

ALLEGHENY COUNTY
JAIL OVERSIGHT BOARD MEETING

Thursday
May 7, 2026

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

MEMBERS OF THE BOARD IN ATTENDANCE:

County Executive Sara Innamorato

Judge Anthony DeLuca

Controller Amy Weise

Councilmember Bethany Hallam, for County Council

President Pat Catena

Man-E, Citizen Member

Robert Perkins, Citizen Member

Barbara Griffin, Citizen Member

JAIL ADMINISTRATION IN ATTENDANCE:

Warden Trevor Wingard

Chief Deputy Warden Lee Estock

Deputy Warden of Health Services Holly Martin

Deputy Warden of Programs and Services

Connie Clark

COMMUNITY CORRECTIONS PRESENTERS

ReShawna Bella - Passages to Recovery

Darren Hood - The Renewal Center

Steve Esswein - Electronic Monitoring

PUBLIC COMMENTS

Kate Walker

John Kenstowicz

Brian Englert

Oliver Southgate

Diana Hull

Sharon Bonavoglia

Tim Stevens

Tanisha Long

Rodney Yusavage

P R O C E E D I N G S

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

CALL TO ORDER AND ATTENDANCE

MR. PERKINS: This meeting will
come to order and start with attendance.

MS. GRIFFIN: Barbara Griffin.

MS. WEISE: Amy Weise.

JUDGE DELUCA: Anthony DeLuca.

MS. INNAMORATO: Sara Innamorato.

MR. PERKINS: Rob Perkins.

Before we begin, I want to
introduce the newest Board Member, Judge Anthony
DeLuca. Mr. DeLuca -- Judge DeLuca was -- has
been to the jail many times as a defense attorney
meeting with clients. He recently took the bench
and is assigned to the criminal bench. He's
already taken an inspection and visit to the
jail. He's really engaged and excited to be
here, so we want to welcome him and enjoy working
with you on the Board.

JUDGE DELUCA: Thank you very much.
I look very much forward to working with the
board and helping in any way I can with all
interests involved with the jail. So thanks for
having me here.

1 MR. PERKINS: Okay. We'll start
2 with Community Corrections Reports. Passages to
3 Recovery.

4 **COMMUNITY CORRECTIONS REPORTS**

5 MS. BELL: Good evening, Board.
6 RaShawna Bell, B-E-L-L, Facility Manager at
7 Passages to Recovery.

8 Reporting for the month of April,
9 we've had zero escapes, two revocations, and one
10 medical transport. No reported cases of COVID,
11 zero fatal or non-fatal overdoses, zero use of
12 force, no reports of homicidal or suicidal
13 ideations. Our current count is 23 with 33 beds
14 available.

15 MR. PERKINS: Just one follow-up
16 question. So you have 23 people there and you
17 have 33 open beds?

18 MS. BELL: Correct.

19 MR. PERKINS: Do you know why
20 there's so many open beds?

21 MS. BELL: So we had a lot of staff
22 overturn, so we just brought on board a few new
23 therapists, and we just wanted to make sure they
24 had adequate training in order to start bringing
25 admissions back in.

1 MR. PERKINS: Okay. Thank you.

2 MS. BELL: Thank you.

3 MR. PERKINS: Renewal is next.

4 MR. HOOD: Good afternoon,
5 everyone. Darren Hood, H-O-O-D, with Renewal
6 Incorporated, Director of Reentry Services.

7 Today, our census is we have 105
8 county work release males, 17 county males in our
9 drug and alcohol treatment program. We have 12
10 county work release females and 2 county females
11 in our drug and alcohol. Total county males is
12 122. Total county females is 14. Total
13 contracted beds filled is 136. We currently have
14 44 empty contracted beds.

15 We had 69 reentrants exit the
16 program, 48 successful, 21 unsuccessful, 14
17 escapes, 7 program revocations, some pulled out
18 by court, some returned for behavioral issues.

19 Zero deaths, zero non-fatal
20 overdoses, zero uses of force, zero self-harm
21 incidents, zero suicide attempts.

22 The number of times emergency
23 medical services were called to either building
24 for county reentrants was ten since the last Jail
25 Oversight meeting. EMS were called for the

1 following conditions: once for hemorrhoids, once
2 for bronchitis, once for breathing difficulty,
3 once for a yeast infection, once for a head
4 injury, once for influenza, once for vomiting,
5 once for cellulitis, and once for a seizure.

6 We're proud to announce that our
7 reentrants continue to participate in community
8 service at various human service organizations
9 within the Pittsburgh area. As mentioned at the
10 last Jail Oversight Board meeting, Renewal
11 partnered with Pittsburgh Downtown Partnership
12 for the NFL Draft. We had a terrific turnout
13 regarding reentrants performing community
14 service, providing safety and sanitation for the
15 epic event that showcased our great city.

16 And in addition, we had numerous
17 reentrants also volunteer to participate in
18 community service helping for this past Sunday's
19 Pittsburgh Marathon.

20 Any questions?

21 MR. PERKINS: You said there was 44
22 open beds?

23 MR. HOOD: Correct.

24 MR. PERKINS: Is that because of
25 internal staffing issues or is that just because

1 you're not getting as many people assigned or
2 both?

3 MR. HOOD: Like last month, it
4 was -- the number was less. It fluctuates with
5 releases. Sometimes we get a lot of releases,
6 and it's kind of hard to backfill that, you know,
7 just through the process with waiting for medical
8 clearances and et cetera.

9 MR. PERKINS: Okay. Thank you.

10 MS. HALLAM: I do need to ask you
11 something, though, after, if you're staying or
12 I'll just e-mail you.

13 MR. HOOD: All right.

14 MS. HALLAM: Okay.

15 MR. HOOD: Thanks, Bethany.

16 MR. PERKINS: Electronic Monitoring
17 is next.

18 MR. ESSWEIN: Evening Board. Steve
19 Esswein for the Probation Office. So for this
20 reporting period, we have 666 individuals that
21 were enrolled on the bracelet. During that time,
22 86 successfully completed and 12 were removed for
23 violations.

24 Any questions?

25 MR. PERKINS: No questions. Thank

1 you.

2 MR. ESSWEIN: Thank you.

3 MR. PERKINS: So next on the agenda
4 is Public Comment on Board Actions and Motion.
5 There are no Motions scheduled this evening, so
6 we'll move on to the meeting minutes.

7 **REVIEW OF MEETING MINUTES FOR APRIL 2, 2026**

8 MR. PERKINS: Does anyone have a
9 Motion?

10 MS. HALLAM: So moved.

11 MS. INNAMORATO: Second.

12 MR. PERKINS: Everyone in favor of
13 approving the minutes?

14 (Chorus of ayes.)

15 MR. PERKINS: All right. So moved.

16 **OLD BUSINESS**

17 MR. PERKINS: Old Business. Does
18 anyone want to give an update from any
19 committees? No?

20 MS. HALLAM: No.

21 MR. PERKINS: All right. We'll
22 give updates next month.

23 Moving on to New Business.

24 **NEW BUSINESS**

25 MR. PERKINS: Do you want to say

1 something?

2 MS. INNAMORATO: Sure. We'd like
3 to acknowledge that it's Correctional Employee's
4 Week here in Allegheny County, so just want to
5 thank our COs for the work that they do every
6 day. They're in a tough environment in many
7 respects, but, you know, the fact that they
8 provide safety and security, can act as a
9 foundation for their ability to influence those
10 who are incarcerated in a positive way, and
11 because of their work and commitment to the
12 changes that have been happening at the ACJ, you
13 know, we've been able to do a successful
14 implementation of the Tales Program and
15 Serv-Safe, and Restaurant Ready, do vocational
16 training and really set people up for success for
17 reentry into the community. So I just want to
18 acknowledge and thank our correctional employees.

19 I also want to acknowledge it is
20 National Nurses Week as well, and we employ many
21 nurses at the ACJ. So just want to say thank you
22 for your service as well and your commitment to
23 providing healthcare to those who are
24 incarcerated at the ACJ.

25 MR. PERKINS: Thank you. And the

1 entire Board agrees. That was eloquently put.
2 We truly appreciate the incredibly important work
3 you all do. It is one of the hardest jobs 24/7.
4 There's never a break, so thank you.

5 The Warden, we'll start with the
6 Warden's Report.

7 **WARDEN'S REPORT**

8 WARDEN WINGARD: Sure. We
9 appreciate that acknowledgment. I'm going to
10 comment a little bit more about that. So first,
11 Corrections Officer Matthew Horrel and Clinical
12 Behavioral Health Specialist, or Supervisor,
13 excuse me, Todd Bumgardner, were named our
14 Correctional Professionals of the Month.

15 We had a tour last week from SCI
16 Fayette. Several members, including their
17 superintendent, came and visited the facility.
18 They mainly wanted to see the reentry programs,
19 but they took a lot -- took a longer tour and
20 went to the dog unit, went to some other places
21 in the facility. But it was good to have another
22 correctional system starting to come in and see
23 what we're doing.

24 We had a really good visit or
25 interview with a reporter from the Post-Gazette a

1 couple weeks ago. I'm not sure that story ran
2 yet. It was about some of the changes we've been
3 making, and just about allowing her to get out
4 and see the facility.

5 Today, we announced that Jamie
6 Merlino, or 6:00 to 2:00 shift commander, is
7 going to be the Acting Major starting on Monday.
8 We're really looking forward to Jamie joining our
9 administration. Eventually, we'll bring her up
10 to introduce her to you. She started in the
11 facility as a corrections officer in 2008 and has
12 worked her way up through the ranks. So Major
13 Merlino will be starting on Monday.

