

ALLEGHENY COUNTY
JAIL OVERSIGHT BOARD MEETING

Thursday
April 2, 2026

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

MEMBERS OF THE BOARD IN ATTENDANCE:

President Judge Susan Evashavik-Dilucente

Sheriff Kevin Kraus

Controller Amy Weise Clements

Councilmember Bethany Hallam, for County Council

President Pat Catena

Man-E, Citizen Member

Robert Perkins, Citizen Member

Barbara Griffin, Citizen Member (via Teams)

JAIL ADMINISTRATION IN ATTENDANCE:

Warden Trevor Wingard

Chief Deputy Warden Lee Estock

Deputy Warden of Health Services Holly Martin

Deputy Warden of Programs and Services

Connie Clark

COMMUNITY CORRECTIONS PRESENTERS

ReShawna Bell - Passages to Recovery

Darren Hood - The Renewal Center

Steve Esswein - Electronic Monitoring

PUBLIC SPEAKERS ON BOARD ACTION

Diana Hull

Tanisha Long

Cory Roma

PUBLIC SPEAKERS

Cher Redwood

Joe Shaughnessy

Sharon Bonavoglia

John Kenstowicz

Lu Randal

Malikeya Khantrece

P R O C E E D I N G S

(4:00 o'clock p.m.)

CALL TO ORDER AND ATTENDANCE

JUDGE EVASHAVIK-DILUCENTE: This meeting is called to order. Roll call.

MS. GRIFFIN: Barbara Griffin.

MS. WEISE: Amy Weise.

MR. KRAUS: Kevin Kraus.

JUDGE EVASHAVIK-DILUCENTE: Susan Evashavik.

MS. HALLAM: Bethany Hallam.

MAN-E: Man-E.

JUDGE EVASHAVIK-DILUCENTE: Just so everybody -- I think Mr. Perkins is attending by telephone, but who is going to take care of it?

MR. PERKINS: I'm here.

JUDGE EVASHAVIK-DILUCENTE: Oh. Okay. Judge DeLuca, who is our new -- my new appointee is on vacation this week, so I knew he wasn't coming. Ms. Innamorato, I think she's --

AUDIENCE MEMBER: Out of town.

JUDGE EVASHAVIK-DILUCENTE: Out of town, thank you. Does that cover everybody? Yes, okay. All right. Community Corrections Reports. Passages to Recovery.

1 COMMUNITY CORRECTIONS REPORT

2 MS. BELL: Good evening, Board.
3 RaShawna Bell, B-E-L-L, facility manager at
4 Passages to Recovery.

5 I would first like to start off by
6 correcting information that was reported for last
7 month. We did have two revocations and one
8 escape for the month of February.

9 For the month of March, we've had
10 no escapes, no revocations, and no medical
11 transports, no reported cases of COVID, zero
12 fatal or non-fatal overdoses, zero uses of force,
13 no HI or SI. Our total count is 21, with 35 beds
14 available.

15 JUDGE EVASHAVIK-DILUCENTE:
16 Questions? Bethany.

17 MS. HALLAM: Yeah, hi. Thank you
18 so much. I have almost no questions. I just
19 wanted to say that was a very thorough report. I
20 appreciate it.

21 MS. BELL: Thank you.

22 MS. HALLAM: You know, filling the
23 available beds has been something we have been
24 focusing on as a board and as a new jail
25 administration, and so I was just wondering if

1 you have noticed any, like, increase in beds
2 getting filled? I know there's a lot of turnover
3 and circulation, but have you noticed that over
4 the past few months at all?

5 MS. BELL: So not -- unfortunately,
6 I was going to say it's been pretty consistent
7 throughout the recent months.

8 MS. HALLAM: Thank you so much.

9 MS. BELL: You're very welcome.
10 Thank you.

11 JUDGE EVASHAVIK-DILUCENTE: Thank
12 you. Renewal.

13 MR. HOOD: Good afternoon,
14 everyone. Darren Hood, H-O-O-D, with Renewal
15 Incorporated, Director of Reentry Services.

16 Before I get into my report, I want
17 to take this moment to clarify any confusion from
18 the last meeting regarding driving jobs and
19 reporting late returns in relation to possible
20 escape charges. I believe I may have
21 misunderstood the question and provided
22 inaccurate information. So reentrants are
23 permitted to have driving jobs if they have valid
24 driver's licenses and other pertinent
25 information. Travel must be limited to Allegheny

1 County, and that pertinent information would be
2 an affidavit from owner of the vehicle, which
3 would be the employer agreement, proof of current
4 insurance, current registration, the vehicle has
5 a valid inspection.

6 Regarding late returns and escapes,
7 our report on the timelines that Renewal must
8 work within such as making notification within a
9 two hour window and three hours for all paperwork
10 to be completed and sent to the appropriate
11 parties, however, when someone is determined to
12 be late and their whereabouts are unknown, staff
13 try to reach out to the reentrant by making calls
14 to them via their cell phone, contacting
15 emergency contacts, or the point of their last
16 location, work, et cetera. In the event an
17 escape is reported to the Allegheny County
18 Sheriff's Warrant Office, and the escapee returns
19 to Renewal Center before the Sheriff's Office
20 issues the warrant, calls will be made to rescind
21 the escape.

22 At this time collaboration between
23 Renewal staff and ACJ's alternative housing staff
24 for a decision to be made on that reentrant's
25 alternative housing status will be made. So

1 hopefully that cleared -- I was -- it was kind of
2 getting convoluted last time, so I don't think I
3 gave the proper answers for some of the
4 questions.

5 Any questions in regards to what I
6 just went over?

7 MS. HALLAM: I just have one about
8 that specifically. First of all, thank you for
9 clarifying. I really, really do appreciate you
10 coming back and doing that.

11 My only question is about the car.
12 And is a person in Renewal -- they have a valid
13 driver's license. Are the car owners allowed to
14 be themselves, or are we talking it would have to
15 be like a company vehicle?

16 MR. HOOD: Personal vehicles,
17 they're not allowed to drive.

18 MS. HALLAM: Even if it's for work?

19 MR. HOOD: Well, that would
20 probably be worked out depending on the job.

21 MS. HALLAM: Okay.

22 MR. HOOD: But most of the driving
23 jobs that we've come across, it was, you know, I
24 doubt I would probably encourage like somebody
25 delivering pizzas.

1 MS. HALLAM: Right.

2 MR. HOOD: Especially with the
3 parking and what they're making and all that. It
4 just probably wouldn't be beneficial for them at
5 that time.

6 MS. HALLAM: Okay. I understand
7 that. Yeah. And I hope I don't feel like a pain
8 in the butt to you. I really just have a lot --
9 we have a lot of people who come to us, you know,
10 who are staying in Renewal and looking for help
11 to get a job, so I'm just looking for a really
12 clear outline of let's not even bother trying to
13 get this one because you can't do it. You won't
14 be allowed to do it. So I am --

15 MR. HOOD: Yeah. When I was
16 talking moving companies, you know, very few
17 moving companies work with just in the
18 limitation --

19 MS. HALLAM: Right.

20 MR. HOOD: -- of the county. I
21 mean, they wouldn't be able to survive. So
22 that's why I discourage that as well, but we do
23 have some people that have, and I think we have
24 one person that does work for a moving company,
25 and their employer agreed with us to, you know,

1 maintain that. Now, you know, that's on good
2 faith. And I know in the past we've had a guy
3 that was in another county, and he ended up -- it
4 was like, now you got to -- can't do that. So
5 that's why we just kind of discourage that, so it
6 doesn't get them in trouble in the long run for
7 something that could have been avoided.

8 MS. HALLAM: Very much understand
9 that. Thank you.

10 MR. HOOD: All right. I'm going to
11 go on with the rest of the report. We currently
12 have 95 work release males and 27 county males in
13 our drug and alcohol treatment program, giving us
14 a total of 122 county males.

15 There are 13 county work release
16 females and 5 county females in our drug and
17 alcohol treatment program, giving us a total of
18 18 county females.

19 Total contracted beds filled is
20 140, so Renewal has 40 empty contracted beds
21 available.

22 Releases, we had 57 reentrants exit
23 the program, 38 successful, 19 unsuccessful, 12
24 escapes, 7 program revocations. Some were pulled
25 out by the courts, and some returned for

1 behavioral issues.

2 I'm proud to report this month zero
3 deaths, zero non-fatal overdoses, zero uses of
4 force, zero self-harm incidents, zero suicide
5 attempts.

6 The number of times emergency
7 medical services were called to either building
8 for county reentrants was six since the last Jail
9 Oversight meeting. EMS were called for the
10 following conditions; once for sudden dizziness,
11 once for severe abdominal pains, once for chest
12 pains, once for a severely swollen foot, once for
13 labor pains, and once for continuous vomiting.

14 Reentrants continue to participate
15 in community service with various human services
16 organizations within the Pittsburgh area. We are
17 partnering with the Pittsburgh Downtown
18 Partnership for the NFL draft, so numerous
19 reentrants will be participating in community
20 service for that major event, so we're excited to
21 see how that works out. I think the whole city
22 is.

23 Any questions?

24 MS. HALLAM: It's the same question
25 that I asked Passages about, which was I know you

1 know we have been working to try to fill all the
2 empty beds and lower the jail population. And I
3 was just wondering if you've noticed any uptick
4 in that over the past few months --

5 MR. HOOD: Yes.

6 MS. HALLAM: -- or if it stayed
7 pretty consistent?

8 MR. HOOD: There's been increase.

9 MS. HALLAM: Yeah. Because I think
10 40 is a lower number.

11 MR. HOOD: And sometimes we get a
12 large release, like just a bunch of releases, and
13 it takes the number down, and then by the time we
14 get -- but, yeah, there's been an uptick.

15 MS. HALLAM: Yeah. I forget what
16 it was last month, but I remember it was like
17 astronomical. And so 40 seems really low
18 comparatively. So thank you for whatever you're
19 doing to help make that happen.

20 MR. HOOD: You're welcome.

21 JUDGE EVASHAVIK-DILUCENTE: Thank
22 you.

23 MR. HOOD: All right. Have a good
24 day.

25 JUDGE EVASHAVIK-DILUCENTE:

1 Electronic Monitoring.

2 MR. ESSWEIN: Good evening, Board.
3 Steve Esswein for the Probation Office. So this
4 reporting period, we had 562 individuals enrolled
5 in the program. We had 63 that completed
6 successfully and 2 that were returned for
7 violations.

8 Any questions?

9 (No response.)

10 JUDGE EVASHAVIK-DILUCENTE: Thank
11 you.

12 MR. ESSWEIN: Thank you.

13 JUDGE EVASHAVIK-DILUCENTE: Okay.
14 Public Comment on Board Actions and Motions.
15 Diana Hull.

16 **PUBLIC COMMENT ON BOARD ACTIONS AND MOTIONS**

17 MS. HULL: Diana Hull from the
18 Pennsylvania Interfaith Impact Network. I want
19 to raise a concern about families of incarcerated
20 people and their need for a timely notification
21 when an incarcerated loved one is transferred
22 from the jail to the hospital.

23 When a person in custody
24 experiences a medical emergency serious enough to
25 require hospitalization, that's not an

1 insignificant happening. No family should have
2 to learn about it days later, or through rumor,
3 or not at all. A medical emergency is a moment
4 of deep worry for a family, and when someone is
5 taken to the hospital, their family deserves to
6 know. A simple phone call can provide the
7 assurance, reduce confusion, and help maintain
8 trust between the jail and the community that it
9 serves.

10 For over 200 years, our country has
11 a long painful history of systemic and structural
12 racism, systems that have disproportionately
13 harmed black and brown communities. Many of the
14 people inside Allegheny County Jail come from
15 some of those communities. We may not know their
16 full stories, but we do know that the systems
17 that have changed the conditions of their lives.
18 And because of this history, we have an even
19 greater responsibility to ensure that people are
20 not further dehumanized once they enter the ACJ.
21 Failing to notify families when someone is
22 hospitalized is not just an oversight, it's a
23 form of disregard. It tells families that their
24 loved one's life is not important enough to
25 warrant a phone call.

1 I'm asking this Board to consider
2 adopting a clear, consistent policy requiring
3 prompt notification of designated emergency
4 contact whenever a person in custody is
5 transferred to a hospital. No exceptions except
6 for a documented cause. Such a policy would
7 strengthen transparency, support families, and
8 reinforce the values of fairness and compassion
9 that this Board strives to uphold.

10 This is a matter of basic humanity.
11 This is a matter of racial equity, and it's a
12 matter of public trust. Families should not be
13 left in the dark without the well-being of an
14 incarcerated fam- -- without the knowing of an
15 incarcerated family member. Respecting the right
16 to know is once a small but essential step toward
17 restoring dignity in a system that has far -- has
18 taken far too much from far too many.

19 Thank you.

20 JUDGE EVASHAVIK-DILUCENTE: Thank
21 you.

22 MS. HALLAM: Thank you.

23 JUDGE EVASHAVIK-DILUCENTE: Tanisha
24 Long.

25 MS. LONG: I'm here today to speak

1 in favor of passing the Motion to compel the jail
2 to create a policy for family notification. I
3 think it's important that we pass that Motion so
4 that we have a clear timeline of when families
5 can expect to receive that policy, because we've
6 waited long enough.

7 A lot of times I get up here, and I
8 talk about why -- I talk about things that are
9 going on in the jail, things that impact other
10 people, but I rarely talk about what got me into
11 jail, advocacy in jail work. And what had
12 actually happened was that my mother was
13 incarcerated and was placed in solitary
14 confinement in the Washington County Jail for
15 three months. And during that time, she was at
16 the hospital no less than seven times. Her
17 condition deteriorated, and no one knew. They
18 didn't notify us. We were never called. Had we
19 been able to intervene sooner, she would be in a
20 permanent care facility now.

21 These are things that are
22 preventable. A lot of times we bring people to
23 this Jail Oversight Board who are hearing from us
24 or other incarcerated people what has happened to
25 their family members. And for as long as I've

1 been coming to this Jail Oversight Board, we've
2 been talking about how they deserve to know. And
3 that's going on at least four or five years, and
4 we haven't had a policy.

5 And what I do want to say is it's
6 not on -- it's not on the jail. The Board has
7 had time to act. I had had, I would say the
8 pleasure, of doing a jail tour where I found out
9 things about the jail that I didn't even know,
10 things that a lot of people in this audience
11 would want to know, progress and steps that
12 they're making. And I think this needs to be
13 done hand-in-hand with the Jail Oversight Board.
14 I think the jail needs to create a policy, but I
15 also believe that the jail needs to make sure
16 that they're held to a timeline. I think we need
17 to make sure this Motion is passed so that people
18 know when to expect things, because we've waited
19 for years for this policy.

