withdraw from. Is it
20 alcohol? Is it benzos? Is it opiates? Do the
21 associated scales with them and honestly just
22 talk to the person.

23 MS. HALLAM: Okay. But again, when
24 those two things conflict, which one do you rely
25 on for the detox protocol? Because I have to

1 imagine detox protocol is different based off
2 which substance you're detoxing from.

3 DHSA MARTIN: Right.

4 MS. HALLAM: So which one
5 clinically do you rely upon when they conflict?

6 DHSA MARTIN: Well, you would have
7 to rely on your clinical presentation. The
8 clinical presentation of that patient and your
9 assessment skills.

10 MS. HALLAM: So the urinalysis over
11 the self-report?

12 DHSA MARTIN: It would depend what
13 that urinalysis is, you know what I mean, but
14 yes.

15 MS. HALLAM: All right. Okay. I
16 know we talked about NCCHC standards, but I
17 remember we were for a while getting updates on
18 the deficiencies at the last NCCHC report found.
19 And specifically, there were a lot in Intake, and
20 so I'm wondering, have all of those NCCHC
21 deficiencies from the most -- the last report
22 been resolved?

23 DHSA MARTIN: Not fully. One of
24 the issues that they presented was the
25 reconstruction of Intake, and obviously, that's

1 kind of out of our control, but it's almost at
2 the completion stage.

3 MS. HALLAM: Okay. And were there
4 any other things that are not completed yet from
5 those deficiencies?

6 DHSA MARTIN: I mean, they talked
7 about staffing. One of the things that we
8 presented was, you know, trying to get some EMS
9 folks into our Intake Department, hiring on
10 either EMTs or Paramedics to help us with the
11 assessments, and we're finally at that final
12 stage that it's now job postings.

13 MS. HALLAM: Okay. Anything else
14 regarding the NCCHC deficiencies in Intake?

15 DHSA MARTIN: That was a large
16 list, and I would want that list in front of me
17 again to go through every single thing.

18 MS. HALLAM: Okay. Could you
19 please report on that next month? I --

20 DHSA MARTIN: Sure.

21 MS. HALLAM: We were regularly
22 getting an update for a while on whether those
23 were completed or not, but I hadn't heard about
24 that. So I would really appreciate that.

25 Next thing is I -- oh, whenever

1 folks -- like, I know at Intake, and correct me
2 if I'm wrong, the COs are doing 15-minute rounds,
3 right, to check on folks? What do they do? Have
4 they received any specific training for, and
5 maybe you can even say like what do they do to
6 determine if someone is sleeping or if they are
7 not alive to determine, I guess basically, if
8 someone is breathing when they look like they're
9 just asleep?

10 CHIEF DEPUTY BEASOM: Are you
11 asking what the process is for the tours, the
12 security inspections?

13 MS. HALLAM: Sure.

14 CHIEF DEPUTY BEASOM: They walk
15 around and look into the holding cells, make sure
16 nobody is in obvious signs of distress. And if
17 they do see something, then they summon help.

18 MS. HALLAM: Okay. So other than
19 obvious signs of distress, how do they identify
20 if someone who they think is sleeping is
21 breathing?

22 CHIEF DEPUTY BEASOM: Well, I mean,
23 you can see somebody's chest rising and falling.

24 MS. HALLAM: Yeah. So are they
25 looking for that because you just said they're

1 just looking for signs of distress. But are
2 they -- are they trained to watch to see if
3 someone's chest is rising and falling?

4 CHIEF DEPUTY BEASOM: I'd have to
5 talk to the Training Department to see what is
6 actually -- what's actually done there. I
7 couldn't speak to that right now.

8 MS. HALLAM: Okay. There's nothing
9 that you know of specifically that they do? Like
10 you've never been trained on how to identify that
11 difference?

12 CHIEF DEPUTY BEASOM: I was trained
13 in a different facility. And yes, that was part
14 of my training.

15 MS. HALLAM: Okay. Can you maybe
16 find out and just send us an e-mail or something
17 and let us know if -- what that training looks
18 like. I'm very interested in that.

19 My next question is -- I know we
20 always talk about US Marshal holds, but I thought
21 that we weren't holding federal detainees
22 anymore. I've heard that over and over again.
23 Is there a difference between US Marshal holds
24 and federal detainees?

25 CHIEF DEPUTY BEASOM: No.

1 MS. HALLAM: So we got a report
2 that -- of a number of US Marshal holds. I don't
3 know if you can tell me what that number was.

4 CHIEF DEPUTY BEASOM: It was 19.

5 MS. HALLAM: 19, okay. But I was
6 told -- I mean, yesterday, by county admin, when
7 we were talking about budget stuff, and also
8 previously that we stopped holding federal
9 detainees in the jail.

10 CHIEF DEPUTY BEASOM: That's not
11 accurate.

12 MS. HALLAM: Did something change
13 regarding federal detainees?

14 CHIEF DEPUTY BEASOM: Not that I'm
15 aware of, no.

16 MS. HALLAM: I don't know, Ace, if
17 you know about that. We were just going over
18 budget line items, and we were talking about how
19 we no longer have a revenue that we used to get
20 from the feds for holding federally incarcerated
21 people in the ACJ. Like, we used to get money
22 from it and now we don't anymore. What's that?