14 We really had no issues with the
15 Draft, saw just a slight uptick in Intake.
16 Nothing major, nothing out of the ordinary. We
17 had Captain Greenwald and her team ready that
18 weekend in case there were issues, and there
19 really weren't anything notable.

20 We met with many of you a few weeks
21 ago to discuss the Notifications Policy, had a
22 question-and-answer session. Thought that went
23 well. We're making some changes and tweaking
24 that, and we'll send it back to all of you for
25 review.

1 As the County Executive said and
2 Rob said, it is Correctional Employees Week,
3 along with Nurses Appreciation Day today, and
4 Teachers Appreciation Day yesterday, I just
5 wanted to comment on that. I'm not sure that
6 everyone knows there's 1,000 employees who work
7 down at the facility. Most of them are from
8 Allegheny County. They're our neighbors. They
9 work every day at jobs not everyone can do, and
10 not everyone would even try to do. Although not
11 without issues, we're continuing to work
12 diligently at the facility to improve, to be
13 innovative, and to put the ACJ on the map for
14 positive energy, and now we are starting to be
15 visited by other systems, as I mentioned before.
16 There are so many moving parts to a correctional
17 facility, especially one as large as the ACJ.
18 Personally, I've been doing this for 32 years,
19 starting as a corrections officer, and I continue
20 to learn new things every day.

21 The team, we will make missteps.
22 We'll talk about those, we'll acknowledge those
23 missteps, and we'll move on, but we will continue
24 with the mindset that we're doing everything we
25 can to make a difference. From the frontline COs

1 at Intake, to their leadership at Intake, to the
2 hundreds of other COs working long hours in very
3 sometimes tough conditions, to the sergeants, the
4 captains, all the nurses, the doctors, and the
5 mental health workers, the business office staff,
6 the HR staff, the teachers, and all the employees
7 in all the classifications, all the managers and
8 this team here, we are committed to continue to
9 make the ACJ a better place. And we appreciate
10 the acknowledgment this week too for Corrections
11 Week.

12 That's what I have. Thank you.
13 Appreciate it. I'll turn it over to Deputy
14 Martin.

15 **DEPUTY WARDEN'S REPORTS**

16 DEPUTY WARDEN MARTIN: Good
17 evening, Board. For our April data for SUD
18 treatment, we had 28 patients with Naltrexone, 2
19 on Vivitrol, 304 with Suboxone, 38 on Sublocade,
20 10 with Brixadi, and 139 treated with Methadone.
21 For group participants, we had 244.

22 For our mental health data for the
23 state hospitals, 10 were admitted and transferred
24 to Torrance, zero for Norristown, 6 were
25 committed, 1 patient had their commitment

1 rescinded, 11 are awaiting admission with the
2 longest waiting since January.

3 For Tier data. On Tier V was zero,
4 Tier IV was 25.

5 Mobile Competency Restoration Team,
6 they are currently serving 106 clients, 75 housed
7 in ACJ and 31 in the community. They were able
8 to rescind 3 commitments for their clients.
9 Recently, they did start receiving referrals
10 prior to them being committed by the BAU team.
11 This gives them an opportunity to work with the
12 clients for aprumate (sic) and without getting
13 through their process of having their rescindment
14 done. So they're getting to work with them
15 upfront first, and they're seeing some success
16 with that.

17 For sick calls, the snapshot on 5/5
18 were 52 waiting for SCR medical, the longest
19 waiting one day; for mental health, 14, longest
20 waiting one day; for dental, 8, longest waiting
21 one day; and for the psychiatrist queue, 392,
22 longest waiting 40 days.

23 For the completions for the month
24 of April, SCR Medical is 1,619, dental is 242,
25 and mental health 429.

1 We did have 25 refusals at the door
2 in Intake for medical clearances for the various
3 reasons that included instability to stay as a
4 new arrest until cleared at the hospital.

5 For the Chronic Care and Clinic
6 operations, they had 1,446 visits for the month
7 of April.

8 For announcements, in April, we
9 hosted a CRIT State Quarter Meeting. That is our
10 Crisis Response Intervention Training that we
11 started about a year and a half ago with our
12 partners at DHS. I do want to thank all the
13 community stakeholders that did come to ACJ and
14 join us for that meeting. It went really well.
15 We were able to give updates on the curriculum,
16 training numbers, and the success stories from
17 the trainers who teach it every day. This
18 includes impacts that it had on our staff and the
19 incarcerated. So thank you again to everyone who
20 came to that meeting.

21 DEPUTY WARDEN CLARK: Good
22 afternoon. This month, the Foundation of Hope
23 had 27 graduates from the Hope Program. Guest
24 speakers Roger Jay and Judith Oliver attended
25 those graduations to deliver their message of

1 hope to graduates.

2 For Jail Population Management, the
3 average daily population of the jail in April was
4 1,712. That excludes alternative housing, but it
5 is a one percent decrease from March of 2026, and
6 a three percent decrease from April of 2025.

7 In April, the Vocational Training
8 Program provided 5,245 financial incentives to
9 349 participants. 1,745 were educational class
10 participants, and 3,471 were vocational training
11 participants. In addition, there were 29
12 one-time \$50 incentives for two individuals who
13 earned their GED, and 27 graduates from the Hope
14 Program.

15 In April, the Tales Program saw the
16 adoption of our oldest and youngest dogs that
17 we've had. Senior dog Xavier and puppy Dixie
18 were both adopted. The adorable Dixie was only
19 in our jail for a few weeks, but then she found
20 her loving home. We also learned that Raj, a
21 border collie, was adopted. We still have Loki,
22 a mixed-breed male looking for a great home.
23 Anyone that's interested should contact Animal
24 Friends.

25 On April 20th, Unit Manager,

1 Lashawn Davis, the Reentry Supervisor Tamara
2 Harris, and several other members of the Reentry
3 team facilitated a reentry fair in the Level 2
4 guy. 195 residents of Level 2 were able to
5 attend and connect with 20 community reentry
6 programs that can assist them during that
7 community transition. We received a lot of great
8 feedback from that event. A lot of work went
9 into it, so our appreciation to the team for
10 putting that together.

11 Through the partnership with
12 Community Kitchen of Pittsburgh, 17 men and women
13 became certified with Serv-Safe and
14 Restaurant-Ready Certification. These two
15 certificates are industry-recognized credentials
16 that will increase the hiring potential of these
17 students. Community Kitchen will also continue
18 training these participants post-release at their
19 Hazelwood location. The jail has these stories
20 and many more now featured on our jail News of
21 Interest Page on the jail's website, so if you're
22 ever interested, please feel free to visit that.

23 Educational Services. On April
24 21st, the jail hosted a Volunteer Appreciation
25 Event. At the event, three jail residents spoke

1 to volunteers and told them about the powerful
2 impact that they have had on them during their
3 incarceration. There are over 150 volunteers
4 that come into the jail and volunteer their time
5 to serve the residents of the jail. This event
6 was just a small way for us to extend our
7 gratitude.

8 In 2026, the Volunteer of the Year
9 Organization was awarded to Semper Fi Mission.
10 Chuck Ondo, Ken Aquiline, and several other
11 volunteers from Semper Fi Mission were honored at
12 the event. Semper Fi Mission has been coming
13 into the jail to support veterans, deliver
14 ministry, and messages of hope and support for
15 several years.

16 Although he'd probably wish I'd
17 rather not say, we want to extend our gratitude
18 to Mr. Perkins, who made a generous donation to
19 the jail's library. He donated 75 books that
20 we're very excited to add to the jail's library.
21 So thank you, Mr. Perkins, for that generosity.

22 In preparation for the primary
23 election, League of Women Voters, West End Power,
24 and BPEP, in conjunction with the incredible
25 caseworker team in the jail, conducted three

1 voter education and registration drives. These
2 efforts yielded 115 new voter registration
3 applications and 101 absentee ballot
4 applications. The primary election for
5 incarcerated residents will take place on May
6 14th.

7 This evening, our guest speaker for
8 our Reentry Programming is Bobby Fletcher, who is
9 here to talk about Rumble Ready and the class
10 that's offered in our Reentry Center.

11 MR. FLETCHER: Good evening. How
12 is everybody doing?

13 MS. HALLAM: Good.

14 (Chorus of good.)

15 MR. FLETCHER: Good. So I wanted
16 to give you a little brief introduction into the
17 Rumble Ready program that's offered into --
18 inside the county jail. So my name is Bobby
19 Fletcher. I work for Reimagine Reentry. I'm a
20 reentry coach. I'm a digital navigator, and I'm
21 an instructor.

22 The Rumble Ready program is
23 designed to help the guys come into a six-week
24 cohort where they will get skills on job
25 readiness, how to use the skills that they have

1 acquired while they were living that illegal
2 lifestyle, and how to transition it into a more
3 positive and productive way of going about it.
4 So we help with resume. We do mock interviews.
5 We do a little bit of -- it's a holistic approach
6 where we deal with the individual in themselves,
7 not just trying to get them a job, but help them
8 get into a career.

9 The main purpose that we want to
10 get across to them is that we're not just in the
11 institution, we're also on the street. We do a
12 six-week program on the street, MC-3
13 pre-apprenticeship cohort, where we have the guys
14 come in, give a bunch of different things. I
15 won't go into the list of all the different
16 things that we have available to them.