20 And I know it's going to go through
21 a process of drafts, and we're going to go back
22 and forth about it, and we're going to have
23 meetings after meetings where we wrangle over the
24 details, but we need a deadline, and we need to
25 know when families can expect it.

1 One of the names that Sharon says
2 is Tim Manino. He died in the jail, and he was
3 cremated because no one reached out to his family
4 first, and they weren't able to say what they
5 would like done with his remains. That was 2023
6 when we were talking about notification policies.

7 So it's extremely important that
8 today we vote to make sure that this policy is in
9 place by June, so families know what to expect
10 and when to expect. And I think that's a joint
11 venture between the jail and between the Jail
12 Oversight Board.

13 Thank you.

14 MS. HALLAM: Thank you.

15 JUDGE EVASHAVIK-DILUCENTE: Cory
16 Roma.

17 MR. ROMA: Good evening. Cory
18 Roma. Just kind of piggybacking off of what
19 Tanisha said, I'm also here speaking in favor of
20 the Board passing a Motion about the timely
21 notifications of like for families for people who
22 are hospitalized in the jail. You know, while I
23 have not had the experience of having somebody I
24 love who is incarcerated having to go to the
25 hospital, I know that if any of the people that I

1 love and care about were in that situation, I
2 would want to know, and I would want to know as
3 soon as possible. Like Tanisha said, this has
4 been something that the Board has been discussing
5 for years, and it is time that we move this
6 forward as soon as possible so that we can
7 develop a comprehensive, fair plan for these
8 families. They've been asking for long enough,
9 for the years I've been coming here, and for
10 years before that. So I hope we can move on that
11 soon. Thank you.

12 MS. HALLAM: Thank you.

13 JUDGE EVASHAVIK-DILUCENTE: Thank
14 you.

15 **REVIEW OF THE MEETING MINUTES FOR MARCH 5, 2026**

16 JUDGE EVASHAVIK-DILUCENTE: Can I
17 have a Motion to approve the March 5, '26 meeting
18 minutes?

19 MS. HALLAM: So moved.

20 JUDGE EVASHAVIK-DILUCENTE: Second.

21 MS. GRIFFIN: Second.

22 JUDGE EVASHAVIK-DILUCENTE: All in
23 favor?

24 (Chorus of ayes.)

25 JUDGE EVASHAVIK-DILUCENTE: Any

1 opposed?

2 (No response.)

3 JUDGE EVASHAVIK-DILUCENTE: Motion
4 carries.

5 **OLD BUSINESS**

6 JUDGE EVASHAVIK-DILUCENTE: Old
7 Business. Does any committee have an update?

8 (No response.)

9 JUDGE EVASHAVIK-DILUCENTE: Okay.
10 I have an update for the Employee Welfare
11 Committee. Mr. Perkins and I met with John
12 Kenstowicz and also Brian Englert, and two COs,
13 two officers, sorry, and Dan Jarvis, who is the
14 founder of Healing the Hero. And Healing the
15 Hero is a treatment for trauma specifically for
16 PTSD.

17 And really, we listened to the two
18 COs who had this therapy and said that they had
19 gone to therapists and had a multitude of other
20 kinds of help, and nothing worked, and after one
21 session with this Healing the Hero, they were so
22 much better. I mean, it's almost hard to believe
23 because it sounds so miraculous, okay, but they
24 swear by it.

25 And DHS, which I had no idea,

1 obviously studied this system and supports this
2 system, because DHS, and I'm not sure if it was
3 through a grant, but DHS has trained about 46
4 employees of Allegheny County to administer this
5 treatment, including 12 therapists who currently
6 work in the jail, but those therapists focus on
7 the incarcerated individuals and not the COs. So
8 we are going to reach out to DHS and just make an
9 inquiry as to whether there could be any funds
10 left to train maybe 10 COs or so in this therapy,
11 so that they can administer it to other COs.

12 Again, apparently, it is just -- I
13 keep using the word miraculous because it is hard
14 to believe that you could recover from PTSD in
15 such a fashion in one or two sessions, but it's
16 evidenced-based and apparently, it's all over the
17 country, and it's having great success. And
18 while there are therapists in the jail who have
19 been trained, they're not providing the services
20 to the COs.

21 And also, I remind everybody, you
22 know, what the COs have right now is the
23 Allegheny County employer-provided health
24 program, which they, you know, call 1-800 and get
25 a therapist. And it's -- A, they don't really

1 trust the therapist because it's
2 employer-provided, okay? But even more
3 importantly is these providers that they're
4 connected with, it takes a whole session to even
5 explain to them this is -- these are my working
6 conditions. This is what I go through every day.
7 And some of them have gone to these therapists
8 and their recommendation was well you should quit
9 your job.

10 So this is peer support if these
11 COs are trained. And peer support is
12 evidence-based, best practices type of therapy.
13 And because DHS has already bought into it, we
14 thought it would make sense to reach out to them
15 to see if they could get it into the jail through
16 the COs.

17 Anybody have any questions?

18 MS. HALLAM: Nope.

19 JUDGE EVASHAVIK-DILUCENTE: Okay.

20 Any other reports?

21 (No response.)

22 JUDGE EVASHAVIK-DILUCENTE: Rob, do
23 you want to add anything?

24 MR. PERKINS: No, thank you,
25 Your Honor.

1 JUDGE EVASHAVIK-DILUCENTE: Okay.

2 Moving along then to New Business.

3 **NEW BUSINESS**

4 JUDGE EVASHAVIK-DILUCENTE: We have
5 a Motion by Council Member Hallam and Mr. Perkins
6 to direct the development of a revised medical
7 notification policy providing for timely and
8 expanded notification to family members and other
9 specified persons in the event of an incarcerated
10 person's hospitalization.

11 MS. HALLAM: Judge, I just want to
12 clarify. I think there's a little difference
13 between the original Motion in this. There was
14 specifically a June deadline on that Motion. So
15 I just wanted to expound on what you had on the
16 agenda.

17 JUDGE EVASHAVIK-DILUCENTE: Oh.
18 Well, that's -- the Motion itself still has the
19 June deadline.

20 MS. HALLAM: Yeah. I know. I just
21 wanted to clarify that that's what the Motion
22 says.

23 JUDGE EVASHAVIK-DILUCENTE: Okay.
24 Okay. So Hallam and Perkins move. Is there a
25 second?

1 MAN-E: Second.

2 JUDGE EVASHAVIK-DILUCENTE:

3 Discussion.

4 MS. GRIFFIN: Is it a June -- like
5 a June, a June 1st deadline or a June 30th?

6 MS. HALLAM: June meeting was what
7 the Motion says. So by the June meeting, like at
8 the June meeting, they are to be presenting us a
9 policy for us to vote on.

10 And I guess I'll discuss just
11 because, you know, I helped draft this Motion. A
12 couple of public commenters spoke to a lot of
13 what I probably would have said otherwise about
14 this is something -- I mean, going back to when
15 we were having virtual meetings at the beginning
16 of COVID. This is an issue that we have been
17 talking about on this Board.

18 I'm very grateful for all the new
19 members who were not on the Board back then, so
20 that's why I kind of feel like it's my duty to
21 just solidify that background that this isn't
22 something new. This isn't something that we
23 started talking about when this Motion was
24 introduced last month, or even when you all first
25 heard about it. It's something that we have been

1 talking about and have had different iterations
2 of agreements up for nearly 6 years now.

3 And we see even by the one online
4 Public Comment that was submitted today that
5 overwhelmingly the comments we receive, the call
6 I know I and at least Man-E receive as Jail
7 Oversight Board Members, it keeps going back to
8 the issue I'm worried about my loved one. What's
9 going on with my loved one. And we've heard
10 stories of loved ones showing up to the front
11 doors -- the front desk at the ACJ freaking out
12 because they can't figure out where their loved
13 one is. And when that happens, almost every
14 single time the person is at the hospitals.

15 And attorneys who are trying to
16 prepare for court, have an upcoming trial, and
17 they show up at the jail to see their clients and
18 prepare their case, and their client isn't there,
19 and no one will tell them where they are.

20 As a member of the Jail Oversight
21 Board, when a loved one calls me, it would be
22 nice to be able to say, don't worry. I know you
23 heard a rumor that they had died, but I know that
24 they didn't. I know they're okay. I know
25 they're getting treatment, and you'll be hearing

1 from them soon.

2 It is the peace of mind that we
3 often forget about when we're talking about the
4 jail. We're talking so much about safety and
5 security and even living conditions with the
6 jail, but think about how many more people that
7 are in the jail are -- loved ones on the outside
8 who are impacted every single day by having a
9 loved one who is incarcerated.

10 Whether it's because they're having
11 to spend money so they can eat or call home,
12 whether it's just the worry, the staying up at
13 night. My loved one calls every day at 4:00
14 p.m., and today, I didn't hear from them.

15 Then getting messages from someone
16 else using their loved one's tablet or from
17 someone else in the jail that knows them saying,
18 hey, I saw your loved one pass out today and was
19 taken off in a stretcher and then they don't hear
20 from them for days. That is what we're talking
21 about.

22 It's about the people who are
23 involved, the people who are worrying, the people
24 whose job it is to care about them not knowing
25 what's going on with their loved one, not knowing

1 if they need to call the jail and get access to
2 see them, to call the courts and get access to
3 see them because maybe they're on their death
4 bed. Not knowing if they just cracked their head
5 open and getting a couple stitches and are going
6 to be right back, and they're going to be fine,
7 they don't know. And the lack of information,
8 the unknowing, is the scariest part.

9 Last month, we said, hey, guys,
10 let's wait until next month to do this Motion.
11 It's going to be noncontroversial because
12 everyone seemingly agrees in some variation of
13 some sort of notification. This is the only way
14 to ensure what we all want actually happens.

15 And I hope that from this point
16 forward, after we pass this Motion today, it will
17 be a collaborative approach with the newly
18 collaborative jail administration. Since this
19 new administration has come on board, we can all
20 agree we've worked together more than ever
21 before. This is one of those things where we
22 need to show that. We need to show that we can
23 work together, we can craft the policy that works
24 for all those parties involved, and we can ensure
25 that June, the first Thursday in June is the last

1 time anyone will have to worry about where their
2 loved one is when they're in our care and our
3 custody.

4 So with that, I will hope that
5 everyone has the courage to vote yes, that we
6 trust our jail administration to do the right
7 thing and present us with a policy that actually
8 works and actually informs the people who need to
9 be informed. I will be a yes vote, and I hope
10 the rest of you will be too.

11 And thank you for giving me that
12 time.

13 JUDGE EVASHAVIK-DILUCENTE: Okay.
14 I would just note that the current policy does
15 provide for notification to the emergency contact
16 in the event of serious illness or serious
17 injury. So that is already taking place and is
18 in effect.

19 MS. HALLAM: Judge, it does not.

20 JUDGE EVASHAVIK-DILUCENTE: Also,
21 in a perfect world, it would be great to pass
22 this policy, but we don't have a perfect world.
23 We're broke. Allegheny County is broke. Just
24 like -- just like the shackling, okay, of the
25 inmates, which was supposed to take place by the

1 hospitals, which we've never heard about again
2 because they've rejected it, so the public is at
3 risk and continues to be at risk because nobody
4 is shackled when they're taken to any kind of --

5 MS. HALLAM: There's no evidence of
6 that, Judge.

7 JUDGE EVASHAVIK-DILUCENTE: Don't
8 interrupt me. When they don't take anybody --
9 when they can't shackle them at the medical
10 appointment, the Sheriff, and I've confirmed this
11 with the Sheriff, does not have the budget, and
12 even if he had the budget, he does not have the
13 manpower currently to have two Sheriffs in a room
14 at the hospital. It is a dangerous situation
15 with one sheriff in the room. It already is
16 dangerous. Now you're going to add notification,
17 and there's still only going to be one sheriff.

18 If the sheriff is funded
19 appropriately to be able to have two sheriffs in
20 the hospital room, I'll vote for this. But until
21 he's appropriately funded, I'm voting no.

22 Does anybody else want to comment?

23 MR. KRAUS: Just for FYI, the
24 Warden and I met about this issue, and is it --
25 am I correct in the impression that you started

1 researching a new policy or?

2 WARDEN WINGARD: Yes. We have a
3 draft policy.

4 MR. KRAUS: Based on our
5 conversation and my serious safety concerns, I
6 vote no.

7 MS. HALLAM: We're not voting yet,
8 Sheriff.

9 JUDGE EVASHAVIK-DILUCENTE: You're
10 opposed to it?

11 MR. KRAUS: Yeah.

12 MS. HALLAM: Okay.

13 MR. KRAUS: All right. Sorry.

14 JUDGE EVASHAVIK-DILUCENTE: Anybody
15 else want to say anything?

16 MS. GRIFFIN: I guess -- so I've
17 never seen the policy. I don't know what's --
18 what's in the policy. I guess I'm confused about
19 the Sheriff's role in it because -- you're saying
20 the sheriff -- because at the hospital that's
21 where you are --

22 So and I don't -- I haven't heard
23 any opposition from the jail administration in
24 terms of having -- wanting to notify families
25 about what's happening. So I guess I'm confused

1 as to if we mandate that you create a policy, it
2 sounds like you could create a policy that's not
3 very enforceable or doable without the
4 Sheriff's --

5 JUDGE EVASHAVIK-DILUCENTE: No.

6 MS. GRIFFIN: -- being involved?

7 JUDGE EVASHAVIK-DILUCENTE: No.

8 They would notify the family. They're out of the
9 jail's custody. They're now in the Sheriff's
10 custody, but the jail is going to notify the
11 family, okay, and the Sheriff is responsible for
12 protection, okay? Are you with me?

13 MS. GRIFFIN: Yes. Then what is
14 the funding the Sheriff have to do the jail --

15 JUDGE EVASHAVIK-DILUCENTE: Because
16 if the jail issues a policy that all the family
17 is going to be notified, okay, the Sheriff
18 believes it would be prudent to have two Sheriffs
19 in the hospital room. It's not safe with one
20 Sheriff. The Sheriff doesn't have the budget or
21 the manpower to have two sheriffs in the
22 hospital.

23 MS. GRIFFIN: You're saying because
24 family members would then show up at the
25 hospital? That's the issue why they --

1 MR. KRAUS: Yes.

2 JUDGE EVASHAVIK-DILUCENTE:

3 Absolutely.

4 MS. GRIFFIN: Oh.

5 JUDGE EVASHAVIK-DILUCENTE: Or --

6 or, I mean, there's a whole host of reasons.

7 Sheriff, go ahead and tell her. Tell her your
8 concerns.

9 MR. KRAUS: I'm not going to get
10 too specific. I'll just say, in the matter of
11 public safety, this is a serious concern in my
12 office.