23 CHIEF DEPUTY BEASOM: We still
24 charge the federal government a housing fee.

25 MS. HALLAM: So it's just fewer.

1 CHIEF DEPUTY BEASOM: It used to
2 be -- sure, we used to have more, yeah.

3 MS. HALLAM: Okay. So it's not
4 that there are no more.

5 CHIEF DEPUTY BEASOM: Correct.

6 MS. HALLAM: It's just that there
7 is -- is there a reason for that? Is there a
8 certain type of federal detainee that we don't
9 hold anymore?

10 CHIEF DEPUTY BEASOM: No. That's
11 up to the Marshal Service where they house their
12 prisoners.

13 MS. HALLAM: So federal detainees
14 and US Marshal holds are synonymous? There's no
15 one that falls into one category or the other?

16 CHIEF DEPUTY BEASOM: Right.

17 MS. HALLAM: And not both?

18 CHIEF DEPUTY BEASOM: Yeah, the
19 numbers I report are the Marshal holds, and then
20 we have federal inmates that are returned for
21 Commonwealth Court. So that's the
22 differentiate -- that's the different numbers
23 that I give.

24 MS. HALLAM: They're just here
25 because they have a court case in Allegheny

1 County, right?

2 CHIEF DEPUTY BEASOM: Correct.

3 MS. HALLAM: Okay. And when did
4 that num- -- like when did we start getting
5 fewer? Is that a recent development?

6 CHIEF DEPUTY BEASOM: Yes.

7 MS. HALLAM: It was presented to me
8 as if something was new this year that didn't
9 happen before.

10 CHIEF DEPUTY BEASOM: No. The last
11 time I -- I remember anything over 100 was
12 probably prior to COVID.

13 MS. HALLAM: Prior to COVID, okay.

14 CHIEF DEPUTY BEASOM: Yeah.

15 MS. HALLAM: I just have a few
16 more. My first one is -- oh, Warden Dady, you
17 mentioned an incident that happened on
18 September 7th about the -- you were commending
19 two officers for how they handled it. What
20 was -- what happened to the incarcerated person
21 that was involved in that altercation? I assume
22 they were returned to the jail. Did they have to
23 receive any medical treatment? Did they receive
24 any administrative or criminal --

25 WARDEN DADY: Well, they were at an

1 outside hospital, so I would imagine they
2 received medical treatment at the outside
3 hospital and then did return to the facility.

4 MS. HALLAM: Did they get -- did
5 that person get any additional criminal charges
6 for that altercation?

7 WARDEN DADY: I'm not aware of
8 additional criminal charges for that.

9 MS. HALLAM: Did they receive any
10 administrative punishment for that altercation?
11 Like were they sent to the hole when they got
12 back for that?

13 WARDEN DADY: I would have to look
14 into that.

15 MS. HALLAM: Okay. Yeah. I would
16 like to know about that, please.

17 My next question is about -- oh,
18 this question about the average release time on
19 Page 4 of the Warden's Report. So I was trying
20 to understand -- I was under the impression that
21 not everyone went through the Discharge and
22 Release Center, even if they were just being
23 released to the street. This makes it seem like
24 the only people who don't go to the Discharge --
25 through the Discharge and Release Center who are

1 people who are released from alternative housing
2 or under Pretrial Monitoring. Can someone speak
3 to that?

4 CHIEF DEPUTY BEASOM: So this
5 release time is referencing persons that are
6 released from upstairs inside the jail.

7 MS. HALLAM: Uh-huh.

8 CHIEF DEPUTY BEASOM: Okay. So if
9 somebody is in the Intake Department and
10 prearrestment, they get a non-monetary ROR bond,
11 they're called what's quick released where
12 they're processed out through Prearrestment
13 Department. They go over to the MCB Building
14 where they're released through there. That
15 number -- that timeframe is not reflected in
16 this.

17 MS. HALLAM: How long, on average,
18 does a quick release happen?

19 CHIEF DEPUTY BEASOM: Doesn't take
20 long at all.

21 MS. HALLAM: Like an hour, two
22 hours?

23 CHIEF DEPUTY BEASOM: We just have
24 to get the property back that we took on the
25 front side of Intake back to that person. If we

1 had -- if they had like a large amount of money
2 we put in the safe, we have to get that back.
3 But once that happens, then they're out the door.

4 MS. HALLAM: And what hours are the
5 Discharge and Release Center open?

6 DEPUTY WARDEN CLARK: 8:00 a.m. to
7 8:00 p.m.

8 MS. HALLAM: Monday through Friday?

9 DEPUTY WARDEN CLARK: Right. And
10 then 8:00 to 4:00 on Saturday.

11 MS. HALLAM: 8:00 to 4:00 on
12 Saturday.

13 Okay. So nobody is released
14 outside of those windows?

15 DEPUTY WARDEN CLARK: It could
16 happen that somebody would be released on a
17 Saturday beyond the 4:00 p.m. time, or
18 occasionally we get one or two releases on a
19 Sunday, but that's pretty atypical.

20 MS. HALLAM: So those people
21 wouldn't go through the Discharge and Release
22 Center?

23 DEPUTY WARDEN CLARK: Correct.

24 MS. HALLAM: So they -- are they
25 included -- like which of these numbers are those

1 folks included in? Are they included in the 84
2 number, because this presents it as these -- this
3 is the number of people who are like alternative
4 housing or are pretrial electronic monitoring?
5 Basically are they accounted for in this report,
6 people who don't go through the Discharge and
7 Release?

8 DEPUTY WARDEN CLARK: They would
9 still be accounted for because they still go
10 through the same workflow process as people who
11 do go through the DRC.