17 I myself served 16 years in prison,
18 so my ability to relate to the guys, to the
19 individuals, and the young ladies and the young
20 men who are in these situations where they find
21 themselves looking for a different way to do
22 better, but unfortunately, a lot of them believe
23 that they don't have any options. So what I try
24 to do, and what the rest of the staff tries to
25 do, we have lived experience. Not everyone who

1 comes into the county jail for Rumble Ready has
2 been in prison, but we all have lived in these
3 communities, and we all have dealt with the same
4 traumas and tragedies that they have dealt with.

5 I myself, personally, I try to
6 represent what can happen if you really come home
7 and you put yourself in the best possible
8 position and you accept the help that's available
9 to you. I didn't have Rumble Ready when I was
10 inside the county jail. I didn't have Rumble
11 Ready when I was inside the State Penitentiary,
12 but I did have people who were around me, who
13 wanted to push me to do better. So that's what I
14 try to give back to these young men and women
15 that are inside this county jail.

16 So like I said, we start off with
17 the first six weeks. We do an introduction. All
18 the staff comes in. The second week, we do a
19 financial literacy, so we have an outside speaker
20 who comes in, and he helps the guys understand
21 the importance of credit, credit recovery, how to
22 utilize credit cards, not just because they send
23 you a credit card, you just want to spend all the
24 money. Also the resume building and taking those
25 skills that they have and put them in a better

1 position once they get -- once they get released.

2 The downside is that when you're an
3 individual who is facing criminal charges, you
4 definitely don't know what direction your life is
5 going to go in, right? You don't know if the
6 judge is going to say, hey, we're going to
7 dismiss your case or they're going to say you're
8 going to go do some time. So we try to keep it
9 as positive and productive as possible for the
10 individuals while they're sitting in this
11 classroom, and they're still dealing with all the
12 other stuff that's going on inside their head and
13 try to get the message across to them.

14 So far, we have done four cohorts.
15 We're starting on our fifth cohort in about two
16 or three weeks. We've had seven individuals who
17 were in the county jail in the Rumble Ready who
18 have come out and signed up for Reimagine
19 Reentry's coaching staff. So they came out, and
20 they were given a reentry coach, like myself, and
21 we've taken those steps from there to get them a
22 job or get them into the skilled trade union.
23 Some of them were available to get into the
24 six-week pre-apprenticeship program, some aren't.
25 But no matter what, we try to make sure that we

1 let them know that they're not -- they don't have
2 to do it by themselves. And I think that's the
3 biggest issue with a lot of these guys, they
4 think that because they've done so many things by
5 themselves and they've failed, that there's no
6 other alternative. So we try to let them know
7 that you're not by yourself.

8 And that's about it. That's all I
9 got. Any questions?

10 JUDGE DELUCA: Do you ever -- does
11 your program ever present in court at sentencing
12 the fact that the individual has participated in
13 your program?

14 MR. FLETCHER: So to my knowledge,
15 maybe the Executive Director, Richard Garland,
16 may have done. I myself have never been offered
17 the opportunity. I would love the opportunity to
18 speak for an individual if I feel that -- because
19 like I say, we only got them for six weeks. So I
20 can't go into a courtroom and speak on the
21 person's character when I really don't know.
22 What I know is what they have given me, the image
23 that they have portrayed to me while they're
24 sitting in my classroom. But I would love to
25 speak in front of them.

1 JUDGE DELUCA: Speak for -- as a
2 criminal court judge, I would be interested in
3 seeing that somebody at least participated.

4 MR. FLETCHER: Absolutely.

5 JUDGE DELUCA: Okay. Thank you.

6 MR. PERKINS: Thank you. Great.

7 DEPUTY WARDEN CLARK: That
8 concludes our report.

9 MR. PERKINS: Okay. Thank you.
10 Questions.

11 MAN-E: I just have a couple
12 questions today. I think I want to start off by
13 saying I heard a lot about the Volunteer
14 Appreciation Event from a couple organizations
15 who volunteer inside of the jail and, you know,
16 these are people who are, in my opinion, very
17 selfless with big hearts who do great work. So
18 they don't always get the recognition. So we
19 appreciate you, you know, giving them that
20 recognition.

21 I just have a couple questions.
22 Just looking at these tablet numbers, I'm kind of
23 shocked to see on 6-D the amount of people on the
24 pod at 68, and the number of tablets is only 9.
25 Is that a special pod? Like why the discrepancy?

1 DEPUTY WARDEN CLARK: No, that's
2 not a special pod, but we did have some reporting
3 issues with the data, so I suspect that is
4 part -- is an error and was a result of some of
5 those data inconsistencies. We caught that in
6 the most recent report and made some updates and
7 changes to it. But I don't think that's
8 accurate.

9 MAN-E: Okay. I gotcha. Also,
10 what about 5-C?

11 DEPUTY WARDEN CLARK: So 5-C, how
12 many do we have on there? Just 1. These
13 inaccuracies were throughout a few different
14 pods. I can follow up to make sure on that one.
15 There's only 20 people on that pod, but -- I
16 don't know. Offhand, I'd have to look into it.

17 I know I just did the numbers for
18 last month a couple of days ago, and there were
19 no such inconsistencies.

20 MAN-E: Okay. So it was just
21 likely just a data issue?

22 DEPUTY WARDEN CLARK: Yes.

23 MAN-E: Okay. Gotcha. My next one
24 is related to a Public Comment where it talks
25 about the lack of equitable communication for

1 people on the mental health pod. Are folks who
2 are housed on the mental health pod, do they have
3 tablets?

4 DEPUTY WARDEN MARTIN: It depends
5 on which mental health pod you're on and your
6 tier status. It depends on that person.

7 MAN-E: Okay. Can you just explain
8 a little bit about the different tiers and which
9 tiers would be permitted to have those and which
10 would not?

11 DEPUTY WARDEN MARTIN: So on any of
12 the acute pods, you're most likely not going to
13 have a tablet because you're going to be tiered
14 at a higher level. You're going to need more
15 monitoring. You may not be mentally stable
16 enough to handle that. You're not going to have
17 the rec availability that, you know, other folks
18 have. The more you progress through the system
19 and the more you stabilize, then the more access
20 to rec and tablets and table time and, you know,
21 activities.

22 MAN-E: Okay. So for somebody who
23 is, you know, on a pod like that or maybe on a
24 higher tier, what opportunities do they have to
25 communicate to their loved ones?

1 DEPUTY WARDEN MARTIN: To their
2 loved ones?

3 MAN-E: Yeah.

4 DEPUTY WARDEN MARTIN: So if
5 somebody on an acute pod who is not stable is
6 most likely not able to communicate to a loved
7 one at all at that rate. However, we do have
8 mental health staff that work on the pods who do
9 communicate with loved ones.

10 MAN-E: Okay. So they could
11 hypothetically communicate through the jail
12 staff?

13 DEPUTY WARDEN MARTIN: Essentially,
14 yes.

15 MAN-E: Okay. But would this be
16 just like emergency contacts, or could they
17 communicate to anybody that they normally would
18 if they were not on that top tier?

19 DEPUTY WARDEN MARTIN: If somebody
20 is stable enough to communicate and needs to talk
21 to somebody, then yes, we could communicate with
22 them.

23 MAN-E: Okay. So anybody. Not
24 just somebody that's like an emergency contact?

25 DEPUTY WARDEN MARTIN: Most likely,

1 yes. The mental health pod, they're very
2 individualized. We tried -- you know, you treat
3 every case on an individual basis. You need
4 assessments, and you've got to talk, and you've
5 got to see where they're at and their mental
6 health status to see.

7 MAN-E: All right.

8 DEPUTY WARDEN MARTIN: What access
9 to, you know, items they have or need.

10 MAN-E: So it varies from person to
11 person?

12 DEPUTY WARDEN MARTIN: It can.

13 MAN-E: Okay. Is there like a
14 written policy on that, though?

15 DEPUTY WARDEN MARTIN: Well, again,
16 the tiers are based off of an assessment by a
17 clinician. So the clinician evaluates them, they
18 tier them, and then they work through the
19 process.

20 MAN-E: Okay. How many tiers are
21 there?

22 DEPUTY WARDEN MARTIN: Five.

23 MAN-E: Okay.

24 DEPUTY WARDEN MARTIN: There might
25 not be five. I'd have to look.

1 MAN-E: That's okay.

2 DEPUTY WARDEN MARTIN: I think it's
3 five.

4 MAN-E: Okay. How many of those
5 tiers, whether it's five or a different number,
6 would an individual most likely not be able to
7 communicate with the outside world?

8 DEPUTY WARDEN MARTIN: If you're on
9 a Tier V status, which means you're under
10 constant -- constant observation, you're not
11 going to be able to communicate with anybody.

12 MAN-E: Okay. But is it just
13 Tier V?

14 DEPUTY WARDEN MARTIN: On Tier IVs,
15 you're under a close observation, so most likely,
16 no. At that area, you would not be either.

17 MAN-E: Okay. But on Tier III, you
18 can?

19 DEPUTY WARDEN MARTIN: Potentially,
20 yes.

21 MAN-E: Potentially. Okay.

22 All right. That's it for now.
23 Thank you.

24 MR. PERKINS: I just have some
25 follow-up questions. I think my understanding

1 was mistaken. It was my understanding on the
2 acute mental health pod that they did have access
3 to a tablet during rec time. You're saying that
4 that's not the case?