13 JUDGE EVASHAVIK-DILUCENTE: Warden,
14 do you think that having one sheriff in a
15 hospital room is good practice?

16 WARDEN WINGARD: I would -- I would
17 think that it would -- I mean, it's what -- it's
18 the procedure now. I would think that, depending
19 on the individual in the hospital, that would
20 have to be the conversation.

21 But it would -- obviously, the
22 sheriff and his team or his staff are the ones
23 that are at the hospital. When we transport,
24 we're transporting with two -- two of our
25 officers.

1 MS. GRIFFIN: It seems to me like
2 that's a separate issue that could be dealt with
3 separately in terms of hospital safety and how
4 you manage visitors and -- isn't that something
5 that the hospitals manage whether the person is
6 incarcerated or not? Like, if you can't go to
7 the Maternity Ward or the Nursery without some
8 sort of special ID? Or at Children's Hospital,
9 you have to have a special wristband.

10 I mean, it seems like that issue
11 seems to be separate from notifying the family
12 that this person is on the way to --

13 MS. WEISE: My understanding, and
14 I'm -- I don't want to speak for the Sheriff, but
15 my understanding is an individual, even though
16 released to a hospital, is still an Allegheny
17 County -- under custody of Allegheny County. And
18 so it's for safeguarding -- the concerns as I
19 understand it.

20 I'm new to the Board, so I have
21 some ramping up to do with -- you know, I'm kind
22 of curious why the existing policy is not
23 sufficient, so I'm kind of just confused right
24 out of the shoot as to what the shortfall of the
25 existing policy is. But I would imagine that

1 there's a concern of the incarcerated individual,
2 the staff at the hospital, that you have
3 someone -- you know, the more people that we
4 know -- and I get concerned about HIPAA, right?

5 I mean, I think -- what I heard at
6 the last Jail Oversight Board meeting is there's
7 a release for medical information that I know I
8 sign when I go to my physician. I -- my husband
9 is able to receive my medical information and
10 only my husband, right? So can you get that for
11 every -- I mean, reading the Motion that I guess
12 was drafted, Bethany, by you and Mr. Perkins -- I
13 mean, I've got some concerns about, you know, the
14 first -- the first requirement of the revised
15 policy is that the jail needs to ensure that they
16 get a designated appropriate contact. I don't
17 know if that's able to be done.

18 I see in here that notification is
19 suggested to come to the Board. You know, to me,
20 medical information is on a need-to-know basis.
21 I don't need to know. I mean, I don't want to
22 get notifications. There were 80-some transports
23 to the hospital in January. There were, I think,
24 60-some in February. So concerned about sheer
25 volume of all this notification and, you know --

1 so the more people that know, the higher the risk
2 to us protect -- the Sheriff protecting the
3 incarcerated individual, the family, you know,
4 the hospital, et cetera.

5 MS. HALLAM: Can I just answer a
6 couple questions here because it seems like folks
7 are debating what the policy should say. I'm not
8 sure what document you're referencing, but the
9 entirety of the Motion was a couple words that
10 was in an e-mail and was added to the agenda.
11 There is no two-page Motion. There was a draft
12 policy that we had circulated months ago, but the
13 actual Motion that we're voting on today --

14 JUDGE EVASHAVIK-DILUCENTE: Is two
15 pages. This is the Motion that you and Mr.
16 Perkins disseminated.

17 MS. WEISE: That was circulated
18 last month.

19 MS. HALLAM: Yeah. No, what we are
20 voting on is just create a policy and present it
21 to us by June.

22 JUDGE EVASHAVIK-DILUCENTE: No,
23 this is the Motion that we're voting on. It's
24 two pages. You and Mr. Perkins drafted it.

25 MS. HALLAM: No. The only part of

1 this -- you're looking -- you're reading whereas
2 clauses that are suggesting things that have
3 happened. If you look at the actual language of
4 the -- of what's in here, it does not say --
5 specify what should happen or what notification
6 should look like.

7 MS. WEISE: It's on the paper
8 that --

9 MS. HALLAM: It's just suggesting
10 what in the whereas clauses. That's not the same
11 as the binding language of the ordinance.

12 MS. WEISE: No, under -- it is
13 hereby moved, right, under 2 --

14 JUDGE EVASHAVIK-DILUCENTE: No.

15 MS. WEISE: -- within that revised
16 policy, A, B, C, D, E, F.

17 MS. HALLAM: Yeah, uh-huh.

18 MS. WEISE: And I have concerns of
19 specific things that are in A, B, C, D, E, F.

20 MS. HALLAM: Okay. But what I'm
21 saying is there is nothing specific in there.
22 There's very broad, established, clear
23 procedures -- maybe we should read -- like read
24 what should happen that establish clear
25 procedures for ensuring that incarcerated persons

1 have designated an appropriate emergency contact.
2 I don't think anyone would push back on that,
3 right? Everybody should have an emergency
4 contact designated.

5 JUDGE EVASHAVIK-DILUCENTE: Can you
6 just respond instead of repeating your Motion?

7 MS. HALLAM: Yeah. So what I'm
8 saying is I feel like we are debating the merits
9 of what a notification policy looks like. What
10 this Motion does is directs the jail to create a
11 policy and present us a policy in June.

12 And in June, we are to vote on said
13 policy. We are not voting on a policy today. We
14 are voting on directing the jail to draft a
15 policy and present to us for us to vote on at our
16 June meeting. I think a lot of these
17 conversations are very appropriate conversations,
18 even though I disagree with a lot of what's being
19 said, but they are very appropriate conversations
20 to have when we vote on an actual policy.

21 All we are voting on today is to
22 tell the jail to create a policy so that people
23 have an emergency contact. Loved ones are
24 notified. There is no specifics in there about
25 how many Sheriffs are with a person --

1 JUDGE EVASHAVIK-DILUCENTE: Right,
2 because we don't control the Sheriff.

3 MS. HALLAM: -- about whether
4 somebody is back --

5 JUDGE EVASHAVIK-DILUCENTE: We
6 don't control the Sheriff's budget. We can't
7 order the Sheriff, add another guard in the room.
8 Oh, you don't have any money?

9 MS. HALLAM: We are not doing that,
10 Judge.

11 JUDGE EVASHAVIK-DILUCENTE: You
12 can't do -- of course we can't. We don't have
13 authority to do it.

14 MS. HALLAM: Well, I disa- -- I
15 disagree then. I fund the Sheriff in my capacity
16 as a council member.

17 JUDGE EVASHAVIK-DILUCENTE: If we
18 pass this -- if we pass this -- well, not as a
19 JOB member. Okay.

20 MS. HALLAM: But we're not doing
21 that with this Motion. This Motion does not
22 direct the Sheriff to do anything. When somebody
23 leaves the jail --

24 JUDGE EVASHAVIK-DILUCENTE: This
25 Motion indirectly affects the Sheriff, okay?

1 It's real basic. When you pass a Motion that
2 tells the jail anytime somebody goes to the
3 hospital, you must provide timely notification to
4 the designated medical contact, when you pass --
5 when you direct them to start following that
6 policy --

7 MS. HALLAM: But that could be --
8 but they get to set the time.

9 JUDGE EVASHAVIK-DILUCENTE: -- then
10 that has an indirect effect on the Sheriff who is
11 responsible for the safety.

12 MS. HALLAM: That may be true,
13 Judge.

14 JUDGE EVASHAVIK-DILUCENTE: Thank
15 you.

16 MS. HALLAM: That may be true, but
17 the policy could --

18 JUDGE EVASHAVIK-DILUCENTE: For the
19 safety of the inmate, for the safety of the
20 people in the hospital, it's an indirect effect.

21 MS. HALLAM: That's okay that we
22 disagree.

23 JUDGE EVASHAVIK-DILUCENTE: We have
24 to consider the indirect effects of your actions.

25 MS. HALLAM: I do.

1 JUDGE EVASHAVIK-DILUCENTE: You
2 can't operate in a vacuum.

3 MS. HALLAM: I do. And that's why
4 I believe that this is an appropriate
5 conversation for the June meeting when we vote on
6 an actual policy, that again, the jail is
7 writing. You guys might not trust me to write a
8 policy, which is what the original plan was,
9 but --

10 JUDGE EVASHAVIK-DILUCENTE: But it
11 says to notify people. Let's -- are we done
12 discussing this? Let's.

13 MAN-E: Oh, no, no, no.

14 MS. HALLAM: No, Man-E wanted to
15 say something.

16 MAN-E: Yeah. I just wanted to
17 speak.

18 JUDGE EVASHAVIK-DILUCENTE: Go
19 ahead.

20 MAN-E: So I do think it is
21 important for us to maintain focus on what our
22 goal is. But when I think about this, as most
23 issues that I think about on the JOB, think about
24 it from a personal perspective, right? I think
25 about it as somebody who does have loved ones in

1 the ACJ, including one who has had medical
2 emergencies, right? And what actually happens,
3 whether or not there is a policy for it now, what
4 actually happens is the family, you know, is not
5 notified, it's left out to the winds, and it's
6 left to rumors. The way that I found out about
7 my loved one was somebody on the pod contacted
8 his brother, who contacted my brother, who
9 contacted me, right?

10 And by the time the story got to
11 me, the story was he was dead, you know what I
12 mean? Obviously, that wasn't the case,
13 thankfully, but that's what happens. You know, I
14 kind of second what Bethany said. So often we
15 hear from family members who don't know where
16 their loved ones are, who are worried sick, and
17 who are showing up to the jail -- and I know
18 y'all know this -- you know, causing trouble.

19 So when we're talking about the
20 notification, again, seconding what she said,
21 it's about peace of mind. It's about basic
22 respect and dignity. You know, and this is
23 important for me to say as well, and then I'll
24 wrap it up, right? People who have loved ones in
25 the jail, I understand that the jail staff, the

1 jail administration did not put them there,
2 right? We understand that the jail are not the
3 ones keeping them there, right?

4 But we also understand that while
5 you're in custody, you have a responsibility to
6 them. We understand that part. So we can deal
7 with people being in jail even if it's two, three
8 years, which I have had loved ones who were in
9 there even longer. But, you know, when something
10 happens, you know what I mean, or if somebody
11 just pops up missing, I do think it's the jail's
12 responsibility to make sure that at the very
13 least their emergency contact or even their
14 lawyer is made aware of what's going on, at the
15 very least for that peace of mind.

16 And I understand what they're
17 saying, that may have an effect of, you know, an
18 increased security risk at the hospital. Whether
19 or not there's any evidence of that ever
20 happening, I'm not sure, you know what I mean?
21 So I'm thinking more so about the position of the
22 families who have loved ones who are going to the
23 hospital. We know that's happening for sure, and
24 we know that they're not being properly notified,
25 you know what I mean? So that's it.

1 MS. WEISE: I just want to add real
2 quick, too, I'm not an attorney, but I don't know
3 that you can release medical information to an
4 emergency contact. I think you -- my
5 understanding is that you have to say, sign
6 something that says I am amenable to my medical
7 information being released to John Doe. That
8 needs to be signed.

9 MS. HALLAM: That's what we're
10 asking.

11 JUDGE EVASHAVIK-DILUCENTE: This
12 also is kind of mute because it is my
13 understanding that the Sher- -- that the Warden
14 has made a policy and he's just about to
15 distribute it to us to review.

16 But nevertheless, let's take a
17 vote.

18 MS. HALLAM: I'm not -- I'm sorry,
19 Judge. I know Ms. Griffin just wanted to say
20 something, and I can go after her if you'd like.
21 But she's had her hand raised for quite some
22 time.

23 JUDGE EVASHAVIK-DILUCENTE: Oh,
24 sorry.

25 MS. GRIFFIN: Sorry. I can't

1 remember exactly what I was going to say, but --
2 but it seems like there's more work to be done on
3 this issue from my -- I guess I wasn't aware of
4 all the work that really needs to be done. And
5 my inclination is to -- I know it's an important
6 policy and I definitely think that there should
7 be a notification policy, but I -- I would just
8 like to see us be deliberate about it and keep
9 the discussion going.

10 I'm also -- you know, I hear a lot
11 of talk about telling about -- informing loved
12 ones and loved ones being worried, but there's
13 also -- the main driver of those notifications
14 has to be the incarcerated person. Sometimes
15 people love them, but they don't love that
16 person. They don't want so-and-so to know
17 anything about their history or what's going on
18 in their medical condition, so I think that has
19 to be the driver rather than people who are
20 seeking information on this incarcerated person.

21 And also, I do think that it could
22 be dangerous when you get information about where
23 that person is. Maybe there's someone with
24 intentions to harm that person, you know, might
25 get that information. So I just feel like

1 there's a lot more work to be done on it. And
2 I'm -- being that we at least share the concern
3 about notifying families when the incarcerated
4 wants that family member to be notified. So I
5 hope we get to that point.

6 JUDGE EVASHAVIK-DILUCENTE: Okay.
7 Thank you. I'm calling for a vote now. Man-E.

8 Man-E, do you vote yes or no?

9 MAN-E: Yeah, I vote yes.

10 MS. HALLAM: I vote yes.

11 JUDGE EVASHAVIK-DILUCENTE: I vote
12 no.

13 MR. KRAUS: I vote no.

14 MS. WEISE: I vote no.

15 MS. GRIFFIN: No.

16 MS. HALLAM: Wow.

17 JUDGE EVASHAVIK-DILUCENTE:

18 Mr. Perkins.

19 MS. HALLAM: Bare minimum.

20 JUDGE EVASHAVIK-DILUCENTE: Mr.
21 Perkins.

22 MS. HALLAM: It doesn't matter what
23 he votes.

24 JUDGE EVASHAVIK-DILUCENTE: Okay.

25 MS. HALLAM: He can't undo it.

1 JUDGE EVASHAVIK-DILUCENTE: Okay.

2 Warden's Report.

3 **WARDEN'S REPORT**

4 WARDEN WINGARD: Good afternoon,
5 Board. So I wanted to report the unfortunate --
6 on May -- or March 8th, I notified you that
7 night -- that was a Saturday, about Mr. Cochran,
8 his death. That is still under investigation by
9 the Allegheny County Police, and we're waiting on
10 the final report from the Health Department.
11 When we receive that, we can have a further
12 discussion at your request.

13 Last Monday, we started 23 new
14 cadets at the ACJ. As of this week, we still
15 have 23. We will let you know when their
16 graduation is, and we'll invite you like we did
17 last time.

18 The Employees of the Month, this
19 month were caseworker Melissa Hill and Officer
20 Matthew Lyons. Melissa Hill works with our
21 female population. Does a great job with that
22 population. She's making a lot of differences
23 with our female population.

24 And Officer Lyons did a really good
25 job saving an incarcerated person from hurting

1 himself, and it could have been a much worse
2 outcome if Officer Lyons wouldn't have jumped in.
3 So we recognize both of them.