12 MS. HALLAM: Even though they
13 didn't actually go out when the --

14 DEPUTY WARDEN CLARK: Right.

15 MS. HALLAM: -- thing was open.
16 That's what I was trying to understand. Okay.
17 So if for some reason the Discharge and Release
18 Center was closed on a day, those folks are still
19 accounted for in this whole time?

20 DEPUTY WARDEN CLARK: Correct.

21 MS. HALLAM: Thank you very much.

22 Next question is about -- oh, props
23 on the voting registration. I am for real, never
24 heard numbers that got out of the double digits
25 and yinz are at what, 250? New applications 114.

1 You know, registration is updated, 130-something.
2 Applications for ballots like that is just so
3 cool. So props for that.

4 The thing I want to ask about that
5 is what about information -- now that they are
6 registered and now that some folks have applied
7 for mail-in ballots and we know that mail-in
8 ballots just started going out this past week, is
9 there -- are any of those organizations that you
10 partnered with to do the voter registration and
11 the mail-in ballot applications, are any of them
12 coming back to do like education on the
13 candidates so that folks know what's on their
14 ballot?

15 DEPUTY WARDEN CLARK: So we use
16 League of Women Voters who has a summary of
17 candidates that they provide to us and that will
18 be posted to the tablets once it's complete,
19 which they anticipate happening very shortly.

20 MS. HALLAM: Very cool. Thank you
21 so much.

22 The next thing, what are Pod 2-C
23 and 4-A -- I noticed they're the only pods
24 with -- are those the, like, Intake pods after
25 you go up from Intake for male and female? I

1 just was looking at the August overdoses by
2 location.

3 DEPUTY WARDEN CLARK: 4-A and 1-C
4 are Intake pods.

5 MS. HALLAM: Okay. 1-C is the
6 other Intake pod. Okay. What is 2-C?

7 DEPUTY WARDEN CLARK: 2-C is our
8 Hope substance use pod.

9 MS. HALLAM: Okay. And they're --
10 okay. Gotcha.

11 The other thing I was wondering --
12 just trying to understand when someone is
13 reported as being requested for a medical release
14 but they're in Intake. I was just kind of
15 confused about that. So that means we didn't
16 think that they were well enough to stay in the
17 jail. We sent them upstairs, and we just didn't
18 report for that because you requested it while
19 they were in Intake?

20 DEPUTY WARDEN TOMA: That just
21 means that it was requested upon entry into the
22 jail and the medical screening was completed.
23 There were concerns about that individual, so we
24 submitted it from Intake.

25 MS. HALLAM: Okay. Is there any

1 situation in which the jail would refuse taking
2 custody of someone being brought in by the police
3 or another entity because of their medical
4 situation?

5 DHSA MARTIN: Sure, there is. It
6 also comes down to a legal thing too, as well as
7 their coming in the jail. If somebody in -- a
8 new arrest and somebody has an obvious injury
9 that they need treated before coming, then yes,
10 we can refuse them. Those officers can take them
11 back to the hospital to get cleared before coming
12 back in.

13 Sometimes if somebody comes in on a
14 warrant and they come in with that same injury,
15 we have to send our own officers out. We have to
16 keep them first and then send them out.

17 So on how we can refuse them
18 changes. It's all based on the situation.
19 The -- you know, person -- but yes, we do have a
20 list of criteria that we try to follow, and
21 there's nothing black and white because nothing
22 in healthcare is black and white. So, again, it
23 all comes down to clinical presentation of the
24 patient.

25 MS. HALLAM: Okay. And then these

1 three that I'm guessing the Judge refused to
2 release them. That's why they were not released.
3 Would they be then sent to the hospital?

4 DHSA MARTIN: Depending. It
5 honestly depends on who those people were.
6 Sometimes yes, sometimes no. When somebody comes
7 in with a list of comorbidities, we submit that
8 person to the courts. This person has potential
9 to be, you know, a vulnerable patient. They
10 would do better in a different type of setting,
11 so we submit that.

12 If they don't, sometimes they're
13 just housed in our infirmary. Sometimes they go
14 to our chronic care unit so we can still monitor
15 them closely.

16 MS. HALLAM: Okay. My last
17 question is about tablets on Page 6 of the
18 Warden's Report. So I was just like doing some
19 math here. So there's 1,735 tablets in the jail.
20 That's 1,707 tablets on Pod-28 and IT office, and
21 then there's 1,713 people. So I'm -- you know,
22 obviously excluding the IT tablets and just
23 working off that 1,707 number because that's the
24 only number we can use. So basically that would
25 look like we were 6 short from having enough

1 working tablets for every person in the jail.

2 But then when I go through each pod
3 and look at the various matchups of number of
4 tablets available versus number of people
5 incarcerated, there are 13 pods that don't have
6 enough tablets for the number of people on there,
7 and 53 tablets that that chart is short compared
8 to the number of people. So I was just wondering
9 if somebody could speak to those discrepancies.

10 DEPUTY WARDEN CLARK: So the 1,707
11 number is how many tablets have been distributed
12 to individuals in the jail. The 28 tablets are
13 ones that are in the process of being
14 redistributed so individuals have left. That
15 goes to the IT Office in the jail to be
16 repurposed and reassigned to -- to other
17 individuals in the jail.

18 MS. HALLAM: Okay. So being in the
19 IT Office does not mean they're waiting to go out
20 to repair? So where do those tablets sit at?