5 DEPUTY WARDEN MARTIN: On the acute
6 pods, if they're stable enough --

7 MR. PERKINS: Okay.

8 DEPUTY WARDEN MARTIN: -- to be
9 able to participate in that, then yes. But some
10 of the folks are not stable enough to do that.

11 MR. PERKINS: So I know we're
12 putting you on the spot, but could we have a
13 breakdown of like how many people don't have
14 access to communication tools?

15 DEPUTY WARDEN MARTIN: Not off the
16 top of my head, I don't know.

17 MR. PERKINS: Okay. All right.
18 Can we have that?

19 DEPUTY WARDEN MARTIN: I can always
20 get it.

21 MR. PERKINS: Okay.

22 MS. HALLAM: I have a couple
23 follow-ups to that, too. The number was -- my
24 first question is how many people don't have
25 access because of their mental health tier right

1 now. I would really appreciate that information.

2 And then what is the justification,
3 like you keep saying like not stable enough.
4 What would make someone not stable enough to talk
5 to their family?

6 DEPUTY WARDEN MARTIN: So mental
7 stability, you know, is a little bit different
8 than like physical stability. If somebody is not
9 mentally stable to process a thought
10 appropriately or to even communicate needs
11 appropriately, that's what we look at for
12 stability.

13 MS. HALLAM: Okay. So it's not
14 anything about being a danger --

15 DEPUTY WARDEN MARTIN: Potentially.

16 MS. HALLAM: -- to themselves?
17 Okay. Yeah, I'm just wondering -- I have always
18 heard that the best thing you can do when you're
19 incarcerated is communicate with people who love
20 you, and so I would think -- especially people
21 that we're worried about decompensating in the
22 facility, we would especially want to make sure
23 that they have a support system they can
24 communicate with.

25 DEPUTY WARDEN MARTIN: I

1 understand.

2 MS. HALLAM: And I want to clarify.
3 Those folks also don't get visits?

4 DEPUTY WARDEN MARTIN: Correct.

5 MS. HALLAM: So if you are on
6 Tier IV or V in the jail, you're not getting
7 visits from family, and you can't talk to them
8 either?

9 DEPUTY WARDEN MARTIN: Correct.

10 MS. HALLAM: Okay. And how often
11 are folks reevaluated for their tier status?

12 DEPUTY WARDEN MARTIN: Well, if
13 you're on a Tier IV and V, like, that's either
14 constant observation or close observation, so
15 you're going to be seen at least daily by a
16 psychiatrist or, like I said, there's mental
17 health staff that work on the pods, for the acute
18 pods, 24 hours a day.

19 MS. HALLAM: So a doctor is
20 observing someone 24 hours a day?

21 DEPUTY WARDEN MARTIN: A doctor is
22 going to have to evaluate them if they're on a
23 close or constant observation, yes.

24 MS. HALLAM: Okay. Only doctors --

25 DEPUTY WARDEN MARTIN: We're not

1 the -- the doctors aren't the ones staring at a
2 person 24 hours a day, no, for the observation,
3 but they do need to evaluate them.

4 MS. HALLAM: Okay. And the doctors
5 are evaluating them every day?

6 DEPUTY WARDEN MARTIN: They're
7 going to have to, yes.

8 MS. HALLAM: Okay. So every single
9 day, every person who is on any tier status is
10 evaluated by them?

11 DEPUTY WARDEN MARTIN: I didn't say
12 any tier status.

13 MS. HALLAM: Okay.

14 DEPUTY WARDEN MARTIN: On a Tier IV
15 or V.

16 MS. HALLAM: On a Tier IV or V,
17 every day, anybody on a Tier IV or V is evaluated
18 by a medical doctor?

19 DEPUTY WARDEN MARTIN: A Tier IV
20 and F is essentially your suicide precaution
21 statuses. So yes, we are going to evaluate them
22 to make sure they're still safe and that they
23 still need to be that status because it is the
24 most restrictive.

25 MS. HALLAM: Okay. So those --

1 anybody on those two statuses are reconsidered,
2 their tier is reconsidered every day?

3 DEPUTY WARDEN MARTIN: They're
4 reconsid- -- yes, they're reconsidered and
5 reevaluated to see if they still need to be on a
6 restrictive status for their safety.

7 MS. HALLAM: Okay. Okay. That's
8 what -- um, yeah, I would really like to see the
9 guidelines for each tier to determine what
10 qualifications are used. So if you could send
11 that to us, that sounds like Rob might be
12 interested in that as well. So if you could
13 share that with us after this meeting, that would
14 be great.

15 I know we talked at the last
16 meeting about sick calls, and you said you were
17 going to get back to me with more information
18 about, like, what's classified as like answering
19 a sick call, so I'm just wondering the update on
20 that.

21 DEPUTY WARDEN MARTIN: Sure. I did
22 kind of reach out. You didn't give me anything
23 in --

24 MS. HALLAM: Yeah, you wanted
25 specific names. I just want broad policies.

1 DEPUTY WARDEN MARTIN: Okay. Yeah.

2 So I just wanted to -- I couldn't look at any
3 specific names.

4 MS. HALLAM: Uh-huh.

5 DEPUTY WARDEN MARTIN: So a sick
6 call is that initial request, so somebody has put
7 that either by tablet or paper. That initial
8 sick call is going to be seen, the goal is within
9 24 hours, by a qualified healthcare professional.
10 That's the initial sick call. So your mental
11 health, your medical, and your dental sick calls.

12 MS. HALLAM: So every sick call
13 that is filed, they are seen by someone in the
14 medical field with 24 hours?

15 DEPUTY WARDEN MARTIN: That is our
16 goal, yes.

17 MS. HALLAM: Okay. But I know that
18 that doesn't happen.

19 DEPUTY WARDEN MARTIN: Sometimes it
20 takes two days, yes.

21 MS. HALLAM: Okay. And sometimes
22 they go completely unanswered?

23 DEPUTY WARDEN MARTIN: The
24 overview, the numbers that I looked at from the
25 previous month, I could not find an example of

1 that at all.

2 MS. HALLAM: You couldn't find a
3 single one that was not answered, let's say,
4 within 48 hours?

5 DEPUTY WARDEN MARTIN: Correct.

6 MS. HALLAM: Okay. And is it maybe
7 possible that one issue being reported five times
8 is being counted as one sick call instead of
9 five?

10 DEPUTY WARDEN MARTIN: I would need
11 an example to dig into that, but no, I could not
12 find any examples of the numbers that I looked
13 at.

14 MS. HALLAM: Yeah. I mean, just
15 even just anecdotally from these meetings, people
16 have come here and told us how many sick calls
17 they've filed and never heard back from them.
18 People have literally been here saying that. So
19 it's just -- on top of my personal experience
20 hearing those stories, so that's just really
21 surprising to me, but I guess I will have to get
22 that list after all.

23 My next question is about the BC
24 hold something. I know we've kind of talked
25 about release processes before here. But first

1 and foremost, in regard to BC holds, the law says
2 that they have to be evaluated within 48 hours
3 for -- if they are being held on a BC hold. Do
4 you have stats on how long on average it's taking
5 us, because, for example, just had a guy the
6 other day, not the first, won't be the last too,
7 he was waiting for a BC hold -- a BC evaluation
8 for over a week. I know that the law says 48
9 hours, but I'm just wondering what your standards
10 are and what the average time that that takes us.

11 DEPUTY WARDEN MARTIN: So the BAU
12 is the one who evaluates everybody.

13 MS. HALLAM: Uh-huh.

14 DEPUTY WARDEN MARTIN: So they are
15 appointed by the courts. That whole process is
16 done by the court. We don't have any say over
17 who they see first or anything like that. But
18 yes, we can get data on it.

19 MS. HALLAM: Okay. So the jail has
20 no involvement whatsoever in scheduling with the
21 BAU? Like you don't make the person available
22 for them?

23 DEPUTY WARDEN MARTIN: When they
24 need the person, of course. We work with them.

25 MS. HALLAM: Right.

1 DEPUTY WARDEN MARTIN: But we don't
2 dictate what they see first -- or who they see
3 first.

4 MS. HALLAM: Okay. So it's the
5 courts that is the delay?

6 DEPUTY WARDEN MARTIN: The
7 Behavioral Assessment Unit is through the courts,
8 not through the jail.

9 MS. HALLAM: Okay. Gotcha. And
10 then once a BC hold, or truthfully any hold is
11 lifted, if someone had a bond, if someone has a
12 detainer, if someone has a BC hold that they are
13 waiting to be cleared with that eval, can someone
14 walk me through the process of -- step by step,
15 how a person gets from all their holds being
16 cleared to walking out the front door of the
17 jail? I don't know who the appropriate person --
18 Connie, I don't know if that's you. I don't know
19 who that would be, but I'm trying to figure out
20 what takes days to get people out once their bond
21 has been paid, their hold has been lifted.

22 DEPUTY WARDEN MARTIN: If you're
23 talking about a general person getting released,
24 that's a slightly different process than --

25 MS. HALLAM: So it's based off of

1 what your hold was?

2 DEPUTY WARDEN MARTIN: If somebody
3 is getting released off of a BAU order, a BC hold
4 essentially, that person probably has some pretty
5 unique -- unique things we need to look at for
6 them to get released. Do they have a place to
7 get released to? Do they have supports on the
8 streets? Who are they getting released to with?
9 We don't want to set somebody up who may have a
10 BC hold who needs mental health support. We
11 don't want to just release them without that
12 support being in place.