4 We talked a few months ago about
5 Dr. Conte coming to the facility. We are going
6 to bring him back in soon to work with our
7 first-line supervisors, or sergeants about verbal
8 deescalation and different techniques that they
9 can deploy.

10 And also, I talked to you about
11 Dr. Angela Hawken from BetaGov. She runs a
12 company called BetaGov. I have a lot of
13 experience with her. She's coming into the
14 facility. She's toured once. We're going to
15 work with her on bringing different trials and
16 programs to the facility that are going to
17 benefit our staff and benefit the incarcerated
18 folks. So we will update you when she gets back.
19 Both of these folks have national experience in
20 corrections, and we're looking forward to them
21 assisting us as we move forward.

22 We did add the phone room that
23 we've been talking about for the last few
24 meetings for the corrections officers to connect
25 with their families. We added that, and we're

1 looking at adding cameras in there so they can
2 connect with their families after long hours with
3 more than just a phone call, actually doing
4 FaceTime and things like that.

5 For months, maybe years, there's
6 been talk about a compensation policy. I'm very
7 happy to report, and I think Deputy Clark is
8 going to talk more about it, but as of last week,
9 we started compensating folks in the facility,
10 the incarcerated population, for programming, for
11 schooling, for certain jobs. I know that's been
12 a conversation for a long time, and I know it
13 probably didn't happen with the brevity that a
14 lot of people wanted it to happen with, but I
15 just wanted to say that it's a very complex
16 issue, probably more than most people understand.

17 And Deputy Clark and her team have
18 worked very hard these last several -- well, I
19 can only relate to the last year -- I'm sure it's
20 more than that, but there's a lot that goes into
21 this -- this policy, this procedure, actually
22 compensating people the correct way for doing
23 schooling, going to schooling, going to work,
24 going to programming, and that is now in place.
25 We're going -- we're going to modify where we

1 need to modify. We're going to evaluate it.
2 We're going to look inward on how it's going, and
3 then we'll continue with the phases, and we'll
4 continue to expand it, make it more robust.

5 But I just wanted to say that only
6 being here for a year and watching Deputy Clark
7 and her team bring this all together to the point
8 where it is now where people are being
9 compensated in that facility for the first time
10 in the existence of that facility, I wanted to
11 just make sure the Board was aware of that.

12 And that's all I have. Thank you.

13 **DEPUTY WARDEN'S REPORT**

14 DEPUTY WARDEN MARTIN: Good
15 evening, Board. For the healthcare report for
16 our substance use treatment team, our team has
17 continued to evaluate and treat our patients over
18 the past month. Treatment includes all forms of
19 medications, both oral and injectables and
20 counseling services.

21 For medications, we had 573
22 patients that were treated. For counseling,
23 there were 65 groups held, and 254 patients
24 participated, with 9 completing graduation so
25 far. Some of the group topics just for your

1 information are Addiction and Loss, Spirituality
2 and Forgiveness, Coping Skills and Relapse
3 Prevention. Goals of this team are programming
4 and services is to set patients up for success
5 after their incarceration through medication,
6 education, and connecting to resources on
7 release.

8 For our mental health team, for the
9 state hospital data, we had 11 transferred with
10 1 of them going to Norristown. The rest went to
11 Torrance. 13 were committed. None were
12 rescinded, and 17 are on the waitlist, with the
13 longest waiting since January.

14 For our tier data, zero were a
15 Tier V, which is constant observation. 20 were
16 in Tier IV, which is close observation.

17 For our mobile competency
18 restoration team, they have officially hit their
19 one year of service at ACJ with us, and it's been
20 a pleasure working with this group. Some data
21 that they provided for me to give to you guys,
22 over the past year, they worked with a total of
23 145 patients, and they diverted 41 cases from the
24 state hospital system, and that's either through
25 rescinding their commitment or diversions to

1 other community resources, or, you know, other
2 institutions, which is really successful for
3 their first year.

4 Currently, on their caseload, they
5 have 101 clients, 74 of them are housed in ACJ,
6 and 27 are in the community, and they did rescind
7 2 commitments in the last month.

8 For the physical health team, for
9 sick calls for medical we had 35 in the queue as
10 of yesterday, and for the month of March, they
11 had 1,304 completed.

12 For the mental health, 6 on the
13 list. One day was the longest waiting. They
14 completed 467 last month.

15 For dental, they had 4 waiting.
16 The longest wait was 1 day. They completed 289
17 sick calls last month.

18 And for the psychiatrist team,
19 there's 423 on the list, the longest waiting 27
20 days, with 1,261 visits completed.

21 For our medical reviews, as of
22 Intake, there's 20 last month, and that is always
23 for different reasons, for instability, that they
24 come in with a -- get them cleared at the
25 hospital first.

1 For Chronic Care and Clinic
2 Operations, this is just some information for our
3 clinic that operates. Each month, we have
4 multiple specialties that come into the ACJ and
5 to see our patients. Some of these specialties
6 include public health, infectious disease,
7 cardiology, optometry, ROG -- OB/GYN,
8 orthopedics, ultrasound team, PARR, Center for
9 Inclusion Health. This past month, the clinic
10 has 1,650 visits completed.

11 New to this team for the upcoming
12 month is a new program that we are starting. We
13 were able to onboard a wound care specialist
14 provider. She is wound care-certified, and she
15 will be treating our patients and providing
16 education to both our staff and the incarcerated --
17 incarcerees, which is really exciting to get this
18 started.

19 Some other information for you
20 guys. Every two weeks, we send out a report to
21 all healthcare staff and the administration on
22 items and some following -- on the following
23 topics. I'm going to start giving you guys some
24 highlights from those reports because this report
25 goes out to all the staff. It gives the staff

1 the opportunity to participate in this report.
2 They're the ones that submit a lot of the data.

3 So one of the topics is called "It
4 has been Noticed." This section gives back an
5 opportunity to give shout-outs to their
6 coworkers, and not just other healthcare staff.
7 Shout-outs get submitted all the time by
8 healthcare for their officers, school staff,
9 reentry staff, and honestly, anyone else who
10 shares their collaboration and team effort.

11 Some of those shout-outs this month
12 were to the mental health staff specifically
13 related to the juvenile population. This
14 collaboration has led to growth between therapy,
15 psychiatry, and education. A shout-out to an
16 officer for being helpful and helping an elderly
17 person with dimension navigate the intake process
18 with kindness, compassion, and patience.
19 Shout-out to another officer for always going
20 above and beyond explaining things to the
21 incarcerated on the processes and walking them
22 through step by step.

23 For training, the public health
24 team has distributed educational material to the
25 staff and the incarcerated. This is a monthly

1 thing that we do. It goes out to their tablets,
2 and it gets sent out to all the healthcare --
3 our -- the whole jail staff. This month was on
4 National Colorectal Awareness Month, and then we
5 had our monthly AHN simulation training and this
6 month's topic was in IVs and PIC lines. This
7 gives a chance for any healthcare staff, and we
8 do invite the operations staff as well to stop in
9 and say hi and see what kind of cool toys they
10 can play with, you know what I mean, and kind of
11 learn what we do as healthcare.

12 For recruitment and retention,
13 there is a new healthcare recruitment video out.
14 It was posted and aired on YouTube this past
15 month. It's joinACJ.com. You can see it.

16 The leadership has continued to
17 meet with the universities and other institutions
18 to bring awareness of correctional medicine and
19 open opportunities for clinical experiences.

20 And piggybacking off of that, our
21 Mental Health Department has accepted interns for
22 the summer from various universities including
23 Pitt, Slippery Rock and IUP. This will enhance
24 our programming within the jail and provide an
25 inside look at our operations at the ACJ and

1 hopefully promote positivity regarding jail
2 programming and give the opportunity to
3 experience a jail setting with hopes for future
4 job prospects.

5 DEPUTY WARDEN CLARK: This month's
6 report for programming is that Ramadan concluded
7 on March 20th with a feast for over 150
8 participants who were able to enjoy being
9 together and celebrating that day as well as some
10 good food.

11 Today, for the first time, Bishop
12 Eckman visited the jail for Holy Thursday,
13 although we do this every year. This is this
14 bishop's first visit to the jail, so he performed
15 a Holy -- a Holy Thursday Mass and also a washing
16 of the foot ceremony.

17 The administration and other teams
18 at the jail want to recognize and thank the
19 Foundation of Hope and Trinity Food Services for
20 their diligence during Ramadan, Passover, Lent.
21 They did a great job meeting the religious needs
22 of the incarcerated population.

23 The Foundation of Hope, with the
24 support of the unit management team, hosted a
25 jail-wide March Madness free throw competition.

1 Over 450 people participated in the event, and on
2 March 27th, the winner was crowned.

3 Population management, the average
4 daily population of the jail, excluding
5 alternative housing in March, was 1,729. The
6 population as of yesterday was 1,708, which is
7 down 2 percent from 30 days ago, and down
8 5 percent from one year ago. The average length
9 of stay from March of '24 to March of '25 was
10 77 days. The average length of stay for March of
11 '25 to March of '26 was 52 days. This is a
12 32 percent decrease in length of stay times.

13 On March 6th, Judge DeLuca, Judge
14 Sweeney, and Judge Hickton all toured the jail.
15 We appreciate their time and collaboration and
16 their willingness to come and see all the things
17 that we do at the jail.

18 Reentry Services, on March 13th,
19 19 employees from the jail's programming team
20 attended the Allegheny County Anchored Reentry
21 Summit at CCAC. It was a great opportunity to
22 connect with all the local reentry providers as
23 well as reentrants.

24 On March 16th, a team from the jail
25 toured Renewal's new recovery house. It was

1 great to see the initiative that Renewal's put
2 forth for that, and we look forward to see that
3 in the coming months.

4 Educational Services. On March
5 20th, members from the Department of Human
6 Services SJC Community Advisory Board attended a
7 jail tour.

8 And on March 25th, as the Warden
9 alluded to, the vocational training incentive
10 program launched. The first week of incentive
11 payments just concluded, and we have a total so
12 far of 377 participants that will receive
13 incentive payments from that. You know, as the
14 Warden said, this program did not come to be as
15 fast as we wanted, the Board wanted, or the
16 residents of the jail wanted, but we were very
17 diligent in how this program rolled out to make
18 sure that it was done methodically and in a way
19 that we can ensure accuracy.

20 It was also done with several teams
21 that I want to acknowledge tonight for their hard
22 work and dedication, and that's the County's DIT
23 team who took leadership on the software
24 development. That in and of itself took two
25 years to complete. County Stat, who has

1 always -- incredible and steps up for us to put
2 together reports and things that we need. They
3 came through for us in a big way, and I want to
4 acknowledge them, as well as Amy Kroll, Victoria
5 Wozniak, the officers, educators, and incredible
6 employees of the jail that really have made this
7 huge initiative happen.

8 And lastly, I want to announce that
9 we have someone here from Amachi tonight to talk
10 about their parenting class that they're doing in
11 the Reentry Center. As I stated last month,
12 we're going to try to have some of these
13 providers come monthly. So tonight, we have
14 Shayla Watson and Tracy Bowles to talk about the
15 programming that Amachi has in the jail.

16 MS. WATSON: Good afternoon,
17 everyone. My name is Shayla Watson. This is
18 Tracy Bowles. We both work at Amachi Pittsburgh.
19 A quick show of hands, how many people are
20 familiar with Amachi Pittsburgh. Okay. Good.

21 MS. HALLAM: Good job.

22 MS. WATSON: Yeah. Okay. So for
23 those who are unaware, Amachi's mission is to
24 empower, nurture, and protect those most
25 vulnerable to the criminal justice system. I

1 created a fancy little acronym so we can all
2 remember all of our programs together. So it's
3 five programs, first one being First Chance
4 Fellowship Program. It's facilitated at Carrick
5 but open to all 11th and 12th grade students with
6 incarcerated caregivers. There's mentorship and
7 they explore career options, and the scholarship
8 money can go towards any secondary --
9 post-secondary education.

10 We have an Ambassadors Program that
11 is for high school-aged students. Their
12 programming is also mentorship. They learn
13 leadership, advocacy, and also receiving career
14 prep. We have mentoring. We have one-to-one
15 mentoring and school-based group mentoring. We
16 have 20 mentees in waiting. So if anybody would
17 like to be a mentor or know anyone who would like
18 to mentor youth, we more than need the help.

19 Four is Family Strengthening. We
20 have workshops that support Amachi families and
21 the community around financial literacy, mental
22 health, estate planning, and many other areas.
23 We also fall under Family Strengthening in our
24 classes.

25 At the Allegheny County Jail, we

1 also support Saturday contact visits on the
2 first, second, and fourth Saturday of the month,
3 and we give out resource bags and really try to
4 figure out what families need while their loved
5 ones are incarcerated. Tracy will talk more
6 about our parenting classes.

7 And our last one is Outreach. Our
8 Outreach program, currently in the South Side,
9 and then as of July, they'll be moving towards
10 the North Side. We have a mobile unit. We have
11 a bus, and we can be anywhere in the city doing
12 sanctuary trainings, but we're really just trying
13 to get the youth involved in any way that we can.
14 So I will turn it over to Tracy to talk more
15 about our Parenting Class.

16 MS. BOWLES: All righty. So yes,
17 we are in ACJ. Can everybody hear me? This just
18 seemed so loud when everybody was talking.

19 So we do three classes at ACJ. We
20 do two male and one female weekly. We're there
21 every day on Monday, Wednesday and Friday.

22 And one thing that I've learned
23 about our class and our participants -- we're
24 going on our sixth cycle, so we've graduated
25 about 124 males and about 87 females. And one

1 thing that is consistent is most of those that
2 are incarcerated come from the same kind of
3 backgrounds. They started their life coping.
4 They missed nurturing. They may have had two
5 parents at home, or one parent at home, or
6 grandma, but all of them started coping, so none
7 of them developed defense mechanisms. None of
8 them had skill sets to do it. None of them knew
9 what to do next. They all cope, so everything
10 that happened was as a result of a situation, a
11 circumstance, a moment, but it was coping.

12 One thing that I've learned in this
13 class is that everybody in our classes wants it.
14 They want to learn. They want to know what they
15 never knew. They want to understand why they
16 failed as a parent because they didn't know.
17 They don't know enough about themselves to be
18 able to help their children. So our classes
19 become a channel for that.

20 We start out with understanding
21 their personality and characteristics because you
22 can't teach a group generally. You got to know
23 who you're talking to. You got to know who is
24 receiving what you're saying. You got to make
25 sure that what you're receiving they can

1 transfer. They also got to let us know that what
2 we're saying is relevant. So our class is geared
3 at making sure that the person that's in our
4 class, the participant, is the most important
5 person.

6 So we understand that it's a jail,
7 but that person also has to get back in society.
8 So we can't see them just as a convict. We have
9 to see them as "me" one day removed. Today I'm
10 here standing in front of you, but anything can
11 happen tonight. Tomorrow I could be looking at
12 all of you saying, hey, it's still me. Don't see
13 me different. Recognize that something happened
14 in a moment. I made an error or a judgment, but
15 I still need what I need.