21 DEPUTY WARDEN CLARK: The tablets
22 that are waiting to be redistributed?

23 MS. HALLAM: Yeah, like how would I
24 see them? I know there's this bottom section for
25 tablets out for repair.

1 DEPUTY WARDEN CLARK: Correct.

2 MS. HALLAM: But where do you
3 account for the tablets that are broken, that are
4 waiting to go out for repair?

5 DEPUTY WARDEN CLARK: On the last
6 day of the month, which is when we account for
7 what tablets are out for repair, there weren't
8 any out for repair and none waiting to go out for
9 repair.

10 MS. HALLAM: I know. I'm asking
11 when there are, will that --

12 DEPUTY WARDEN CLARK: Yes, then you
13 would see that in that --

14 MS. HALLAM: Two different numbers.

15 DEPUTY WARDEN CLARK: Correct.

16 MS. HALLAM: Gotcha.

17 DEPUTY WARDEN CLARK: But since
18 last month there wasn't any, that's why you're
19 not seeing that reflected in the report.

20 MS. HALLAM: Okay. And so then --
21 I mean -- okay. So then we're using the 1,735
22 number. We should have -- that's more tablets
23 than incarcerated people, right? So 1,735 versus
24 1,713, why are there 53 people that are on pods
25 that don't have enough tablets for them?

1 DEPUTY WARDEN CLARK: So there's
2 also pods that you can see where there's
3 additional tablets, more tablets than people.
4 That's because people move throughout the jail
5 many times throughout the day. So when the
6 tablet hits, let's say, to be counted, it may
7 have been on this pod, but then that person
8 moves, and the time that the tablet is recorded
9 for being in a specific location can be different
10 than the time where we're recording the person.
11 So it's being reported in two different locations
12 at different times.

13 MS. HALLAM: Why not record those
14 at the same time?

15 DEPUTY WARDEN CLARK: Because we're
16 getting the population number off of our Internal
17 Population Reports, and the tablet report is a
18 different process.

19 MS. HALLAM: Okay. So these 53
20 people, you're saying there is not a single
21 person without a tablet?

22 DEPUTY WARDEN CLARK: I'm not
23 saying there's not a single person without a
24 tablet because I would have to vet every single
25 person to --

1 MS. HALLAM: How would I identify
2 that from this report? Because that's what I
3 want to know. That's inevitably --

4 DEPUTY WARDEN CLARK: Sure.

5 MS. HALLAM: -- why we ask for this
6 information --

7 DEPUTY WARDEN CLARK: Right.

8 MS. HALLAM: -- to be included.
9 How would I know by looking at this Page 6 if
10 there's a person without a tablet in the jail?

11 DEPUTY WARDEN CLARK: You wouldn't
12 know probably from this report --

13 MS. HALLAM: Okay.

14 DEPUTY WARDEN CLARK: -- just
15 because of the movement that happens in the
16 facility.

17 MS. HALLAM: Is there a way that
18 you suggest this report to be presented
19 differently so that we would be able to identify
20 that, understanding that that's the information
21 we're looking to get from this?

22 DEPUTY WARDEN CLARK: So the way
23 that we do it to identify who doesn't have
24 tablets is we have our daily roster of who is in
25 the jail, and we match that up to who has tablets

1 to ensure that people are getting tablets when
2 they come in, or if they get missed that they get
3 caught.

4 MS. HALLAM: Is -- that's.

5 DEPUTY WARDEN CLARK: That would be
6 a pretty extensive report.

7 MS. HALLAM: What, the number of
8 people that don't have tablets?

9 DEPUTY WARDEN CLARK: No, I'm
10 saying if you wanted to identify every person per
11 every day because there's a flow of people in and
12 out of the jail every day. So it's very -- it's
13 a very fluid process.

14 MS. HALLAM: Could you not do a
15 point in time like you're doing these other
16 things?

17 DEPUTY WARDEN CLARK: Yeah.

18 MS. HALLAM: Yeah. I would be
19 really interested in that. I don't know if
20 there's any objections from the rest of the
21 Board. That is what I think we're trying to find
22 out as we work to try to address the different --

23 DEPUTY WARDEN CLARK: You want to
24 know at one specific point in time, so let's say
25 the last day of the month --

1 MS. HALLAM: Sure.

2 DEPUTY WARDEN CLARK: -- who in the
3 jail or how many people in the jail did not have
4 a tablet?

5 MS. HALLAM: Correct.

6 DEPUTY WARDEN CLARK: Okay.

7 MS. HALLAM: And that's all I have.
8 Thank you very much.

9 MR. PERKINS: Man-E.

10 MAN-E: I only have a few
11 questions. We talked a lot about Intake, and
12 most of the people that we come across, myself
13 included, who have been through the Intake
14 process we often refer to it as the worst part of
15 the jail. Just from this report, it accounts for
16 4 out of 7 overdoses, 11 out of 25 uses of force.

17 And in your report, Warden Dady,
18 you mentioned some, I guess, upgrades. You said
19 you implemented wristband identifiers and you're
20 continuing to remodel the upfront medical area.
21 You also mentioned, you know, a reconstruction of
22 Intake. Can you just elaborate on that a little
23 bit? Like, what does that look like? When
24 you're talking about reconstruction, are you
25 talking about the way that the staff operates

1 within the Intake process, or are you talking
2 about like the actual construction of the rooms
3 themselves?

4 WARDEN DADY: I guess a little bit
5 of both. Looking to have the medical staff be
6 more upfront in the -- give them an area where
7 they can -- they're able to see residents as they
8 come in. And then looking for ways, in the
9 bigger scope of things, to have detox housed in
10 the same area so that they're not, you know, in
11 individual cells down there.