13 MS. HALLAM: But if nothing is
14 legally holding them, you don't have that choice
15 to make. That's not up to you.

16 DEPUTY WARDEN MARTIN: Agreed.
17 Sometimes with some of these folks, just because
18 a hold is lifted, judges will not let us go
19 without a release plan.

20 MS. HALLAM: Who is stopping that
21 from happening?

22 DEPUTY WARDEN MARTIN: Some judges
23 require a release plan for some of these
24 individuals.

25 MS. HALLAM: But that would be a

1 condition of release. I understand that. I'm
2 saying there's nothing like that. Someone gets
3 their hold lifted. That is the only thing
4 holding them in jail. Why are they not released
5 immediately?

6 DEPUTY WARDEN MARTIN: So when they
7 get put on the release list, if you were just a
8 complete normal person and you have no other
9 holds, and you're saying just the release from
10 jail, that's it, right? They're going to get put
11 in our system. We'll get notified through the
12 Records Department. If they get meds, we'll get
13 them ordered, and then they'll get released.

14 DEPUTY WARDEN CLARK: I can walk
15 you through the process.

16 MS. HALLAM: Thank you very much.

17 DEPUTY WARDEN CLARK: So once we
18 receive the order from the court saying that the
19 person is released, our records team then
20 verifies all the court orders, you know, makes
21 sure all of their cases have been cleared. Once
22 that happens, a check is going to be done to see
23 if there's any outstanding warrants from other
24 states for that person, making sure that those
25 are all cleared. Then a sergeant in Intake or a

1 captain is going to sign off on that file and say
2 yes, it's been reviewed. This person is ready to
3 be released. They go into our On-base System
4 that is our electronic tracking mechanism for
5 this release process, because it does incorporate
6 many different departments.

7 So if the person has medications,
8 the medical team is going to see that. They're
9 going to get those medications ordered, and once
10 the medications arrive, then the medical team
11 drops them down in that system so that they could
12 go to the next phase, and Intake knows that they
13 can then be released.

14 So there is a bit of a different
15 process depending upon whether or not someone has
16 medications, and when they do, it can take a
17 little bit longer because we have to order those
18 and wait for them to come in. So once the
19 medications are in, or if the person doesn't have
20 medications, then Intake calls for them to come
21 down. They get changed. They get changed. They
22 get their property. They go to our Discharge and
23 Release Center. They'll meet with the staff
24 there who will address what needs and supports
25 that they need if they're released, if they need

1 clothing, if they need a bus pass, they'll go
2 through that process, and then they walk out the
3 front door from there.

4 MS. HALLAM: Thank you. That is
5 very, very helpful to me. One question is about
6 the meds. If they weren't getting released, they
7 would be in the jail and still need those same
8 meds, so why is it that meds aren't ordered until
9 they're released?

10 DEPUTY WARDEN CLARK: It's the
11 supply of medication. So whenever they leave,
12 they're typically leaving with like a 30-day
13 supply of medication, and what they have in the
14 jail may be a week. It's not sufficient.

15 MS. HALLAM: It's like the bubble
16 packages that we see them leave with?

17 DEPUTY WARDEN CLARK: Correct.

18 MS. HALLAM: Okay. Gotcha. But no
19 meds should take less time than someone getting
20 meds?

21 DEPUTY WARDEN CLARK: It typically
22 does, yes, because they don't have to go through
23 that step.

24 MS. HALLAM: Okay. And is there a
25 defined period of time that you guys follow?

1 Like I know I've heard you say 72 hours before.
2 That's just kind of the common thing that I think
3 the streets say about how long it takes to get
4 out once you're released.

5 DEPUTY WARDEN CLARK: It's
6 generally what the Court Order says, like,
7 release within 72 hours so that we can release
8 people responsibly.

9 MS. HALLAM: The Court Order says
10 that, okay. So that's not -- because I was
11 trying to do some research and look online to see
12 if there was some legal standard. I've seen some
13 caselaw on like what is unreasonable versus what
14 has been deemed reasonable, but I didn't know
15 what specific policy you were following.

16 DEPUTY WARDEN CLARK: Uh-huh.

17 MS. HALLAM: Okay. I didn't know
18 all the court orders said that. Okay.

19 Another thing about the -- oh,
20 speaking of releases, I noticed in the Warden's
21 Report that there was kind of an ex- -- I would
22 call it an exceptional number of medical releases
23 that were requested and rejected. I know we
24 always have some that were rejected, but one out
25 of eight being granted seems a little -- I don't

1 know, I question it a little bit, and I'm
2 wondering if you just noticed any trends with
3 that, or certain judges we should talk to?

4 DEPUTY WARDEN CLARK: We just
5 report the outcome.

6 MS. HALLAM: Okay. Cool.

7 DEPUTY WARDEN CLARK: I mean, we
8 don't have any control over that decision. We're
9 just reported what gets submitted.

10 MS. HALLAM: Okay. Next question
11 was about -- oh, also in the Warden's Report
12 tablets out for repair, just to kind of ally-oop
13 off of what Man-E was saying, I remember when we
14 were fighting about this -- not us, but like, you
15 know, when I was fighting about this contract
16 some time ago, that there's a provision in the
17 contract about being compensated for tablets that
18 are out for too long for repair, and I was just
19 wondering if at any point we have ever received
20 any money for tablets being out too long for
21 repair?

22 DEPUTY WARDEN CLARK: We have taken
23 a look at that, and with the new contract, we've
24 implemented some additional measures to ensure
25 that we can hold that provider accountable moving

1 forward. Most of the -- I believe the timeframe
2 is seven days. A lot of these --

3 MS. HALLAM: Yeah.

4 DEPUTY WARDEN CLARK: -- most of
5 these are within that seven-day time period. So
6 although not perfect, they have made a lot of
7 progress in the turnaround timeframe for tablets.

8 MS. HALLAM: Okay. But right now,
9 we could be collecting -- I mean, even according
10 to this data right here, March 31st, there were
11 30, arguably 40, that were out for seven days.

12 DEPUTY WARDEN CLARK: Right. But
13 this report is as of April 1st. So this is not
14 as of today.

15 MS. HALLAM: No, no, no, no. I
16 know that. But I'm saying that's more than seven
17 days. And so we should have been getting money.
18 And it was a pretty hefty chunk of money for at
19 least that many, and I'm just wondering whose
20 responsibility that should be? Like, is it
21 something that the jail admin team should be
22 doing? Is it something that someone else should
23 be looking at in the county?

24 DEPUTY WARDEN CLARK: Something --
25 that's something that myself and Praces, which is

1 the organization that we contract with to oversee
2 this contract, that we work on together.

3 MS. HALLAM: Okay.

4 DEPUTY WARDEN CLARK: So they get a
5 daily update on this. And as I said, with the
6 new contract, we've implemented some additional
7 measures to be able to enforce this.

8 MS. HALLAM: Okay. And so is that
9 company that you're talking about, what did you
10 say it was called, Praces?

11 DEPUTY WARDEN CLARK: Yes, it's
12 called Praces.

13 MS. HALLAM: Praces, okay. Is that
14 who is responsible for the incorrect reporting
15 numbers?

16 DEPUTY WARDEN CLARK: No, that was
17 through ViaPath.

18 MS. HALLAM: Okay. Okay. And then
19 also, you had mentioned that you have a more
20 recent report. Can we get a more recent report
21 that's not a month old after the meeting?

22 DEPUTY WARDEN CLARK: No, because
23 this report is due to you before the end of the
24 month. So April's data was already due to you,
25 so April wouldn't be over by the time the report

1 is due.

2 MS. HALLAM: Okay. So if that was
3 changed, we could get more accurate numbers, more
4 current number, sorry?

5 DEPUTY WARDEN CLARK: I guess if
6 you changed when the report is due to you.

7 MS. HALLAM: Okay. What day of the
8 month do you have that report?

9 DEPUTY WARDEN CLARK: It's the last
10 day of the month is when this report is run.

11 MS. HALLAM: When this report that
12 I have in my hand is run?

13 DEPUTY WARDEN CLARK: Uh-huh.

14 MS. HALLAM: But when do you get
15 the data, I guess? Like, what --

16 DEPUTY WARDEN CLARK: Same day.

17 MS. HALLAM: Sorry. I'm saying
18 when did you get April's data?

19 DEPUTY WARDEN CLARK: April 30th is
20 the day that I compiled all the data for April.
21 And then on May 1st I finalize the report.

22 MS. HALLAM: Okay. So if your
23 report is --

24 DEPUTY WARDEN CLARK: But if this
25 report is due --

1 MS. HALLAM: -- reported to us on
2 May 2nd, we would get April instead of March
3 info.

4 DEPUTY WARDEN CLARK: Potentially.

5 MS. HALLAM: Sorry. That's what I
6 was just trying to get to. I was asking that
7 poorly.

8 DEPUTY WARDEN CLARK: Yeah. Right.
9 This is due in April so it would be finalized.

10 MS. HALLAM: Understand that.

11 Okay. And then my last question
12 is -- oh, we were -- you were mentioning
13 Reimagine Reentry folks were -- the Judge was
14 asking about like could -- do they come to court
15 ever. And so I was wondering if it would be cool
16 if we got, like, certificates for people that
17 complete programs, whether they're classes or the
18 Reimagine Reentry or something, so that even if
19 there's maybe not a staff person available to
20 come to court, they could at least have the
21 certificate to --

22 DEPUTY WARDEN CLARK: The
23 individuals are given certificates when they
24 complete those programs.

25 MS. HALLAM: All of the programs in

1 the jail?