16 So our focus is on making sure that
17 everyone that we sit with, everyone that we take
18 a class with, everyone that we spend time with
19 understands growth and change, understands that
20 they must learn how to have some emotional
21 regulations because it typically is the tipping
22 scale for most things. If you don't know how to
23 regulate your emotions -- you don't even got to
24 understand emotional intelligence -- then every
25 act that you do will be based on how you feel.

1 What it means only to you, not on the
2 consequence. That doesn't come in emotions.
3 There are so many facets that are missing in our
4 children in school today, and in our adults that
5 are raising these children.

6 So we must take a greater look at
7 the people that are incarcerated from a different
8 perspective because a lot of it is just what they
9 never got. You'd be amazed -- you can come to
10 our classes at any time, any time. We actually
11 encourage people to come because you would be
12 amazed at the communication back. You'd be
13 amazed at some of the things that they say.

14 You'd have to look at them. The
15 55-year-old and the 61-year-old like I never knew
16 that. The one thing we start with is you are the
17 architect of your life. They're like explain
18 that. It's a simple phrase, but they never knew
19 that it's truly all my control, that I don't have
20 to listen to the woman that's telling me go make
21 some money, we got to eat, you know? It's a
22 shared responsibility. It's the simplest thing
23 that will take them off the curve and land them
24 where they're at.

25 Or another one is, you're

1 responsible for every part you play. What does
2 that mean? To you and I we may understand it
3 fully, but to them, it's now I went because it
4 was my brother, or my uncle, or my mom needed it,
5 but nobody is looking at the consequence. So
6 it's the simple things that people weren't taught
7 that make a world of difference. We're here to
8 teach that. That is our focus. That is our
9 foundation. That is what we are genuine about.

10 Thank you.

11 MS. HALLAM: Thank you.

12 MS. BOWLES: And we actually
13 brought a pamphlet for everybody.

14 MS. WATSON: Yeah.

15 MS. BOWLES: Do you want to pass
16 them to the facility team?

17 MS. WATSON: Yeah.

18 MS. BOWLES: Thank you.

19 DEPUTY WARDEN CLARK: That
20 concludes our report, Your Honor.

21 MAN-E: All right. So not so many
22 questions today, but a couple of things I just
23 want to say.

24 First thing, congratulations on the
25 successful Ramadan or holiday season, I should

1 say. I checked in with a couple folks who were
2 fasting and asked them how it was going, how they
3 liked the food. I didn't hear any complaints, so
4 good job to everybody.

5 And in the spirit of Holly, I want
6 to shout out a couple people and a couple of
7 programs as well. Over the past month, we met
8 with technically three different people who have
9 like three different programs that's related to
10 the jail. So not necessarily as a committee but
11 just as Jail Oversight Board Member.

12 The first program I want to shout
13 out is the Matters Program, and that's run by
14 Brandi, who is in the audience -- oh, also
15 Matthew, I'm sorry. Matthew. I got it right. I
16 thought it was the hierarchy there. My fault.
17 So Matthew, shout out Matthew from DHS, who
18 actually met with Bethany and myself and another
19 person to onboard us on the Matters Network,
20 which is a new referral technology in Allegheny
21 County that assists organizations referring
22 individuals directly to outpatient care for
23 substance use disorder.

24 So they have some information here.
25 I mean, it's a really good program. I'm really

1 excited to start referring folks. I think they
2 have a presence in the jail already. I'm not
3 exactly sure to what degree, but I do know that
4 they work with Unity as well, so a shout-out to
5 them.

6 Bethany and I also met with Gary
7 Copeland and April Reynolds to discuss their
8 positions. I know you gave an introduction to
9 Gary already but, you know, they do
10 population-related positions in the jail. We
11 actually had a good conversation over coffee,
12 asked them a lot of questions, and they got to
13 explain exactly what they do on a day-to-day and
14 just how much they are focused on reducing the
15 population. I think both of them worked at
16 Renewal Center previously before coming to the
17 ACJ. And, you know, we all have a shared goal,
18 shared focus. So we appreciated that meeting.

19 We also attended the ACAR Summit
20 that you mentioned, Allegheny County Anchor
21 Reentry Summit. We saw some folks from Renewal
22 there and -- oh, yeah, it is right. Yeah, a
23 shout-out, Connie. I'm sorry. I'm sorry. Yeah,
24 so I appreciated that. It is good for -- I mean,
25 for the things that we have, I think Pittsburgh

1 and Allegheny County we do a good job at
2 organizing, bringing people together, networking,
3 talking to each other to figure out how we can
4 work together to achieve our shared goals.

5 Also, Alex, who was here earlier.
6 I think he left. He runs a program called Our
7 Futures, Our Way. You may have seen some of the
8 flyers outside on your way in. And this is
9 connecting people after they get released from
10 jail to mental health treatment. And he's
11 actually been coming to the table with us for
12 over -- for over a month now, meeting folks as
13 they get released. I mean, we had a couple
14 meetings with him to talk about the program,
15 which I think is super dope.

16 So I appreciate the fact that, you
17 know, there is a focus not just on surveilling or
18 watching people or caring for people while
19 they're in their custody, but also setting people
20 up for when they get released, you know what I
21 mean, setting them up for, you know, being
22 successful as they reenter into the community.

23 My only official question is
24 whether or not there is an automatic follow-up to
25 these online submitted comments, because this one

1 in particular is something that I think should be
2 followed up on sooner rather than later. And you
3 get a copy of these as well, right?

4 WARDEN WINGARD: (Nodding head.)

5 MAN-E: Okay. And you all have
6 access to the unredacted information?

7 WARDEN WINGARD: (Nodding head.)

8 MAN-E: Okay.

9 DEPUTY WARDEN CLARK: We have
10 reached out to the Controller's Office in the
11 past to get unredacted information, but that
12 doesn't come to us.

13 MAN-E: Okay. Not on a --

14 DEPUTY WARDEN CLARK: But we do
15 review all of those comments.

16 JUDGE EVASHAVIK-DILUCENTE: Okay.
17 I am the one who forwards it to the Controller,
18 and I can --

19 MS. HALLAM: Sorry, Judge. I had
20 my mic off. Can you forward it to all of us when
21 you get them? I mean, I would also like to
22 follow up with these people, and I think it just
23 put unnecessary work on you and the Controller's
24 Office if we have to then reach out to them for
25 the info. So when you get it, would you mind

1 just forwarding it to the members of the board?

2 JUDGE EVASHAVIK-DILUCENTE: Yes, I
3 will.

4 MS. HALLAM: Thank you very, very
5 much.

6 JUDGE EVASHAVIK-DILUCENTE: I'll
7 forward you the unredacted e-mail, so you don't
8 need to go through her.

9 MAN-E: All right. That's it for
10 me. Thank you.

11 MS. HALLAM: Okay. Thank you,
12 Judge. I'm going to start out on a positive note
13 because I also have some positive things to say.

14 First of all, Connie, especially, I
15 know I have been very aggressive, maybe about
16 getting the workers in the jail paid, probably
17 since I've first met you many years ago, and
18 especially last meeting when I was very
19 frustrated that it had not happened yet, but now
20 it's happening, and I'm very, very grateful. And
21 I know that you want to thank everybody else
22 always for everything that happens, but I know
23 that it was especially you that made this whole
24 plan come together.

25 And so I want to just thank you

1 very, very, very, very, very, very, very, very,
2 much for getting workers in the jail paid.

3 About that, you mentioned there
4 were 377 participants who are getting paid. Can
5 you do a breakdown of like program, job, stuff
6 like that?

7 DEPUTY WARDEN CLARK: Sure do.

8 MS. HALLAM: Thank you very much.
9 I'm ready.

10 DEPUTY WARDEN CLARK: So we had 114
11 vocational trainings that were paid; 224 program
12 participants, so that's 200 -- these are all
13 individual people.

14 MS. HALLAM: Uh-huh.

15 DEPUTY WARDEN CLARK: And each
16 person had multiple typically.

17 MS. HALLAM: Okay.

18 DEPUTY WARDEN CLARK: And 39
19 participants who participated in both -- both
20 vocational and educational training.

21 MS. HALLAM: Okay. So when
22 somebody participates in multiple programs, I
23 think is what you were saying about it's 224
24 unique, but they could have been 400 program
25 participants?

1 DEPUTY WARDEN CLARK: Correct.

2 Correct. So the total is 377 unique people.

3 MS. HALLAM: Uh-huh.

4 DEPUTY WARDEN CLARK: And they
5 could have participated in multiple programs and
6 vocational training.

7 MS. HALLAM: Would they get paid
8 multiple times?

9 DEPUTY WARDEN CLARK: Yes.

10 MS. HALLAM: So there's -- it's not
11 like they max out at \$10 per day?

12 DEPUTY WARDEN CLARK: No.

13 MS. HALLAM: Okay. So if I'm in
14 four programs, I'm getting paid four times --

15 DEPUTY WARDEN CLARK: You go to
16 four classes today, you're going to get \$8.
17 You're going to get paid \$2 per class.

18 MS. HALLAM: Oh, okay. Then I
19 guess I need to ask what the pay is too, because
20 I also thought it was higher than that. So it's
21 \$2 per class per day?

22 DEPUTY WARDEN CLARK: That's for
23 educational participants. For vocational
24 trainings, it's \$5 per day.

25 MS. HALLAM: Okay.

1 DEPUTY WARDEN CLARK: You could be
2 a vocational and an educational participant and
3 you'll get paid for both.

4 MS. HALLAM: Okay. Great. That is
5 very helpful information. I appreciate that.

6 So now I know from having, you
7 know, did a fiscal analysis and lobbied council
8 members to fund this, and from just years of
9 working on this, that there are a lot more than
10 114 workers in the jail. Actually, the number
11 that I used in my fiscal analysis years ago was
12 like 225. So can you give me a breakdown of like
13 who those workers are, and which workers are not
14 included in that?

15 DEPUTY WARDEN CLARK: I don't have
16 a breakdown of all of the vocational trainees.

17 MS. HALLAM: Okay.

18 DEPUTY WARDEN CLARK: But as I've
19 said in the past few meetings, we've included all
20 vocational trainees with the exception of people
21 who work on the pod in which they live. So
22 people keep saying pod workers aren't getting
23 paid. That's not accurate. If you go to a
24 different pod, we have many specialty units in
25 the jail where people report to to do vocational

1 training every day, those individuals are getting
2 the incentive. The people that are not at this
3 phase of the program are individuals who are
4 doing vocational training on the pod in which
5 they reside. That is for Phase II, and that will
6 come once we get this initial phase in a place
7 where we feel like it's -- we're ready to branch
8 out from it.

9 MS. HALLAM: Okay. So what do you
10 guys call the people who work on the pod and they
11 live? Because the only terms I've ever heard was
12 pod workers. And I heard that the people who go
13 from pod to pod are called hall workers.

14 DEPUTY WARDEN CLARK: We renamed
15 all workers. We have more professional names
16 now.

17 MS. HALLAM: What are they?

18 DEPUTY WARDEN CLARK: But now they
19 would be called custodians.

20 MS. HALLAM: Custodians. Okay. So
21 everyone, including people who work on the pod in
22 which they live, are called custodians?

23 DEPUTY WARDEN CLARK: Right.

24 MS. HALLAM: Food preparation
25 called --

1 DEPUTY WARDEN CLARK: Culinary.

2 MS. HALLAM: Oh, everybody has a
3 different name. I'm sorry. I thought you were
4 calling everyone custodians.

5 DEPUTY WARDEN CLARK: No. It
6 depends on -- it depends on what vocational
7 training program they're participating in.

8 MS. HALLAM: Okay. So custodians
9 are the people who work on the pod in which they
10 live?

11 DEPUTY WARDEN CLARK: Right. Or
12 you referenced hall workers. Those are hall
13 custodians. It's about the type of work that
14 they're doing, which is primarily cleaning and
15 taking care of those areas.

16 MS. HALLAM: Okay. Okay. And then
17 culinary is the people who prepare and serve the
18 food?

19 DEPUTY WARDEN CLARK: Correct.

20 MS. HALLAM: For both incarcerated
21 people and staff?

22 DEPUTY WARDEN CLARK: Correct.

23 MS. HALLAM: Okay. And laundry
24 workers are called?

25 DEPUTY WARDEN CLARK: Laundry

1 workers.

2 MS. HALLAM: Laundry workers.

3 Okay. And the people who take out the trash are
4 called?

5 DEPUTY WARDEN CLARK: Supply or
6 warehouse workers.

7 MS. HALLAM: Okay. I just want to
8 make sure that this is consistent, and then I
9 will never have to ask you any of these questions
10 again, okay? Supply and warehouse workers?

11 DEPUTY WARDEN CLARK: It could be
12 either or. Some of them are doing more like
13 trash runs, but a lot of the -- a lot of those
14 people do both.

15 MS. HALLAM: Okay. What about the
16 people who are doing like the basic maintenance
17 and the painting and stuff like that?

18 DEPUTY WARDEN CLARK: Painters.

19 MS. HALLAM: Painters. Okay. Is
20 there any --

21 DEPUTY WARDEN CLARK: They do not
22 do maintenance.

23 MS. HALLAM: So they're just
24 painting?

25 DEPUTY WARDEN CLARK: Right.

1 MS. HALLAM: Is there any job title
2 that I did not mention?

3 DEPUTY WARDEN CLARK: Biohazard.

4 MS. HALLAM: Biohazard, which is?

5 DEPUTY WARDEN CLARK: People who
6 clean up biohazard materials.

7 MS. HALLAM: Okay. Gotcha. And my
8 understanding is that all of those different
9 categories are only staffed by male incarcerated
10 individuals except for culinary, which now has
11 women incarcerated individuals who are preparing
12 and serving food for staff or just one of those
13 two things?

14 DEPUTY WARDEN CLARK: They do both.

15 MS. HALLAM: Okay. So women who
16 are incarcerated can prepare and serve culinary?

17 DEPUTY WARDEN CLARK: In addition,
18 we have female biohazard workers.

19 MS. HALLAM: Okay.

20 DEPUTY WARDEN CLARK: We have
21 female hall workers who work in the Level 6 hall.

22 MS. HALLAM: Okay. Hall
23 custodians?

24 DEPUTY WARDEN CLARK: Yes.

25 MS. HALLAM: Gotcha. Okay. Okay.

1 Just wanted to get that all down.

2 And so there is very much the
3 intention that custodians will be getting paid
4 soon, because it just seems so weird to me that
5 there's all these other categories of people who
6 are getting paid except them.