12 And so the wristbands came about
13 through that where we can, you know, have the
14 medical providers or even -- you know, the
15 officers are able to identify those that are
16 vulnerable through the wristbands. So I guess
17 it's a little bit of both with staffing and with
18 the structure itself to try to change, so.

19 MAN-E: Okay. Thank you. My next
20 question is about Discharge and Release. I know
21 you said that you distributed 382 -- oh, I do
22 have to say I'm very, very happy to hear that
23 it's open from 8:00 to 8:00 while people are
24 being released. I appreciate that. I'm assuming
25 that includes a cashier as well? Thank you,

1 thank you. I'm happy to hear that.

2 You say you distributed 382 bus
3 tickets to help people get home, which is also
4 excellent. I applaud you for that, but we often
5 come in contact with people who have been
6 extradited here or people who are not from
7 Allegheny County. Is there any mechanism in
8 place to get people home even if they don't live
9 here in the county?

10 DEPUTY WARDEN CLARK: Yes. We send
11 people all over the country. So if they need a
12 bus ticket to Florida, we give them a bus ticket
13 to Florida.

14 MAN-E: Really?

15 DEPUTY WARDEN CLARK: Yes.

16 MS. HALLAM: Uh-huh.

17 MAN-E: How does that work? They
18 just have to ask for it?

19 DEPUTY WARDEN CLARK: They just
20 have to ask.

21 MAN-E: Really.

22 DEPUTY WARDEN CLARK: I mean,
23 there's a process on our end for confirmation, so
24 you know, we're going to contact that family
25 member in Florida and make sure that's a valid

1 place for them to go, and then we'll purchase the
2 bus ticket.

3 MAN-E: I gotcha. The reason I ask
4 is because very recently -- you know, we table
5 outside of the jail. We came across a man who
6 was from Texas who said he had no way of getting
7 home, and I reached out to some organizations
8 that I thought would help him travel but, you
9 know, I found out that was just for local travel.
10 So the program that you're talking about, is that
11 something that the jail does specifically, or is
12 that like an outside entity that you partner
13 with?

14 DEPUTY WARDEN CLARK: No, the jail
15 does that.

16 MAN-E: All right.

17 DEPUTY WARDEN CLARK: So when we
18 know that somebody is releasing and they say I'm
19 going to get out and I have -- I'm, you know,
20 from New York City, how am I going to get there?
21 As long as they let us know, we -- we purchase
22 those tickets after confirmation that they have a
23 valid place to go.

24 MAN-E: Okay. I gotcha. So for
25 that guy specifically from Texas that I'm talking

1 about, he was already released. Matter of fact,
2 believe it or not, he was released the day before
3 he came back. I'm not exactly sure why, but you
4 know for somebody like that who was already
5 released, already out, what can he do to get
6 back? Is there a way, you know, to communicate
7 to the jail, hey, I got released. I didn't
8 communicate properly and, you know, now what do I
9 do? How can I get back?

10 DEPUTY WARDEN CLARK: I mean, they
11 can reach out to us through our Discharge and
12 Release Center, and we would have to vet those on
13 a case-by-case basis because it's going to depend
14 how far -- how long they've been gone and what --
15 how viable the home plan is.

16 MAN-E: I gotcha. Is there like a
17 phone number for the Discharge and Release
18 Center?

19 DEPUTY WARDEN CLARK: Yes. I don't
20 have it on me though. I mean, anyone could call
21 the general number for the jail, and they'll
22 direct them to the Discharge and Release Center.

23 MAN-E: Can you tell me that
24 number, please?

25 DEPUTY WARDEN CLARK: It's

1 350-2000.

2 MAN-E: 350-2000.

3 DEPUTY WARDEN CLARK: Yes.

4 MAN-E: And they can direct them to
5 the --

6 DEPUTY WARDEN CLARK: Discharge and
7 Release Center.

8 MAN-E: Discharge and Release
9 Center. You mentioned quite a few times about
10 like a viable home plan. Like what if they don't
11 have a home plan?

12 DEPUTY WARDEN CLARK: Well, I mean,
13 we're not going to send them to another place
14 just to be homeless and not have any options.
15 But -- so if we're going to purchase the bus
16 ticket, then we're going to confirm with a family
17 member that they have a place to go. I mean,
18 we're not going there to check it or anything,
19 but we are going to reach out to the family
20 member, a loved one that they planned to reside
21 with just for confirmation that they are going
22 there, and also to make sure that that family
23 member will be able to get them from the bus
24 station. We do a lot of that coordination as
25 well.

1 MAN-E: Okay. And that's just like
2 verbal confirmation, right?

3 DEPUTY WARDEN CLARK: Yes.

4 MAN-E: Okay. I gotcha. Thank
5 you.

6 My next questions are related to
7 healthcare. I think in this report it says
8 there's like 1 person that's Tier 5, 28 people
9 that's Tier 4. I know in one of the meetings we
10 talked a lot about the tiers. I really -- can
11 you, you know, refresh my memory on what these
12 tiers actually mean?

13 DHSA MARTIN: For next month, I can
14 bring you a full listing as well, just so you can
15 have a better understanding of it. But just a
16 brief rundown, the tier status is what their
17 level of observation is -- is what they need in
18 Tier 5 is somebody who may be actively harming
19 themselves, and we need to watch them very
20 closely.

21 Tier 4 may have thoughts of wanting
22 to harm themselves, so we're going to watch them
23 but not a direct minute-by-minute constant
24 observation.