2 DEPUTY WARDEN CLARK: Correct.

3 MS. HALLAM: Okay. I didn't know
4 that either.

5 Okay. That is all I have. Thank
6 you.

7 MR. PERKINS: I had a few follow-up
8 questions. Deputy Warden Clark, with respect to
9 the -- you mentioned the tablet contract is --
10 did we get the new tablet contract yet?

11 DEPUTY WARDEN CLARK: It is just
12 awaiting signatures, and then it will be
13 finalized.

14 MR. PERKINS: Really?

15 DEPUTY WARDEN CLARK: I hope to be
16 able to speak about it next month publicly.

17 MR. PERKINS: I can't wait.

18 DEPUTY WARDEN CLARK: Me neither.

19 MS. HALLAM: Well, it depends. I
20 don't know if I'm going to like it or not.

21 MR. PERKINS: Are we going to like
22 it?

23 DEPUTY WARDEN CLARK: Pardon me?

24 MR. PERKINS: Are we going to like
25 it?

1 DEPUTY WARDEN CLARK: I hope you're
2 going to like it. I mean, you've already seen --
3 the rate changes were effective last month.
4 You've already seen the rate changes. I'll speak
5 more to it next month.

6 MS. HALLAM: Optimistic.

7 MR. PERKINS: So as far as the jail
8 population, April 2025 to April 2026, where are
9 we at?

10 DEPUTY WARDEN CLARK: From the
11 beginning -- I ran numbers from the beginning of
12 '25 and compared to '26, and we have a 3 percent
13 reduction in our population to date in comparison
14 to the same timeframe in 2025.

15 MR. PERKINS: Okay. As far as
16 Bethany's questions about release times, do we
17 keep data on that, because I remember there was a
18 time where it seemed like it was taking too long,
19 and then I think it was --

20 DEPUTY WARDEN CLARK: I'm pretty
21 sure that data -- that data is in this report.

22 MR. PERKINS: As far as like how
23 long it takes for people to be released?

24 DEPUTY WARDEN CLARK: Yeah. The
25 data is located in this report where -- oh, maybe

1 not.

2 MS. HALLAM: No, I don't think so.
3 I've never seen that.

4 DEPUTY WARDEN CLARK: I apologize.
5 Maybe it's not. But yes, we do keep data on
6 that.

7 MR. PERKINS: Maybe next month, or
8 even by e-mail, just give us a report on that
9 data because I -- it seemed like we're doing
10 better with respect to that.

11 DEPUTY WARDEN CLARK: Yeah.
12 Average release time 21.8 hours. It's in the
13 report.

14 MR. PERKINS: Is it?

15 DEPUTY WARDEN CLARK: Page 4.

16 MS. HALLAM: I'll have to read it.
17 No, I thought that --

18 DEPUTY WARDEN CLARK: It shows how
19 they're released and the timeframes.

20 MR. PERKINS: So typically, within
21 one day? Yeah, okay.

22 And one more thing with respect to
23 the jail numbers, there was discussion several
24 months ago about holding people for out-of-county
25 holds who had nothing holding them in Allegheny

1 County. I know that -- I believe the discussion
2 was that we weren't just going to release people,
3 but we were going to charge the other counties.
4 Have we begun doing that? Have we charged these
5 other counties that we're holding people for?

6 WARDEN WINGARD: We developed IGAs
7 with a couple counties, but we haven't -- anybody
8 we have, we're notifying the county, and they're
9 coming to get them pretty promptly. We haven't
10 had an issue.

11 MR. PERKINS: Okay.

12 WARDEN WINGARD: Since we announced
13 to them that we will be charging, we haven't --

14 MR. PERKINS: It had the intended
15 effect?

16 WARDEN WINGARD: Yeah. We haven't
17 had -- we haven't had any issues. I'm not going
18 to mention the counties, but the ones we were
19 having some issues with, we haven't recently.

20 MR. PERKINS: Okay. Thank you.

21 WARDEN WINGARD: You're welcome.

22 MR. PERKINS: Deputy Warden Martin,
23 one follow-up question. I know I ask this every
24 meeting, but as far as the people on DTU, they
25 were there without significant mental health

1 issues, there was discussion about moving them to
2 a different pod where they would not be chained
3 to the table for rec, have we -- did we make that
4 move yet?

5 DEPUTY WARDEN MARTIN: Still making
6 Facilities worked on. Like Facilities still has
7 work to happen up there in that pod. So it's
8 still in progress.

9 MR. PERKINS: Do we have an
10 expectation of when Facilities will get this
11 done?

12 CHIEF DEPUTY WARDEN ESTOCK:
13 Facilities are removing some of the recreation
14 tables up to 8-Delta, so it will probably be --
15 they're supposed to be completing that this week.
16 Hopefully, we can start finalizing stuff and
17 getting people moved up there good. I hope by
18 the next JOB meeting.

19 MR. PERKINS: Okay. That's all the
20 questions I have. Thank you.

21 MS. HALLAM: I just wanted to talk
22 about Facilities. Has there been update to the
23 doors of the jail getting fixed, both the
24 employee entrance and then the main entrance?

25 CHIEF DEPUTY WARDEN ESTOCK: The

1 glass for the doors?

2 MS. HALLAM: No, like them that
3 they don't shut well?

4 CHIEF DEPUTY WARDEN ESTOCK: Yeah.
5 The glass for the doors is on order. We do have
6 a replacement for frames and the doors, so that's
7 coming. But we're waiting on the glass.

8 MS. HALLAM: Even the employee
9 entrance?

10 CHIEF DEPUTY WARDEN ESTOCK: Yeah,
11 the employee entrance.

12 MS. HALLAM: Oh, cool. So you
13 think doors will be fixed soon?

14 CHIEF DEPUTY WARDEN ESTOCK: Yeah,
15 both -- both sides.

16 MS. HALLAM: Cool. Thank you. And
17 thank you, Barbara.

18 MS. GRIFFIN: Thanks. So in the --
19 in our informational session, as you're working
20 on the Emergency Notification Policy, we talked
21 about the definitions of serious injury and
22 serious illness that would trigger notification
23 to the emergency contract. In the public -- the
24 online comments this month, we got a complaint
25 about a resident who was admitted to the

1 intensive care unit, and the complainant says
2 that they -- they're the emergency contact and
3 they were not notified that this person was in
4 the intensive care unit. I know that -- you
5 know, we'd have to investigate that particular
6 incident.

7 But as you do this policy, I wonder
8 if you consider whether admission into intensive
9 care would be within the definition of something
10 that would trigger emergency notification.
11 Because it seems -- and, you know, I'm not a
12 health professional, but if you're going in
13 intensive care, that seems kind of -- that that
14 would be a type of serious illness that would
15 trigger notification. Maybe people go into
16 intensive care for more frequent monitoring of
17 their status without it being a serious injury or
18 illness but think about whether that admission
19 into ICU would itself trigger notification. And
20 maybe you could look into that specific incident,
21 and if it didn't happen in that incident, maybe
22 why not, and consider how that fits into our
23 policy.

24 Thanks.

25 MR. PERKINS: Any other questions?

1 (No response.)

2 MR. PERKINS: All right. We'll
3 start with the Public Comment period next.

4 Kate Walker is first.

5 **PUBLIC COMMENT**

6 MS. WALKER: Good afternoon. My
7 name is Reverend Kate Walker. I am the president
8 of PIIN, the Pennsylvania Interfaith Impact
9 Network, the blue shirts that are scattered about
10 this room. This is my first JOB meeting, so I'm
11 delighted to be here. I also serve First
12 Unitarian Church in Shadyside.

13 I'm here in part because of an
14 article that I saw in the paper in April about
15 the emergency notifications and was kind of
16 horrified that it wasn't being -- the current
17 policy isn't being applied the way it should be,
18 and its need to be revisited. And I'm speaking
19 as a family member of people who have been
20 incarcerated. My uncle has served in federal
21 prison. He is now deceased. My step-son served,
22 and my brother, and I can't tell you how awful it
23 would be for me to find out any one of them was,
24 whether it was ICU or ER, and we were not
25 notified as their family.

1 And I'm also speaking because I
2 have served as a chaplain at a trauma hospital in
3 Denver, and I was the one making those phone
4 calls to family members for patients, whether
5 they were -- had been incarcerated, were a
6 resident or not was irrelevant to me. They were
7 a person of inherent worth and dignity, and they
8 needed to be connected to their community.

9 And we know that family members can
10 provide important medical information as well
11 that may not have been shared with the medical
12 staff. Transfer of records are not always
13 automatic, and it can be crucial in their
14 life-or-death decision making, and it's also
15 important, of course, that the lawyers have
16 access to their clients. So there's some
17 pragmatic things, but we know that the mental and
18 spiritual health of those people, of our
19 residents, they need their family connection, and
20 particularly at a time when they are vulnerable,
21 and when they may be scared. And being in a
22 medical situation can be terrifying. It can be
23 dehumanizing, and that's a time when you may need
24 an advocate at your side to help make sure that
25 the right medical decisions are being made. And

1 it's not a time --

2 So when I made those phone calls on
3 behalf of residents, I did so with tenderness,
4 with care, and respect, as all people should be
5 receiving. And when I talked to the families, I
6 made sure they had all the information they
7 needed to be that -- connection of a family or
8 loved one for everybody who was admitted.