7 DEPUTY WARDEN CLARK: I want to be
8 specific that custodians are getting paid right
9 now, just not custodians that are doing training,
10 vocational training on their housing unit. So
11 other custodians, like right now, there's a
12 category of custodians that are getting paid.
13 It's hall custodians.

14 MS. HALLAM: Right. I got that. I
15 separated those as two different things.

16 DEPUTY WARDEN CLARK: And then --
17 and then the specialty housing unit custodians
18 are getting paid as well.

19 MS. HALLAM: Right.

20 DEPUTY WARDEN CLARK: It's just the
21 incentivizing of the custodians that are doing
22 that on the pod in which they reside.

23 MS. HALLAM: Yeah. No, I
24 understand that. I wrote them down as custodians
25 and hall custodians.

1 DEPUTY WARDEN CLARK: That is.

2 MS. HALLAM: Okay. So custodians,
3 not hall custodians, are the only category of
4 employees who are not -- sorry, workers, that are
5 not getting paid?

6 DEPUTY WARDEN CLARK: Custodians
7 who are performing that function on the housing
8 unit in which they reside.

9 MS. HALLAM: Right.

10 DEPUTY WARDEN CLARK: There are
11 custodians --

12 MS. HALLAM: Where else are just
13 custodians?

14 DEPUTY WARDEN CLARK: That are
15 custodians that leave their housing unit and go
16 to --

17 MS. HALLAM: Those are hall
18 custodians, though.

19 DEPUTY WARDEN CLARK: No, they are
20 not. They're going to a housing unit, so they're
21 going to RHU. They're going to our mental health
22 unit. They're going to our medical unit, and
23 they are working as custodians on those units.

24 MS. HALLAM: Okay. So if you do
25 the same job that somebody does on their own pod

1 on a different pod, you get paid. But if you
2 don't leave your pod for work, you don't get
3 paid?

4 DEPUTY WARDEN CLARK: Exactly.

5 MS. HALLAM: Wow. Okay.

6 DEPUTY WARDEN CLARK: For now.

7 MS. HALLAM: For now. I know.

8 Phase II.

9 DEPUTY WARDEN CLARK: Okay.

10 MS. HALLAM: I know. I know. Very
11 much. Again, this is incredible that this is
12 happening. I mean, I'm -- only 12 categories are
13 getting paid. I'm very happy. I do not want to
14 diminish that at all. I just want to make sure
15 that we continuously say Phase I. We're not
16 done.

17 Okay. Awesome. Thank you for
18 that. Really, truly, thank you for making that
19 happen.

20 Next nice thing I would like to say
21 is a couple weeks ago, it was shortly after our
22 last meeting, I had a loved one reach out to me,
23 again, freaking out, not knowing what's going on
24 with their loved one who was incarcerated. And
25 he was not taking his medication, his mental

1 health medication, and he was compensating very,
2 very rapidly, and it was very scary for the
3 family to have no idea what was going on.
4 Because of, I guess, his classification on his
5 pod, he was not having access to talk to his
6 loved ones. They were very concerned. And I
7 reached out, and the Warden, Olien, and Suzi, who
8 is the manager of video visits, all worked
9 together to facilitate a young man to connect
10 with his family. And they were just so grateful.
11 I believe they sent a really, really nice e-mail
12 to you after, Warden, just thanking you and
13 telling you how much it meant to them. And so I
14 just want to make sure you guys all know how much
15 it means to me too that we -- I am able to relay
16 that information to you.

17 And I just want to remind folks
18 that not everybody knows to call a member of the
19 Jail Oversight Board. Not everyone has loved
20 ones advocating for them and calling people to
21 help them. And so, thank you guys so much for
22 making that happen. It meant a lot to them and
23 me.

24 Okay. Moving on. You know, since
25 it seems everyone -- you know, I also do for the

1 record want to note that the Elected Sheriff came
2 to vote against innocent loved ones not being
3 notified about their family members having
4 emergencies and being rushed to the hospital and
5 then left. So just wanted to document for the
6 record that the Sheriff left after casting that
7 vote and is not presently here with us for the
8 record.

9 But since, you know, folks want to
10 talk so much about safety and security, I have a
11 thing that I would like to talk about, which is
12 the doors of the jail, the doors both where the
13 visitors come in at the front door near where we
14 table every Wednesday evening, and also the doors
15 that we go in -- what is that called, the
16 Employee Entrance that we come in for an
17 unannounced inspection? Employee entrance --
18 have -- I don't want to give a timeline of which
19 they have just been opened. The employee
20 entrance doors are just ajar.

21 A few days ago, someone walked in
22 off the street to turn themselves in and thought
23 that was the entrance to the jail because the
24 doors are broken. And I do not think it is
25 anybody's fault that is sitting up here because

1 I, being on this Board for years, know how
2 facilities requests work at the jail, and it is
3 absurd. It is absurd that there is water pouring
4 down through the ceiling in Intake. I know that
5 everyone sitting here is very frustrated by it,
6 that they can't fix it because it is not them who
7 controls facilities at the jail, and that is
8 unacceptable.

9 The water is one thing. The
10 temperature was another thing I know you guys
11 have been dealing with. The door thing is
12 absurd. If we want to say we care about safety
13 and security, then actually care about all of the
14 aspects of that. And having doors unlocked at
15 the jail is a safety concern. And I know that
16 people have been reporting this to Facilities for
17 months and months and months. I know the front
18 door, every time I'm at the jail, gets worse and
19 more unlocked. They send someone to fix it.

20 JUDGE EVASHAVIK-DILUCENTE: Okay.
21 But why are you talking about this here? You
22 should talk about this at your county council
23 meeting because --

24 MS. HALLAM: Judge.

25 JUDGE EVASHAVIK-DILUCENTE: -- we

1 have no control over Facilities.

2 MS. HALLAM: When I try that, they
3 tell me to talk about it at my Jail Oversight
4 Board meeting, and so I'm talking about it here
5 cause there is a member of this Board who does
6 control Facilities. And it is unfair to the
7 people who are sitting here to have to hear
8 arguments by these people on this board about
9 safety and security when they and their staff are
10 put at risk every single day --

11 JUDGE EVASHAVIK-DILUCENTE: I'm not
12 disagreeing with you.

13 MS. HALLAM: -- because of the
14 doors.

15 JUDGE EVASHAVIK-DILUCENTE: I am
16 not disagreeing with you. I'm saying there's
17 nothing this board can do about it. We don't
18 control Facilities either.

19 MS. HALLAM: Well, there's also
20 nothing this board can do about the Sheriff's
21 budget, yet that was discussed in depth tonight.
22 So.

23 JUDGE EVASHAVIK-DILUCENTE: Yes.
24 Because the action you wanted to take affected
25 the Sheriff.

1 MS. HALLAM: And I am going to at
2 the next Mo -- at the next meeting introduce a
3 Motion to mandate the fixing of the doors. So
4 that's why I'm talking about it tonight to give
5 notice, please fix the doors. Do not make us
6 wait another month. It is unfair to everyone
7 housed there, everyone who works there, everyone
8 who visits there, to have to continually keep
9 dealing with this and every other facility issue
10 at the jail. It has gone on too long.

11 Second thing is I am wondering
12 about the -- what's that report called that
13 Jessie sends us that like the extra detail about
14 the, you know, like Deputy Warden's Report on
15 Medical? I don't know what you call that report
16 that Jessie sends us, where it has like the sick
17 call wait times, that stuff?

18 DEPUTY WARDEN CLARK: Deputy's
19 Monthly Report.

20 MS. HALLAM: Oh, that's literally
21 what it's called. Okay. In that report, which I
22 have handy. In here, it says that the longest
23 wait time for a sick call is two days. Anybody
24 who has ever known anyone at the jail, especially
25 anybody in the jail currently, knows that there

1 are numerous people who are waiting currently
2 today, as of literally this morning, as of last
3 week, as of every day, so much longer than that
4 to get a response to their sick call.

5 So my first question is, when it
6 says there have been 1,004 completed sick call
7 requests, are those successful and unsuccessful
8 completions? Does it mean we read it and like
9 that we got one?

10 DEPUTY WARDEN MARTIN: No, those
11 would be like the completions that a healthcare
12 person -- it doesn't necessarily have to be a
13 nurse, seen that person and completed a sick call
14 with them.

15 MS. HALLAM: Okay. So where is the
16 number of sick calls that were lodged and went
17 unanswered completely?

18 DEPUTY WARDEN MARTIN: That
19 doesn't -- they all get answered. Either --

20 MS. HALLAM: That is absolutely
21 false. I have seen them on their tablets
22 numerous times. The fact that you're saying
23 every sick call gets an answer is untrue.

24 DEPUTY WARDEN MARTIN: So I don't
25 pull information from a tablet. I pull

1 information from my healthcare record.

2 MS. HALLAM: So what is the
3 disconnect between the sick calls being filed on
4 the tablet and your healthcare record? Are all
5 of those sick calls being filed coming into the
6 healthcare record?

7 DEPUTY WARDEN MARTIN: If they
8 submit a sick call through the tablet, it gets
9 entered into the healthcare record.

10 MS. HALLAM: Right. That's why I
11 was referencing the tablets because I thought
12 that was the case.

13 DEPUTY WARDEN CLARK: Yes.

14 MS. HALLAM: So they should match?
15 The things I see on the tablet should match the
16 healthcare record?

17 DEPUTY WARDEN CLARK: Would you
18 like to share with me what you're seeing?

19 MS. HALLAM: I mean, sure. Next
20 time I go to the jail, I will go around to every
21 person, ask them to show me their sick calls that
22 have gone unanswered, and give you a list. Is
23 that what you're looking for? Because I have
24 seen this over and over and over again. And it
25 has been in the past like one-offs, and I brought

1 them to you or the Warden's attention --

2 DEPUTY WARDEN CLARK: Yeah.

3 MS. HALLAM: -- for individuals to
4 get fixed, but it is just -- especially with the
5 lack of notification about stuff that's going on,
6 I think it's very important that we solve the
7 problem, which is people are not getting their
8 sick calls responded to. So your allegation is
9 that never is a sick call filed that does not get
10 a response?

11 DEPUTY WARDEN MARTIN: I can't -- I
12 can't answer that because there's so many sick
13 calls queued.

14 MS. HALLAM: Right. So then there
15 are -- are there sick calls, yes or no, that do
16 not get a response?

17 DEPUTY WARDEN MARTIN: If they get
18 released before they get seen, yes.

19 MS. HALLAM: If they do not get
20 released before they get seen, unless, you
21 know --

22 DEPUTY WARDEN MARTIN: I mean, it
23 happens.

24 MS. HALLAM: More than two days.
25 Sure, I'm sure there are those ones that --

1 DEPUTY WARDEN MARTIN: So, remember
2 when I pull this data, and I explained this
3 before in previous meetings.

4 MS. HALLAM: Uh-huh.

5 DEPUTY WARDEN MARTIN: This was a
6 snapshot of yesterday.

7 MS. HALLAM: Sure. I know somebody
8 that, as of yesterday, has been waiting longer
9 than two days, and that's just one single person.
10 If I went back through my notes, and phone calls,
11 and records, I could find more. But just for
12 example, there is 100 percent, at least one
13 person.

14 DEPUTY WARDEN MARTIN: Sure.

15 MS. HALLAM: Who has been waiting
16 longer than two days for a response to his sick
17 call.

18 DEPUTY WARDEN MARTIN: Well, I
19 would need to know what type of sick call they're
20 asking for.

21 MS. HALLAM: But your allegation is
22 that every sick call gets an answer as long as
23 they don't leave before it can get handled.

24 DEPUTY WARDEN MARTIN: Our goal is
25 to hit everybody within 24 hours. Does it always

1 happen? No.

2 MS. HALLAM: Right. Does anyone
3 ever not get an answer for months?

4 DEPUTY WARDEN MARTIN: I'm sure,
5 but I can't give you a straight answer to that.
6 I mean, you're asking for an answer. Sure.
7 Maybe.

8 MS. HALLAM: I am asking --

9 DEPUTY WARDEN MARTIN: But as of
10 yesterday, I'm telling you there is two days for
11 the sick call medical care.

12 MS. HALLAM: But I'm telling you
13 that I know that's not true. I know there are
14 more.

15 DEPUTY WARDEN MARTIN: Then get me
16 that information, and I will gladly look at it.

17 MS. HALLAM: I often bring you
18 one-off incidents.

19 DEPUTY WARDEN MARTIN: I always
20 look at it.

21 MS. HALLAM: I'm saying, how can I
22 be assured that every sick call is getting a
23 response? Every sick call. If somebody files a
24 sick call every single day, are you responding to
25 all of those sick calls?

1 DEPUTY WARDEN MARTIN: That is our
2 goal to respond to every single person.

3 MS. HALLAM: But does it happen,
4 because your statistics say we respond to every
5 single sick call, which was 1,304. Total number
6 of sick calls for a whole month by everybody in
7 the jail was 1,304.

8 DEPUTY WARDEN MARTIN: That's how
9 many were completed, yes.

10 MS. HALLAM: Correct. I'm trying
11 to get the not completed number.

12 DEPUTY WARDEN MARTIN: You want the
13 refusal number, because I can give you that
14 number.

15 MS. HALLAM: I'm not talking about
16 refusal by incarcerated people. I'm talking
17 about ones that they are begging for medical help
18 and not getting responded to. I don't know why
19 that is a difficult number to pull if you're
20 telling me that every number from the tablet goes
21 into your healthcare record. Why do you not
22 have, well, I got 4,000. I completed 1,304.

23 DEPUTY WARDEN MARTIN: I will do
24 some more digging for you for next month.

25 MS. HALLAM: Yes, please. Because

1 saying in the record that two days is the longest
2 wait time for a response to a sick call but not
3 talking about how many people have waited months
4 and never heard anything, seems very misleading
5 in data that is put into the record for these
6 meetings.

7 DEPUTY WARDEN MARTIN: This is the
8 data that you've asked for for years. So this is
9 the only data that I have --

10 MS. HALLAM: It is incomplete data.
11 It is incomplete data. We are asking for sick
12 call information. You are not giving us sick
13 call information. You are giving us parts of it.

14 MS. WEISE: Can we move on?

15 MS. HALLAM: This is very
16 important.

17 MS. WEISE: I know, but she said
18 she'd look into it. Judge handed me the gavel.

19 MS. HALLAM: She's already required
20 to provide the information.

21 MS. WEISE: Okay.

22 MS. HALLAM: Is this all that's
23 left of the meeting? Did everybody leave, or are
24 they just in the restroom?

25 MS. WEISE: No, it's us and Rob.

1 MS. HALLAM: For the record, the
2 President Judge has left the building. I would
3 also like to note that.

4 Yeah, but this is a very important
5 thing that I thought we were getting the data,
6 and then the more information I get, I realize we
7 are not getting accurate data, and I'm frustrated
8 about it.