25 MAN-E: And I'm assuming, like, to

1 have some restrictions, right?

2 DEPUTY WARDEN CLARK: They -- they
3 would be housed in the mental health pod with
4 restrictions, yes.

5 MAN-E: I gotcha. Do they have
6 access to the tablets, though?

7 DHSA MARTIN: I don't know if they
8 have access to the tablets on the tiers or not.
9 I'd have to double-check on that -- depending on
10 what tier status they're on.

11 MAN-E: Okay. So if you're like
12 tier --

13 DHSA MARTIN: Probably not on 5. I
14 want to say probably not on 5. If you're
15 actually turning the hardware off, you're not
16 going to get anything.

17 MAN-E: But Tier 4, possibly or
18 probably?

19 DHSA MARTIN: I'll double-check all
20 that information for you for next month.

21 MAN-E: Appreciate it. My last
22 question is about the mobile competency
23 restoration team. Can you elaborate on that,
24 please?

25 DHSA MARTIN: Sure. I was talking

1 about this a few months ago. It's a team of
2 different level providers. They're going to be
3 providers. There's going to be some nurses that
4 come in, different mental health staff that is
5 going to come into the building. They're going
6 to meet with our patients. Their goal is to get
7 them restored from a mental health standpoint so
8 maybe they don't have to go to Torrance. Maybe
9 we can get them to a place, different type of
10 facility, alternative housing, something like
11 that, a different type of home plan so they can
12 continue their care.

13 This team will also start their
14 care within the jail but then they'll be able to
15 follow them on the outside as well.

16 MAN-E: That's it. Thank you.

17 MR. PERKINS: Corey.

18 MR. O'CONNOR: The link is up now.
19 Sorry. The staff got it fixed. So if anybody
20 wants to join one of the subcommittees as we
21 mentioned or serve on ones that we can, if you go
22 on our website, AlleghenyController.com, and then
23 if you look at the headlines where you can go to
24 jail oversight link on that page, then there is a
25 link at the bottom where you can apply and the

1 application is up and running there. And we can
2 all send it out so everybody can do social media
3 tomorrow as well, but it is up and running now.
4 So thank you.

5 MR. PERKINS: All right. Thank you
6 for the reports. And now is the time for Public
7 Comment and it looks like the first on the list
8 is Reverend David Swanson.

9 **PUBLIC COMMENT**

10 REVEREND SWANSON: My name is
11 Reverend Dave Swanson, S-W-A-N-S-O-N. My
12 comments today will be in part responding to the
13 Nation article that was published on September
14 9th. It is my honor to serve as pastor of
15 Pittsburgh Mennonite Church and the President of
16 the Pennsylvania Interfaith Impact Network.

17 A little over a month ago, 669
18 people in the ACJ were being held on probation
19 detainers which means someone on probation has
20 been arrested and put in the jail. That's 35
21 percent of jail residents. Decades ago,
22 beginning with that "Tough on Crime" Nixon
23 administration, something shifted with probation
24 sentences, according to the Brennan Center for
25 Justice. Instead of an opportunity to restore

1 lives, release on parole or probation became a
2 privilege that could be taken away for any
3 violation. Of course, race plays a massive part
4 in this. In our county where African Americans
5 make up 13 percent of our population the rest
6 comprise 42 percent of those on probation, more
7 than triple.

8 In our county, 44 percent of Gagnon
9 One probation detainer hearings, which signifies
10 hearings when someone is first arrested who is on
11 probation, 44 percent of them last less than five
12 minutes. Almost 20 percent last less than two
13 minutes. A probation detainer can mean months
14 and even years in the ACJ. We need to think
15 about that. Five minutes, two minutes, and
16 people's lives being torn apart.

17 It is my honor to serve as the
18 President of PIIN, and part of that honor has
19 been to come to know and love members of my
20 community who have been incarcerated in the ACJ
21 and State facilities, but it is possible to be in
22 a position of honor without acting honorably,
23 even one where you're addressed as Your Honor.

24 Judge Kelly Bigley, who sits on
25 this Board tasked with addressing problems in our

1 chronically understaffed jail refuses to lift
2 detainers on over 96 percent of her probation
3 violation cases that she supervises. Instead of
4 lowering the numbers of incarcerated people in
5 the jail, she ensures more people who have not
6 been convicted of a crime since they've been on
7 probation spend weeks, months, even years in the
8 jail, 96 percent of them.

9 We need people on this Board who
10 are dedicated to improving the jail's many
11 problems, not making them worse. We need people
12 who will recognize that every day in jail is a
13 trauma that can affect individual's families and
14 whole communities for generations. We need
15 people ready to honor and protect the lives of
16 the people at their mercy, not leave them to rot.
17 And so I ask that you consider the advocacy of
18 having someone on this Board tasked with
19 overseeing the jail to -- and who is exacerbating
20 the problems within it, specifically the over --
21 the greater number of resident.

22 MR. PERKINS: We have to wrap up
23 here. Thank you.

24 John K.

25 JUDGE BIGLEY: I would just say the

1 important part of Public Comment is when someone
2 specifically addresses a Board Member. The 96
3 percent figure is completely made up. I have the
4 figures from the AOPC, so you can come up
5 publicly and place a figure on the record that is
6 completely made up because that 96 percent is not
7 correct.

8 REVEREND SWANSON: What is it?

9 JUDGE BIGLEY: I don't know, but I
10 can get it for you from the AOPC. But I can tell
11 you, 96 percent is preposterous, absolutely
12 preposterous. But I guess it makes for good
13 things on Twitter or X or whatever it is you want
14 to say.