9 Thank you for your time.

10 MS. HALLAM: Thank you.

11 MR. PERKINS: Thank you.

12 John Kenstowicz.

13 MR. KENSTOWICZ: The absence of
14 mental health staff at Intake on the late shift.
15 An NCCHC's Mortality Review of 2022 regarding our
16 jail, this is what they had to say about our
17 detoxing residents. "The facility has a detox
18 nurse working Monday through Friday. This
19 sporadically timed assessment is inadequate for
20 the management of these patients. Our review
21 identified multiple patients whose detoxification
22 was poorly managed."

23 Since this report was done, our
24 detox nurse has become more available, and there
25 have been some positive changes in our Intake

1 area. That being said, there's been a
2 significant absence of mental health staff on our
3 late shift at Intake. For December 2025, there
4 was no mental health staff on the late shift
5 12/1, 12/5, 12/7, 12/15, 12/16, 12/28, and 12/29.

6 In February '26, there was no
7 mental health staff on the late shift on 2/1,
8 2/3, 2/13, 2/15, 2/20, and 2/25, and there was no
9 detox nurse on 2/25.

10 I find this unacceptable concerning
11 the critical importance of Intake and our history
12 of deaths related to Intake.

13 After we had seven successful
14 suicides at our jail in a two-year period, 2016
15 to 2017, leading the state in suicides, Lindsay
16 Hayes, the foremost expert in county jail suicide
17 prevention in the county -- in the country,
18 agreed to an \$18,000 contract with our County
19 Controller to investigate all these deaths.

20 He as NCCHC recognized that it's
21 critical that a comprehensive mental health
22 screening, screening for risk of suicide be done
23 after a resident -- soon after a resident comes
24 to the jail. Talk to a resident and hear what
25 they have to say about their meds being delayed

1 and they have to try to sleep on a steel cot
2 where this is this long delay to be transferred
3 upstairs. Talk to our correctional officers
4 about what it is like when residents are not
5 being seen and evaluated, not medicated, and at
6 times becoming more anxious, frustrated or losing
7 tolerance.

8 Intake Departments at jails,
9 including ours, are at a much higher risk of a
10 physical intervention between a resident and a
11 correctional officer than many other parts of the
12 jail. Talk to daylight healthcare staff when
13 there is a backlog of residents waiting to be
14 seen from the night before, and what it's like to
15 provide these critically important assessments
16 when there are so many more residents that need
17 to be assessed.

18 Our County Manager, or County
19 Executive, and our Jail administration need to --

20 MS. HALLAM: Times up.

21 MR. KENSTOWICZ: Need to fix this
22 problem.

23 MR. PERKINS: Times up. Thank you.

24 Brian Englert is up next.

25 MR. ENGLERT: Good evening, Board.

1 I'm Brian, and I'm president of the Corrections
2 Officers Union at the jail. As you said, it's
3 Correctional Week at the jail. If you're able to
4 stand, I'd ask you to stand. If you can -- I
5 want to read a list of names of people that have
6 died in that facility that have worked in that
7 facility. It's by no means a complete list.
8 There's over 150, Officer Leshko died at age 29,
9 suicide; Officer McDermott died at 32, homicide;
10 Officer Kelvin Dean, age 45, died on the
11 operating table while getting heart surgery and
12 complications of cancer; Officer Labry, who was a
13 great guy that trained me died of brain cancer at
14 age 46 while he was employed; Officer Frolic, she
15 was my morning officer, died at age 52. She died
16 six hours after -- she died after a six-hour
17 overtime alone in her house. Officer Goram died
18 at age 57, seven months after retirement; Officer
19 Ireland died at age 59, five years after a
20 disability retirement; Officer Crawley died at
21 age 60, two years after retirement; Officer Sibel
22 died at age 60, two years after retirement;
23 Officer Yarkovsky died at age 61, 32 days after
24 retirement. She never even got a pension check.
25 Officer Bess, another guy that trained me, died

1 at age 63, five years after retirement; Officer
2 Pastorias died at age 64 before he could retire.
3 Former President, Jace Young died at age 64,
4 eight years after retirement; Officer Drenning
5 died at age 66, seven years after retirement;
6 Officer Braddica died at age 66, six years after
7 retirement; Officer Rob Miller died 68, eight
8 years after retirement; Officer Thomas died at
9 68, four years after retirement; Officer
10 Stephanie Tyson, who I had the privilege of doing
11 her eulogy died at age 69, four months after
12 retirement; Officer Pucharelli died at age 69,
13 seven years after retirement; Officer Butler died
14 unknown age, nine years after retirement; Officer
15 Colbert died at 67, three-and-a-half years after
16 retirement; Officer Drenning died at age 66,
17 seven years after retirement; Officer Hood died
18 at age 66, four years after retirement; Officer
19 Howard died at 62, nine years after retirement;
20 Officer Mosley died at 71, three years after
21 retirement; Officer Scott died at 75, eight years
22 after retirement; Officer Wallace died at age 64,
23 eight years after retirement; Officer Montel
24 Taylor died at age 52, three years before he
25 could retire; and most recently Rick Martin died

1 at age 59, nine years after retiring on a medical
2 disability.

3 I'd just like to remind the Board
4 how difficult this job is and how our life
5 expectancy has an expiration date that most
6 people don't. Thank you.

7 MR. PERKINS: Thank you. Oliver
8 Southgate is next.

9 MR. SOUTHGATE: Hi, my name is
10 Oliver Southgate. I was incarcerated for a total
11 of a year and a half over a two-year period.
12 First time I was arrested it was for
13 institutional vandalism. I spray-painted the
14 words -- the letters KO by Love, which is a quote
15 by Radio Raheem from -- the movie *Do the Right*
16 *Thing*. In other words, I was saying knock out by
17 love. Two days -- military state at CMU on the
18 Carnegie Institute building, on each column, I
19 wrote a letter. So I meant business.

20 I was arrested. I knew I was going
21 to be arrested. I was arrested after that. I
22 spent just one day in jail, or two days. Nothing
23 to report there. I just got out on OR.

24 After that, I had some subsequent
25 arrests for simple things that I should not have

1 been doing time for, trespassing at a hotel where
2 I did a lot of business of mine. That's private,
3 but that's the kind of thing I do. I confront
4 evil. There's nothing wrong with confronting
5 evil. That's not illegal. It's not illegal to
6 confront evil.

7 Now, when I was in jail, I was
8 beaten and tased badly by a CO. I did confront
9 him. He -- it seems like he didn't really mean
10 to do it, so I did forgive him for that in my
11 heart, but he beat me badly. I was -- I was
12 bruised, and my heart was bruised, and he broke
13 my glasses. I didn't have glasses for the first
14 month that I was in 5-C -- the Pod 5-C, the worst
15 pod in the whole jail. There was no soap
16 provided for the prisoners there, at least for me
17 and the other inmates, I don't think. No soap,
18 no toothpaste, no toothbrush. I didn't have a
19 shower for about two months. I was in there for
20 two months, and I moved to 5-D and then 5-F. On
21 5-F there was Officer -- what was his name,
22 Zaleppos, who admitted to doing something with a
23 Somalian family on his Greek Island at home and
24 he admitted that to the -- he said this to me and
25 my fellow prison mates. I thought this guy is

1 completely evil. And then there's another guy,
2 and when I was in 2-E on another arrest for a
3 simple -- like, I pointed the finger at somebody
4 and said "bang," and he was -- he was a very evil
5 individual at a church, but I pointed him out. I
6 was arrested on a felony charge of terroristic
7 threats. That was reduced to a disorderly
8 conduct eventually. I was released.

9 On a positive note, the only thing
10 that I could say positive about jail was the
11 other inmates there and the nurses and some of
12 the staff.

13 That's all I have.

14 MR. PERKINS: Thank you.

15 Diana Hull.

16 MS. HULL: Diana Hull from the
17 Pennsylvania Interfaith Impact Network. I want
18 to return to the issue that was supposed to be
19 addressed at the last meeting, that urgent need
20 for a clear policy requiring families to be
21 notified when an incarcerated loved one has been
22 taken to the hospital for emergency care. That
23 last meeting, that issue was pushed aside.
24 Instead, the conversation was diverted to the
25 Sheriff's preference for shackling individuals in

1 the hospital. That topic had no bearing on
2 whether families are notified. It was
3 irrelevant, and it derailed the discussion
4 entirely. That meeting ended up being a waste of
5 time for the jail administration, the families
6 who showed up, and for every community member who
7 has been waiting for years for this Board to act
8 on this issue.

9 We have seen this pattern before.
10 Important issues get delayed, sidetracked, or
11 buried under unrelated debates, and meanwhile,
12 the real issue remains unaddressed.

13 A medical emergency is one of the
14 most vulnerable moments that a person can
15 experience, and when someone is taken from the
16 jail to the hospital, the family needs to know.
17 Families can provide critical medical information
18 that the hospital staff may not have.

19 Families -- and they deserve to know whether
20 their loved ones are alive, stable, or in crisis.
21 This is not a procedural detail. It's a matter
22 of basic humanity. Families deserve a phone
23 call. They deserve transparency, and they
24 deserve respect.

25 I'm asking this Board to stop

1 allowing unrelated issues to derail urgent
2 matters of safety and dignity, put family
3 notification back on the agenda clearly and
4 without delay, and adopt a policy that ensures
5 families are contacted promptly whenever a person
6 is transferred to a hospital. This is overdue.
7 It is necessary.