9 Thank you. Okay. Next question is
10 about MOUD. So if you guys remember a few months
11 ago we -- there was a woman, and I'm so sorry,
12 her name is escaping me right now -- I shouldn't
13 say it anyway. So there's a woman who I came to
14 review her medical records at the jail. She was
15 hospitalized at the time. Again, her family was
16 unaware that she was hospitalized, and then
17 she -- we found out, and I know, Warden, we have
18 talked about this, that she had passed away later
19 after being discharged from the jail, after being
20 released from your custody, that she had passed
21 away.

22 So one of the things I had noticed
23 in her medical records, and from other people who
24 I've check on in the past, a consistently
25 increasing dose of their MOUD. And so that was

1 really weird to me because, again, in recovery,
2 been on MOUD in the past, and in my experience,
3 the point of MOUD was to get off of it someday,
4 right? And to start on a dose, hey, I just came
5 in off the streets from drug or alcohol, give me
6 this dose and then ideally over time, maybe it's
7 months, maybe it's years, maybe they stay on it
8 forever, cool, but the idea is to like taper it
9 down so that when they're ready they cannot be
10 relying on anything.

11 And so I didn't want to speak just
12 from my personal experience and the experience of
13 my friends, so I spent the past few months
14 meeting with addiction specialists, substance use
15 counselors, researching on the internet, even
16 like digging on Twitter a little bit just to make
17 sure I covered all my bases, and I cannot find
18 anywhere that suggests a consistently increasing
19 dose of MOUD anywhere.

20 And I know we have had issues in
21 the past about MOUD policies, and I'm glad that
22 the timing is better now. They're not getting
23 woken up in the middle of the night. Credit
24 where credit is due for that, but the fact that
25 they are getting all of their dose at once has

1 always been problematic. And I haven't heard a
2 resolution to that but now finding out that there
3 is no medical recommendation that I can find
4 whatsoever that recommends consistently
5 increasing dose.

6 And just to be clear, I'm not
7 talking like once every four months somebody gets
8 a half of a milligram increase. I'm telling you
9 this woman that I saw had like 22 instances of
10 her dose being increased, okay? She reported
11 that it wasn't something she asked for, but that
12 was offered to her and she, of course, took it,
13 as I would have too. But I'm just wondering what
14 is the reason for that, and is that the way -- is
15 that the policy? Is that what's happening with
16 everyone, that they're coming -- getting inducted
17 on a low dose and consistently increased in that
18 much over a short period of time?

19 DEPUTY WARDEN MARTIN: So I'll say
20 I'm not a provider, so I can't talk about how
21 people de-dose. I can't do those things. You
22 know, I don't diagnose things. You know what I
23 mean? I'm not a provider.

24 We have addiction medicine
25 providers in our facility, and they're the ones

1 that do the clinical assessments and the dosing.

2 MS. HALLAM: Okay. So you're
3 saying that no -- not -- that only they have any
4 say whatsoever on consistently increasing dosage
5 of MOUD in the jail?

6 DEPUTY WARDEN MARTIN: Correct.
7 The doctors, an MD, a PA, and an MD, are the ones
8 who are responsible for seeing patients,
9 clinically assessing them, talking to the
10 patients, educating the patients, and going
11 through options.

12 MS. HALLAM: Okay. And do you
13 supervise them?

14 DEPUTY WARDEN MARTIN: They're not
15 a county employee, no.

16 MS. HALLAM: So who is the
17 overseers of that?

18 DEPUTY WARDEN MARTIN: They're all
19 AHN employees.

20 MS. HALLAM: So who is the
21 overseers of their performance at the jail?

22 DEPUTY WARDEN MARTIN: AHN.

23 MS. HALLAM: Okay. So who oversees
24 AHN? Is that not you? Are you not making sure
25 that all the medical care --

1 DEPUTY WARDEN MARTIN: I mean, we
2 have our partnership.

3 MS. HALLAM: Right.

4 DEPUTY WARDEN MARTIN: We are work
5 partners, right, to treat our patients.

6 MS. HALLAM: Who holds them
7 accountable and makes sure that they're doing
8 proper procedures?

9 DEPUTY WARDEN MARTIN: They work
10 underneath our medical director.

11 MS. HALLAM: Okay.

12 DEPUTY WARDEN MARTIN: All
13 providers work underneath the medical direct.

14 MS. HALLAM: And the medical
15 director is not under you?

16 DEPUTY WARDEN MARTIN: No, because
17 they're not a county employee. We're a partner.

18 MS. HALLAM: Okay. For the last
19 time --

20 DEPUTY WARDEN MARTIN: We work
21 together.

22 MS. HALLAM: -- what county
23 employee is the -- holds the AHN contracted
24 employees accountable?

25 DEPUTY WARDEN MARTIN: It

1 depends -- in what regard are you asking for? I
2 go to Dr. Demko, our medical director in regards
3 to anything that is clinically related, provider
4 related. I'm not a doctor.

5 MS. HALLAM: Okay.

6 DEPUTY WARDEN MARTIN: She is. Is
7 that what you're asking?

8 MS. HALLAM: So if you or anyone
9 disagrees with what they're doing or thinks
10 maybe, hey, we should look into that -- I'm just
11 wondering who -- if you are the proper person for
12 me to direct this question to --

13 DEPUTY WARDEN MARTIN: You can
14 always direct any question to me, and I can get
15 it to the correct people.

16 MS. HALLAM: Okay. I would like to
17 speak to someone about consistently increasing
18 MOUD dosage.

19 DEPUTY WARDEN MARTIN: Okay.

20 MS. HALLAM: And I would like them
21 to bring medical findings that support that that
22 is the proper practice, and if it is happening to
23 everyone. Okay?

24 DEPUTY WARDEN MARTIN: Sure.

25 MS. HALLAM: Thank you very much.

1 My next question is about AHN and our contract
2 with them, actually. So I remember previous to
3 me being on the Board, I think it was called
4 Corizon, was a company that we worked with. I
5 was just wondering if there has been any -- well,
6 could we please study any correlation between,
7 since AHN has been our contracted provider at the
8 jail, if there have been increased hospital runs
9 since AHN has been our provider? I am not making
10 any assertion. I am just wanting to study that,
11 and that is not data that I have because all of
12 the ambulance runs and hospital data that we have
13 has only been -- that I personally have has only
14 been since AHN was the contracted provider.

15 So I would like to see, like, a
16 point in time count -- what's the word in my
17 head -- longevity study, that I will do if you
18 just give me the numbers. I am trying to see if
19 pre-contract with AHN, did we have fewer runs to
20 hospitals, especially AHN hospitals, or has that
21 been consistent since before and after them.

22 So if you could get me that
23 information. I don't need an answer right now.
24 It's just something I'm asking for. Do you have
25 access to that information, hospital-run data

1 historically?

2 DEPUTY WARDEN MARTIN: That's a lot
3 of thinking. You're going back over 11 years. I
4 need to think.

5 MS. HALLAM: When did AHN take over
6 the contract?

7 DEPUTY WARDEN MARTIN: 2015 is when
8 the county took over.

9 MS. HALLAM: When did AHN take
10 over?

11 DEPUTY WARDEN MARTIN: I'm pretty
12 sure it was 2015.

13 MS. HALLAM: Okay. So yeah. I
14 would like to see -- prior to us getting that
15 data, somewhere -- I mean, we get it -- we get it
16 all the time now. I know people have
17 right-to-know requested it prior to us getting
18 it, so it exists. It's compiled somewhere. It
19 shouldn't take a lot of digging, but it would be
20 very useful. I'm trying to see something as we
21 talk about all the controversy with hospital
22 runs. I think it's a very important data point.

23 I only have two more questions.
24 Oh, sorry.

25 CHIEF DEPUTY WARDEN ESTOCK: I just

1 want to go over a couple of things that we have
2 been noticing.

3 MS. HALLAM: Uh-huh.

4 CHIEF DEPUTY WARDEN ESTOCK: Our
5 opioid withdrawal, the severity of it, people
6 being placed on, you know --

7 MS. HALLAM: It's worse.

8 CHIEF DEPUTY WARDEN ESTOCK: It's
9 way worse.

10 MS. HALLAM: Okay.

11 CHIEF DEPUTY WARDEN ESTOCK: And
12 even since I've been here in the last three
13 years, so any data we give you is not going to be
14 indicative to what's happening in the community.

15 MS. HALLAM: Of course. I
16 understand there are many variables.

17 CHIEF DEPUTY WARDEN ESTOCK: If
18 you're asking specific questions on do we send
19 more people out now for other reasons, I can tell
20 you, just reviewing our stuff, that I've not seen
21 anything that gives me indication for me to
22 review that.

23 MS. HALLAM: Oh, so you have access
24 to the data pre-2015?

25 CHIEF DEPUTY WARDEN ESTOCK: I

1 don't know about 2015, but what I'm saying is we
2 get daily reports from the medical staff letting
3 us know who is out there, stable, why they're out
4 there, and stuff like that.

5 MS. HALLAM: Yeah. I appreciate
6 that. Yes, we have also seen really horrible --
7 I don't even know if they're opioids anymore, the
8 drugs that people are getting. I don't even
9 think you can get real dope these days.

10 CHIEF DEPUTY WARDEN ESTOCK: Yeah.
11 It's a shame.

12 MS. HALLAM: Yeah, but anyway, I
13 know that, and I know that's horrible, and I'm
14 sure that will be a variable. I'm just trying to
15 see -- also more people died back then, so it is
16 also maybe better that more people are going to
17 the hospital now. I'm grateful for that. So
18 this is not necessarily a witch hunt. It is just
19 a thing that I am curious about as we are
20 discussing telehealth eliminated -- not
21 eliminated, reducing the number of hospital runs.
22 As we were discussing potential other options for
23 transports to hospitals, and they were mentioning
24 to the staffing on those.

25 MS. WEISE: Can we get to your last

1 two questions, please?

2 MS. HALLAM: Do you have questions?

3 MS. WEISE: No, no.

4 MS. HALLAM: Oh, okay. Then this
5 will be the end of the meeting, and I just have
6 two more.

7 MS. GRIFFIN: Well, we have Public
8 Comments, too. And it's hot in here. And it's a
9 holiday, and so. Yeah, we did have a ten-minute
10 time limit at some point, but yeah --

11 MS. HALLAM: Yeah, but I guess we
12 don't anymore, huh?

13 MS. GRIFFIN: Just take that into
14 consideration while our enforcer is not here.

15 MS. HALLAM: Okay. Well, my next
16 question is about unit managers. And I know that
17 we had talked -- we talked a lot about unit
18 managers. Love the system of it. But something
19 that I was a little confused about is I thought
20 the unit managers were only over each floor in
21 which incarcerated people are housed. Is that
22 not true?

23 WARDEN WINGARD: Yeah. There's a
24 unit manager or two on every level.

25 MS. HALLAM: There's two on every

1 level?

2 WARDEN WINGARD: No, there's one
3 unit manager on Level 2. There's two unit
4 managers on Level 3. There's two unit managers
5 on Level 4. There's one unit manager on Level 5.
6 There's one on 6, and there's one on 8. Right
7 now, there are no incarcerated people on Level 7.

8 MS. HALLAM: Okay. I am mainly
9 talking about like Intake and the kitchen. Is
10 there a unit manager over that floor?

11 WARDEN WINGARD: That's a Captain.
12 You know, Captain Greenwald.

13 MS. HALLAM: Captain Greenwald.
14 Yeah, okay. That's what I thought. There is no
15 unit manager over that floor?

16 WARDEN WINGARD: Correct.

17 MS. HALLAM: So there is no unit
18 manager who is like dictating what happens on
19 that floor?

20 WARDEN WINGARD: Correct.

21 MS. HALLAM: That's Captain
22 Greenwald, who -- full trust in her to take care
23 of that. I just wanted to clarify that. So
24 thank you very much.

25 The last question is, I know we had

1 talked in the past about I think it's 6-F, the
2 DTU, and people -- the people who for rec they're
3 like chained to the tables, and there was like
4 talk about changing that. Has that changed yet?

5 CHIEF DEPUTY WARDEN ESTOCK: No.

6 MS. HALLAM: Okay. So that
7 practice is still happening. All right.

8 That is all my questions. I just
9 last want to remind the members of the board who
10 are here that we, as Board Members, are
11 statutorily required to do two unannounced
12 inspections every year. And I would just implore
13 my colleagues to do those more because I feel
14 this great disconnect between the people who are
15 doing those a lot and the people who aren't, and
16 understanding experiences of people who are
17 incarcerated. So thank you.

18 MS. GRIFFIN: I'll just say I do
19 agree that we should be doing unannounced
20 inspections. I don't agree that it's statutorily
21 required for each Board Member to do two a year,
22 but maybe that's a question for our new
23 solicitor.

24 MS. HALLAM: Yeah. I would
25 argue -- I've thought about this many times. The

1 only other interpretation is that we all
2 together, as a Board, have to do it twice. That
3 is the only other interpretation of it. It's
4 either each Board Member or it's the full Board.
5 It doesn't say anything about like select members
6 of the Board. I think it's pretty clear. It's
7 one or another. But again, I'll defer to a
8 solicitor, who we can ask prior to the next
9 meeting.

10 Thank you.

11 MS. WEISE: Okay. Public Comment.

12 Cher Redwood, please.

13 **PUBLIC COMMENT**

14 MS. REDWOOD: Good evening, Board
15 and Allegheny County Jail Oversight Members. My
16 name is Ms. Cher Redwood, and I am the aunt of
17 Josh Bobby Wade. I have been deeply involved in
18 my nephew's well-being for many years, helping
19 and encouraging him to make good choices so he
20 can succeed. Our entire family has consistently
21 served as his support system, even during
22 difficult times. We are grateful for Warden
23 Trevor Wingard and his administration for
24 allowing us a virtual visit a few weeks ago. At
25 present, Josh remains incarcerated due to his

1 disability and the lack of access to qualified
2 mental health evaluation staff who can verify and
3 substantiate the diagnosis he received before his
4 incarceration.

5 Family involvement is often
6 critical to successful mental health outcomes.
7 It is heartbreaking to imagine how he must feel
8 isolated from his loved ones, surrounded by
9 unfamiliar people in an unfamiliar environment,
10 and likely experiencing fear and distress. This
11 situation does not serve his needs, nor does it
12 serve the system's best interest. We are deeply
13 concerned that Josh's life and mental health are
14 at risk.

15 We are a close-knit family that
16 remains committed to his care and stability.
17 However, currently our hands are tied. Josh has
18 been placed in a pod at the Allegheny County Jail
19 where he is not permitted visitors. Josh is not
20 a criminal, and he has never been incarcerated.
21 He does have mental illness and can function well
22 and maintain stability when he is compliant with
23 his medication.