15 But what it doesn't make is for
16 constructive back-and-forth, does it? It's not
17 96 percent.

18 MR. PERKINS: All right. Let's
19 continue with the public comments.

20 JUDGE BIGLEY: When someone says
21 something specifically to me, I just want to make
22 that clear.

23 MR. PERKINS: I understand.

24 John.

25 MR. KENSTOWICZ: John Kenstowicz,

1 K-E-N-S-T-O-W-I-C-Z.

2 The need to change the training of
3 our correctional officers. As we are aware, the
4 referendum forbids the officers to use leg
5 shackles, the restraint chair, and pepper spray.
6 An integral part of the officers' training has
7 been to use these three interventions. Now what?

8 If a resident is having a bad
9 reaction to K-2, yelling, threatening others,
10 flailing arms, and is in need of a medical
11 evaluation, what is an officer to do? If a
12 resident is throwing feces at other residents or
13 staff in an apparent psychotic episode, what is
14 an officer to do? If two residents are fighting
15 within intent to inflict serious bodily harm on
16 each other, what is an officer to do? If a
17 resident is handcuffed and is kicking, screaming
18 and threatening officers, what is an officer to
19 do?

20 We are not talking about whether we
21 should be having grapefruit juice in the
22 lunchroom. We are talking about two very
23 significant factors affecting the inner core of
24 the officer's security, the risk of injury and
25 the officer's termination from their job.

1 The statistics on officer's
2 injuries in the line of duty have significantly
3 increased since the referendum passed. You have
4 heard from our 2024 CO Job Satisfaction Survey
5 the fear many officers have of walking into the
6 building thinking it will be their last day
7 because of the way administration will review
8 their use of force in a physical intervention
9 with a resident.

10 Board Members Bethany and Corey can
11 recall the history of RFP 8611, training for the
12 SERT Team. The RFP was posted with very limited
13 circulation and Warden Harper reported at the
14 December 2022 Board Meeting that no provider
15 responded to the RFP.

16 Steven Pilarski of the County
17 Executive's Office at a later meeting responded
18 that the RFP was not needed and that WPIC and DHS
19 would be providing deescalation training.

20 Let us be very clear. We are not
21 talking about verbal deescalation training. We
22 are talking about situations where verbal
23 deescalation training has not been successful and
24 a physical intervention is needed.

25 Our officers are alone in working

1 at the only jail who does not have use of these
2 three interventions. DHS and WPIC do not have
3 the expertise to train officers regarding what
4 they should do in these situations where there is
5 a need for a physical intervention.

6 An RFP needs to be initiated with
7 wide circulation which will be asking for a
8 nationally recognized expert to provide the
9 unique training the officers are asking for.

10 MR. PERKINS: All right. John,
11 your three minutes is up. If you can wrap up.

12 MR. KENSTOWICZ: I'm going to obey
13 the rule, okay?

14 MR. PERKINS: Thank you.

15 John Bolanos is next. Sorry if I
16 mispronounced your last name.

17 MR. BOLANOS: John Bolanos, B as in
18 boy, O-L-A-N-O-S, and I'm with PIIN.

19 For 9.5 months, the Allegheny
20 County Jail had appeared to turn the tide on a
21 crisis of deaths in the jail. Sadly, that
22 progress ended though with the most recent jail
23 death. We have learned through years of example
24 and experience that we can never get comfortable
25 and that we must always keep the pressure on the

1 jail to do what's best for incarcerated people.

2 We don't know the details
3 surrounding the latest death in the jail because
4 the jail continues to operate in a way that
5 values secrecy over transparency while they
6 resist efforts from the community to create
7 lasting solutions that will better the lives of
8 incarcerated people. For years we have begged
9 the jail to end solitary confinement, to provide
10 proper medical care and staffing, to conduct
11 intake in a way that addresses the physical and
12 mental health needs of the people entering the
13 jail. We have been met with excuses and
14 resistance while conditions at the jail get
15 worse. We see what is happening to our
16 incarcerated loved ones, and we are begging you
17 to help.

18 Why have no efforts been made to
19 decrease the jail population? Why are the judges
20 on this Board so eager to send people there
21 knowing the conditions? Why are Oversight Board
22 Members fought when they seek transparency?

23 It's past time we make significant
24 and substantial moves to change the culture and
25 practices that contribute to the deaths at the

1 jail, and that responsibility lies with the
2 Board. So the question is what are we going to
3 do about it?

4 Thank you.

5 MR. PERKINS: Tanisha Long is next.

6 MS. LONG: Those were some Public
7 Comments. First, I would like to thank County
8 Executive Innamorato for starting the meeting out
9 with an acknowledgement of the recent death and
10 the work that the community does to bring
11 awareness. I would also like to thank Bethany
12 and Man-E for actually going to the jail to try
13 to view that video so that we know what happened
14 in real time, or at least Board Members do.

15 I was going to launch right into my
16 public comment, but I would like to stop to
17 address John K's comments about bringing back
18 techniques that are torturous and harmful and
19 that voters in this county voted to get rid of.

20 When it comes to items like the
21 restraint chair, the Allegheny County Jail used
22 it more than any other jail in the State except
23 for Philadelphia, and Philadelphia has 6 jails.
24 So there's a reason we got rid of it. There's no
25 humane way to put someone in a restraint chair.

1 There's no humane way to leg-shackle somebody.
2 There's no humane way to ask for the things that
3 you are asking for and voters decided that those
4 are things that we did not want to see in our
5 jail. And this Board has done great advocacy on
6 making sure that we keep people like Garcia out
7 of our jail. So those are things we wanted and
8 that we asked for, and we would not want them
9 reversed just because Brian Englert asked you to
10 speak on it.

11 Furthermore, when it comes to the
12 State Statute, the State Statute is very clear
13 that this Board is to conduct investigations and
14 that the material -- the books, the notes, the
15 videos of the Warden and of the jail are to be
16 made available to Jail Oversight Board Members at
17 all times. This does not give the Warden or jail
18 administration their own will or way to decide
19 what all times means. Whether or not it's under
20 investigation, there's no leeway in the statute
21 to give you the ability to make that
22 determination. That's not up to you.

23 So at this point -- this is not the
24 first instance where a Jail Oversight Board
25 Member has been denied materials that they have

1 legal right to access to, so I'm asking the Board
2 what we are going to do to force accountability
3 and compliance of the jail so that Board Members
4 can get the things they need, because if the
5 public is not allowed to see these materials,
6 which I understand we will not, the Board needs
7 to be able to see them. And they need to be able
8 to see them before they disappear, because they
9 are altered, or before they are tampered with in
10 any way, shape or form.

11 So that is my question. What are
12 we going to do to force this compliance?

13 Thank you.

14 MR. PERKINS: Brittany Smalls is
15 next.

16 AUDIENCE MEMBER: She left.

17 MR. PERKINS: And Sharon Bonavoglia
18 is next. I'm too much of a yinzer.

19 MS. BONAVOGLIA: "Bonavoglia."

20 MR. PERKINS: "Bonavoglia." One
21 day.

22 MS. BONAVOGLIA: That G is the real
23 kicker. It's there just to confuse people.

24 Thank you, Executive Innamorato,
25 Mr. Perkins, and Warden Dady, for your comments

1 and your commitment to investigate the death of
2 Tracey Hickey during her Intake process. Her
3 death highlights the continuing need for harm
4 reduction in the jail and the need for
5 decarceration to help ensure the proper ratio
6 between residents and medical staff.

7 Judge Evashavik, who is absent
8 today and, Judge Bigley, we at PIIN hope that in
9 your short time serving on this Board, you have
10 been convinced of the staffing crisis and,
11 therefore, the need for both of you to, at the
12 very least, immediately lift detainers for
13 non-violent offenders in order to decrease the
14 jail population. And we certainly do hope that
15 all of those empty Renewal beds that we heard
16 about today will be full always.

17 And now, in order to maintain an
18 ongoing spotlight on the life and death
19 consequences of your work at this Board
20 Meeting -- at these Board Meetings and to
21 continually remember the grieving family and
22 friends, please rise for the reading of the names
23 of the dead:

24 Richard Lenhart, Robert Blake,
25 Cody Still, Daniel Pastorek, John Brady,

1 Martin Bucek, Robert Harper, Vinckley Harris,
2 Justin Brady, Paul Allen, Roger Millspaugh,
3 Paul Spisak, Gerald Thomas, Jerry Lee Ross, Jr.,
4 Victor Joseph Zilinek, Ronald Andrus,
5 Anthony Talotta, William Spencer,
6 James Washington, Damon Leroy Kayes, Tim Manino,
7 Douglas Bonomo, Zachary Sahm, Nicole Baruffi,
8 Richard Sciubba, II, Terrance Clowney and
9 tragically adding to the list one more time a
10 remembrance for Tracey Hickey.

11 My name is Sharon Bonavoglia,
12 B-O-N-A-V-O-G-L-I-A, and I am with the PIIN
13 organization.

14 **APPROVAL OF MEETING MINUTES**

15 MR. PERKINS: All right. Thank
16 you. We are moving on to the review of the
17 meeting minutes. I just wanted to make a Motion
18 to approve?

19 MR. O'CONNOR: So moved.

20 MS. INNAMORATO: Second.

21 MR. PERKINS: All in favor?

22 (Chorus of ayes.)

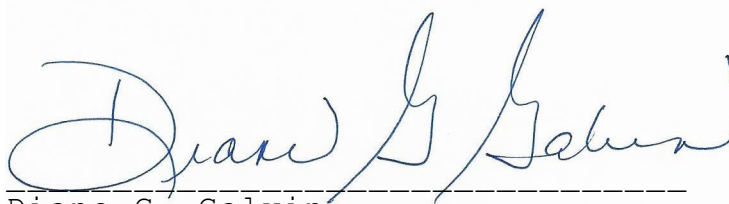
23 MR. PERKINS: Motion granted. And
24 at that point, the meeting is adjourned.

25 Thank you.

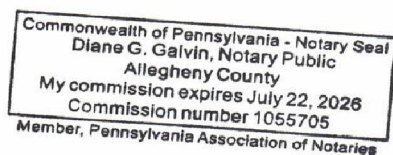
1 (Whereupon, the meeting was
2 concluded at 5:55 p.m.)
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C E R T I F I C A T E

I hereby certify that the
proceedings and evidence are contained fully and
accurately to the best of my ability in the notes
taken by me via an audio recording of the within
cause and that this is a true and correct
transcript of the same.



Diane G. Galvin
Notary Public



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JAIL OVERSIGHT BOARD ACTION TRACKER					
File No.	Date	Type	Status	Vote Information	Details
2024-035	10/3/2024	Motion	Passed (9-0)	Yays (unanimous)	Motion: to approve the meeting minutes for September 5, 2024.