24 Prior to his attempting to seek
25 help for his mental health and -- unfortunately

1 an untrained UPMC police officer felt he belonged
2 in jail and not in the hospital. I would also
3 like to add that he worked full-time and had his
4 own apartment.

5 My plea is for the staff at the
6 Allegheny County Jail to have more compassion for
7 Josh and this entire population, and allow
8 families to step in to assist with treatment when
9 appropriate. Releasing Josh to a facility where
10 he can receive appropriate mental health
11 treatment also makes financial sense. The cost
12 of incarcerating an individual exceeds \$150 a
13 day. In contrast, placement in a proper
14 treatment facility with a psychologist on staff
15 would be more cost effective and far more
16 beneficial for his long-term well-being.

17 Josh has now been incarcerated for
18 43 days. Transferring him to Torrance is not in
19 his best interest. With access to proper medical
20 support and his family involvement, Josh would
21 have a significantly better chance of stability
22 and recovery.

23 Please help us secure the care and
24 treatment that Josh desperately needs. Our
25 family stands ready to support him in every way

1 possible.

2 Thank you.

3 MS. HALLAM: Thank you.

4 MS. WEISE: Thank you. Joe

5 Shaughnessy.

6 MR. SHAUGHNESSY: I'm here to ask
7 for more private spaces for those in the jail
8 with their attorneys so that its confidentiality
9 can be maintained at the highest level possible.

10 In researching the subject, some
11 attorneys are skeptical about conversations being
12 recorded intentionally and/or unintentionally,
13 even when the attorney and client are the only
14 ones present.

15 What I'm requesting is even more
16 basic than that. To finish, I'm asking for more
17 smaller spaces reserved for one client, one
18 attorney, without other inmates or jail staff
19 being present. Thank you.

20 MS. WEISE: Sharon Bonavoglia.

21 MS. BONAVOGLIA: Nicely done.

22 MS. WEISE: Barb helped with that.

23 MS. BONAVOGLIA: I'm really angry.

24 This is shameful. This is shameful. Barbara,
25 and I'm sorry, I don't know your name, but --

1 County Controller, what's your name?

2 MS. WEISE: Amy Weise.

3 MS. BONAVOGLIA: Amy. I am very
4 disappointed that two of the newest members of
5 this Board chose to vote no on the Motion
6 tonight. I am incensed that people left, that
7 people aren't here. It's hot. We're all hot.
8 I'm busy. You're busy. There's nobody that's
9 busy or not busy. These people are busy. You
10 have a job to do, and your job is oversight. It
11 is not to run an efficient meeting with I think
12 you -- I can't remember the term you used, to
13 refer to Judge Evashavik, but it was spot on.
14 The enforcer, yeah, the enforcer. Shameful.
15 It's shameful.

16 Two -- what needs to happen with
17 this Motion is that the term timely needs to be
18 addressed. What does it mean to timely let the
19 family know what's going on with their loved
20 ones? Residents who designate the emergency
21 contact, Barbara, they designate the emergency
22 contract. It's not guess work. It's up to them.
23 And granted, there might be a few who don't
24 designate, so those are issues. But they
25 designate it, and that's not an issue and it's

1 shameful. Oh, God help me Jesus.

2 Thank you, Connie, that people are
3 being paid. I wanted to come up and say thank
4 you that people are being paid, and you know, me,
5 I'm always going to say, we're encouraging Phase
6 II, yay. And thank you because I know it wasn't
7 easy, and I know how hard you worked on it.

8 I would also like to say, before I
9 read the names of those who have died in the jail
10 since April of 2020, that we are aware and
11 grateful that the number of deaths in the jail
12 has dropped significantly under Warden Trevor
13 Wingard's leadership, and in conjunction with the
14 hardworking medical staff and responsiveness of
15 other staff. I will, however, continue to read
16 all the names as we, and especially this Board,
17 I'll wait until you're finished talking.

18 BOARD MEMBER: Sorry.

19 MS. BONAVOGLIA: You should be.
20 And I forgive you.

21 BOARD MEMBER: You're --

22 MS. BONAVOGLIA: I know you're
23 allowed to do whatever you want, and I'm allowed
24 to say that's what's happening.

25 BOARD MEMBER: Okay.

1 MS. BONAVOGLIA: Thank you. And I
2 don't want that on my time, and God help you if
3 you ding that bell while I read the names because
4 the enforcer is not here. I will, however,
5 continue to read all of the names as we,
6 especially this Board, should never forget that
7 lives are at stake. Each of those lives lost
8 represent family and friends who, in the midst of
9 three different holy celebrations, at the end of
10 one of them right now, are without their loved
11 ones. So I will never apologize for saying,
12 please if you are able, rise for the reading of
13 the names of the dead:

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

1 And I find it particularly shameful
2 that on a night that Amachi is here talking about
3 family members of incarcerated people, you voted
4 no. Shame.

5 MS. WEISE: John.

6 MR. KENSTOWICZ: Kenstowicz. Okay.
7 It's Lithuanian.

8 Researchers have found that the
9 PTSD rate of correctional officers is higher than
10 for the military and the police. A primary
11 reason is that correctional officers work in a
12 confined institution where at any time they are
13 at risk to have a hands-on physical intervention
14 with residents. Healing the Hero is a treatment
15 for PTSD, which is being used by our jail
16 therapists to treat the PTSD of our residents and
17 to treat PTSD of our first responders. How about
18 our correctional officers who really have the
19 highest rate of PTSD of any staff, and are being
20 denied a consideration by our County Executive?

21 Officers using the EAP Program have
22 told me that the EAP treatment has not been
23 helpful. A landmark study was done by the
24 Department of Justice, which examined the
25 treatment facilities and treatment modalities for

1 correctional officers in seven different
2 locations across the country. I can provide you
3 a link to the study. What the study found is
4 that there can be drawbacks to using a program
5 like EAP to treat the mental health needs of our
6 officers. The study found that officers can be
7 reluctant to disclose, which is a key to
8 successful treatment when the treating entity has
9 a relationship with the employer. Officers
10 revealing vulnerabilities can lead to an officer
11 feeling of a lack of security concerning their
12 job status.

13 A second reason is the therapist's
14 understanding of the ongoing day-to-day
15 challenges of our officers. EAP therapists are
16 not on-site. It becomes very frustrating for an
17 officer to spend time in a therapy session,
18 educating the therapist about what goes on at a
19 jail that wastes valuable therapeutic time and
20 distracts from the focus.

21 A third important factor to
22 consider, the study found is the officer's innate
23 resistance to treatment and not wanting to
24 experience the stigma of having a mental health
25 diagnosis from the officer's peers.

1 A solution to all these issues is
2 for our officers to be trained in providing
3 Healing the Hero treatment themselves, training
4 the trainers. The Healing the Hero practice
5 primarily uses dissociative and reframing
6 techniques, which can be learned by officers in
7 training session.

8 Our officers are not associated to
9 the officers' employer as the EAP program is.
10 Our officers are, of course, very familiar with
11 the challenges and stresses of working in a
12 county jail. And the fact that they are a peer,
13 they can help our officers discard and resist the
14 stigma of using mental health services, which is
15 pervasive among many officers.

16 Let's all move together with
17 therapeutic intervention that works, has been
18 tested by some of our officers, and can be
19 delivered by those who are in the best position
20 to provide the treatment.

21 In our 2026 CO survey, we will -- I
22 never get to the end.

23 MS. WEISE: Thank you. Rashanna
24 Bell, please.

25 Lu Randall.

1 MS. RANDALL: Hello. I'm Lu
2 Randall. I'm -- I lead the Autism Connection of
3 Pennsylvania, and I really appreciate all the
4 positivity that can come through these meetings
5 and how much nuance I think that you guys are all
6 capable of doing. Probably that's why I'm like
7 disappointed that you didn't even give a chance
8 and chose ignorance not to even read a policy
9 that -- that the Warden might have created.
10 That's just disappointing. That's Number 1.

11 I also want to say for Jail
12 Oversight Board, did you know that Philly just
13 voted to their own Jail Oversight Board. So lead
14 the way is I -- as kind of contentious as it can
15 be, it's a good thing.

16 So I got my second phone call in
17 three weeks or so on a Friday night from a family
18 member, and so I'm just thinking about all the
19 people. And I think it's very Pittsburgh that we
20 all have to know somebody that knows somebody,
21 and people have to know you. It's all of this to
22 get things done there.

23 It's probably common sense, and
24 there's probably a way around this to get people
25 like video visits if people are on the mental

1 health, behavioral health pod as standard care,
2 connected to -- with their consent, right, for
3 supportive family. I mean, family members of
4 autistic people, of people who have paranoid
5 schizophrenia, whatever, are often their whole
6 exoskeleton. That's who helps them function, and
7 if we cut that off, I think is going to increase
8 days in the jail, issues with challenging
9 behavior, and all that kind of stuff.

10 So I'm hoping we can make an
11 improvement, because I don't want to be the
12 person, you know, in ten years still getting
13 texts on my cell phone saying, like, this mom --
14 I don't want to have to send anymore notebook
15 full pages of this much medication which happened
16 last weekend, and the last one is an emergency
17 epilepsy medication that's a rescue med.

18 And I don't know, because often
19 parents are really upset. They don't know if
20 they've talked to their support coordinators,
21 somebody at the jail. I called -- there was
22 somebody -- I can't tell if you have that
23 information. I don't know if there's -- there's
24 probably -- there's a way for everything, right?
25 Can there be a portal where people can feed in if

1 they've got a person with a disability and send
2 pictures of the prescription bottles? I tell
3 them to go to the pharmacy, get the printout from
4 that. At least it's something official. I don't
5 know that you have the e-records because I can't
6 tell.

7 People are just really upset, so I
8 just say send me what you have. And I kind of
9 push it through the system because I know you,
10 and I know people, and it's just not efficient.
11 And I think it's really unsafe. And we're all
12 here for that reason, right, to increase safety
13 and decrease risk in the jail for everybody.

14 So I'd love to see a portal where
15 people, families of people with disabilities can
16 feed information. And it should be really
17 stable, I would hope, and accurate. But I mean,
18 that mom's -- it was an entire notebook, every
19 single line she wrote. She copied every single
20 dose of everything. It was a full page, and I
21 have that on a text. And all I can do is like
22 hot potato, you know, here, and that's just not a
23 great practice.

24 So really more, taking down that
25 wall, which I think the -- the policy, which you

1 didn't choose to read at all, to consider it, is
2 a wall between families. You didn't even vote to
3 say, like, let's take a look at it. I think
4 these people are talented, and they have nuance.

5 I want to close this really fast.
6 I have a guy who died of sepsis from a state
7 facility who was in Erie. His dad went to see
8 him in ICU. He had two guards. He was shackled.
9 He was in ICU. He was unconscious. He was dying
10 of sepsis. He was 23. Family went there and
11 that bed was empty. They didn't even tell him
12 that they have moved him, and he did -- they
13 drove to Erie and they drove back to Pittsburgh,
14 and he died two days later. That's unacceptable.
15 And I know it's not on you at all, but that
16 shouldn't be that we've always done things this
17 way. He had two -- why did he have two COs, tied
18 up, you know, when he's unconscious and dying?

19 So hopefully, we can move forward
20 and not just do things the way we've always done
21 them. I think that's your charge.

22 MS. WEISE: Thank you.

23 Malikeya Khantrece. You had signed
24 up for agenda?

25 MS. KHANTRECE: Yeah. I initially

1 was going to talk about something else, but I'm
2 incensed as well. Thank you, Sharon.

3 First, I can't even believe I'm
4 getting ready to explain the definition of an
5 emergency contact. An emergency contact is
6 someone that you have designated to receive your
7 important health information, and that we don't
8 know that coming into a meeting, voting about
9 emergency contact, is outrageous. We should know
10 that.

11 Everybody isn't a lawyer. I happen
12 to be a lawyer, but your lawyer, always in
13 criminal defense cases, is getting authorization
14 to release information signed by you because that
15 is your job. So even if it's the lawyer who is
16 notified, that information is already been signed
17 to be released. So discussing that, and not
18 seeing the humanity -- instead of thinking with
19 empathy, or feeling with empathy that family
20 member don't know that their loved one is sick
21 enough to be hospitalized, and looking past that
22 to talk about the safety of a Sheriff as though
23 your emergency contact when they find out that
24 you're sick and in the hospital is going to come
25 and attack a Sheriff is wild. It is wild. There

1 is no evidence to support that, and this
2 shouldn't be a discussion. The discussion is
3 your loved one is so ill they're in the hospital,
4 and they list you as their contact, so we thought
5 you should know to put you out of the misery.
6 That is public safety. Public safety is
7 considering a loved one in a hospital so ill that
8 they need to be in a hospital. That's -- this --
9 there shouldn't even been a discussion. These
10 are professionals in this room.

11 And by the way, this isn't my job,
12 right? My job is criminal defense, but in my
13 sweat, in my fan, I'm still here. If it is your
14 job, you should be here. We're not rushing
15 through the humanity of incarcerated people
16 living in cages and shackled in a hospital room.
17 It is outrageous, and we need to rethink it.

18 MS. WEISE: And Tracy, I can't read
19 your last name. Tracy B. Is it Bowles?

20 AUDIENCE MEMBER: She was here.

21 MS. WEISE: Oh, okay. Okay.

22 **ADJOURNMENT**

23 MS. WEISE: Okay. Do I have a
24 Motion to adjourn?

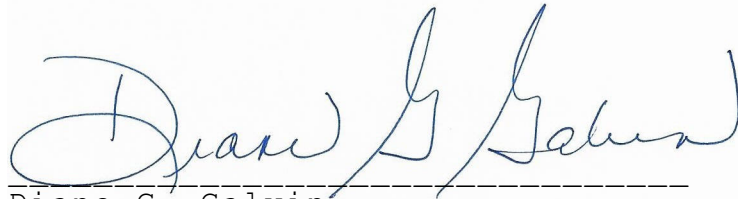
25 MS. GRIFFIN: So moved.

1 MS. WEISE: Second.

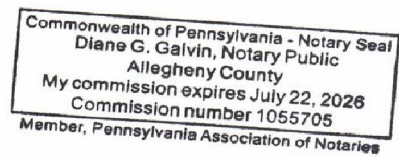
2 (Whereupon, the meeting was
3 concluded at 5:57 p.m.)
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C E R T I F I C A T E

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
2024-077	4/2/2026	Motion	Passed (6-0)	Yays (unanimous)	Motion: to approve the meeting minutes for March 5, 2026
2024-078	4/2/2026	Motion	Failed (4-2)	Yays (Man-E, Hallam); Nays (Evashavik-DiLucente, Krauss, Weise-Clements, Griffin)	Motion: directing the development of a revised medical notification policy providing for timely and expanded notification to family and specified persons in the event of an incarcerated persons hospitalization— Councilmember Hallam and Rob Perkins