8 Thank you.

9 MR. PERKINS: Sharon Bonavoglia.

10 MS. BONAVOGLIA: We at PIIN are
11 hoping and encouraging the jail administration
12 and all members of the JOB to work together to
13 craft a policy that ensures designated emergency
14 contacts, and attorneys are notified with the
15 resident -- when residents of the jail are taken
16 to the hospital with serious injuries and
17 illness. I am personally very happy to hear that
18 work is going on.

19 I'm a mom, and I want to know from
20 a trusted source if one of my kids is in serious
21 health trouble. I don't want to guess, and I
22 certainly don't want to rely on gossip and
23 hearsay, even coming with the best of intentions.
24 I would hope that our neighbors in the jail have
25 informed staff during Intake who their emergency

1 contact is so that the jail can make that call as
2 soon as possible if a serious injury or illness
3 takes that person to a hospital setting. What
4 would you expect if you were in jail? What would
5 you want to know and when if your loved one was
6 in jail? And how are attorneys supposed to do
7 their job effectively and in a timely fashion if
8 they are unaware of the location or condition of
9 their clients? We've got three working lawyers
10 and two judges on this Board who must recognize
11 this is an important issue. We at PIIN do
12 recognize that, and our expectation is that this
13 highly solvable problem will be addressed in a
14 new policy that is implemented as soon as next
15 month.

16 Now, if you are able, please rise
17 for the reading of the names of the dead:

18 Richard Lenhart, Robert Blake,
19 Cody Still, Daniel Pastorek, John Brady,
20 Martin Bucek, Robert Harper, Vinckley Harris,
21 Justin Brady, Paul Allen, Roger Millspaugh,
22 Paul Spisak, Gerald Thomas, Jerry Lee Ross, Jr.,
23 Victor Joseph Zilinek, Ronald Andrus,
24 Anthony Talotta, William Spencer,
25 James Washington, Damon Leroy Kayes, Tim Manino,

1 Douglas Bonomo, Zachary Sahm, Nicole Baruffi,
2 Richard Sciubba, II, Terrance Clowney, Tracey
3 Hickey, Justin McCullough, Nathan Piernik and
4 Mark Schwartz.

5 Thank you. And I'd also like to
6 take this opportunity to say hello to Marion
7 Damick, and we are all so happy to see you here.
8 Very happy.

9 MR. PERKINS: Thank you. Steven
10 Fisher is next.

11 MR. FISHER: I was listening to
12 what a lot of people had to say, and I heard much
13 of what I had to say already said. Thank you
14 very much.

15 MR. PERKINS: Thank you.

16 Rashawn Bell?

17 Tim Stevens.

18 MR. STEVENS: Good afternoon,
19 everybody. I was moved by the young man who left
20 a little bit ago who spent time in the jail, and
21 I'm hoping that those conditions do not exist
22 where one would not have a shower for two months
23 or where one would not have toothpaste or soap.
24 I'm hoping that is not the case, and if it is,
25 that that be corrected yesterday.

1 I also want to comment on the
2 president of PIIN, who expressed her personal
3 history with regard to three members of her
4 family who have been incarcerated. And I wanted
5 the Board and our staff here to think how would
6 you feel if someone in your family were in this
7 jail or some other jail, and they were taken to
8 the hospital, and you had no idea?

9 I just shared something with my
10 niece that she didn't know about me that I
11 thought was important for her to know because of
12 the certain family illness that has occurred with
13 us. I just told her a few weeks ago, and
14 obviously, the family is going to know or
15 possibly know things that the staff will not know
16 when that person gets to the hospital.

17 So this idea of notifying staff, to
18 be honest, it doesn't even seem like there needs
19 to be a policy. It seems like that should have
20 already been in existence for years. It just
21 seems like a humane way to operate.

22 And I know that our new
23 superintendent and this Board is trying to
24 improve the conditions of our -- those who are
25 incarcerated. And so to -- also make the

1 families feel that you all are doing whatever you
2 can.

3 So that's my request as Chair of
4 BPEP, not Chair but CEO and founder of the Black
5 Political Empowerment Project. It's just a good
6 thing to do, to initiate that policy, and we hope
7 you will do so very, very quickly.

8 Thank you very much.

9 MR. PERKINS: Thank you. Tanisha
10 Long.

11 MS. LONG: I would first like to
12 start my comment by saying that I attended the
13 Volunteer Dinner at the jail, and it was really
14 great. So thank you for that, but the best part
15 about that dinner was hearing from the
16 experiences of people who are incarcerated.
17 That's something that sometimes gets left out of
18 the conversation. This is one of the first times
19 this Board has heard from someone who was
20 incarcerated in a long time, when we heard from
21 the person who was speaking today, and it's
22 something that is frankly missing from these JOB
23 meetings. I think we need to find a way to
24 incorporate feedback from people who are inside
25 the jail so that we are actually hearing their

1 experiences at these meetings, because a
2 secondhand -- a secondhand telling of those
3 experiences is not the same and it's not as
4 impactful.

5 Another thing I would like to point
6 out when we're reading the names of people who
7 are deceased, whether they're corrections
8 officers or people who have died inside the jail,
9 is that a person is 13 times more likely to die
10 in their first two weeks of leaving the jail. So
11 those are names that we are not going to get to
12 read out loud. Those are people we may not hear
13 about again. Those are people who, you know,
14 rest in peace, we will never hear about again.
15 And those are things that we need to center,
16 because what's important is that this Jail
17 Oversight Board is meant to center the needs of
18 people who are incarcerated, people who work in
19 the jail, and their family members.

20 Last month what we saw happen when
21 we were discussing setting a timeline for a
22 family notification policy was a dissection of
23 the poli- -- the potential policy itself. And
24 the two members of the Board who are most
25 responsible for derailing that conversation are

1 not even here, Judge Evashavik and Sheriff Kraus,
2 responsible for taking a conversation about
3 setting a timeline and moving it to a
4 conversation about what the sheriffs need.

5 This Board is not responsible for
6 taking care of the needs of the sheriffs. This
7 Board is not responsible for considering the
8 sheriffs' concerns. This Board is responsible
9 for the concerns of incarcerated people, their
10 family members, and the people who work at the
11 jail. That is what should have been centered
12 here. It's disappointing that every time we have
13 these type of conversation they go far left, and
14 the thing that is supposed to be centered never
15 is centered. We should have been voting on a
16 timeline, and right now I'm very happy to hear
17 that the jail is working on the policy and that
18 we have a draft and something to work on, but as
19 it stands, we have no timeline. The families do
20 not know when they can expect a family
21 notification timeline. So what I hope is that if
22 we're not voting on a policy at this next
23 meeting, then we are voting on a timeline for
24 that policy because every month is another family
25 member who is writing in in the written comments

1 that we don't always get to read, talking about
2 how they were not notified.

3 And I've been in that position, and
4 it is heart-wrenching, it is hurtful, is it one
5 of the scariest things you can go through. I did
6 not know where my mother was for three months,
7 and it was terrifying. And by the time I got to
8 her, there was medical information that I had
9 that that jail would have greatly benefited from,
10 and had they known that she would not be in
11 assisted living right now.

12 These are the things that real
13 families go through, and the next time I urge
14 this Board to not cater to the whims of the
15 Sheriff's Office and to not cater to the rants of
16 the Judge, and just do the right thing and vote
17 on what's in front of them. Thank you.

18 MR. PERKINS: Thank you. Rodney
19 Yusavage.

20 MR. YUSAVAGE: Good evening, Board
21 Members. My name is Rodney Yusavage,
22 Y-A-S-A-V-A-G-E.

23 I am a volunteer that is in front
24 of the jail two to three times a week. I know
25 that when I got out three years ago, there was an

1 organization out there that helped me
2 tremendously, food, clothing, bus pass, getting a
3 phone. I've been a volunteer for three years
4 with Our Street Collective. I know that the
5 original organization was set up in -- and was
6 started in 2019 specifically for those coming out
7 of the jail, whether it has been financial
8 assistance, to get them bus passes, charging
9 their phones, getting them rides home, tents,
10 whatever.

11 Since my involvement in three
12 years, we have an organization called Our Street
13 Collective in front of this jail and with 1-Hood.
14 We now have nurse -- I now -- we now have nurses
15 on Tuesdays and Fridays that are in front of this
16 jail from Mercy Hospital that do wound care, that
17 do all kinds of medical help.

18 I do know that there are a few
19 incidents where there have been some overdoses
20 and some fights, but that can happen anywhere.
21 And being in front of this jail, I've also met
22 the Warden a couple times, been out. And I know
23 that for myself, all our volunteers are CPR
24 trained, as myself. I was homeless for a long
25 time, went to Unity Recovery Center, got training

1 as a recovery specialist so I can help those that
2 I consider my family, my brothers and sisters
3 that are still homeless out here, trying to find
4 something to eat every single day, struggling on
5 the street. I'm able to now, with resources, get
6 them into recovery programs, drug and alcohol,
7 whatever they may need. I know that there's been
8 a few incidents -- yes, there's been a few fights
9 here and there, but that's normal. A lot of
10 stuff -- a lot of that is from people that are
11 out here that are homeless.

12 I know that there was an incident
13 that was written in the newspaper about a sacred
14 rock being touched. I do not know anything about
15 that because at one point this rock was hidden
16 from my point of view, where I'm at. But I know
17 that this outreach, these outreaches that are in
18 front of this jail three days a week, are out
19 there to help those coming out and are
20 detrimental to those coming out, your sons, your
21 daughters, your nieces and nephews. If they
22 can't get ahold of you inside the jail, they get
23 one free phone call. A lot of times they don't
24 have bus passes. We can get them bus passes. We
25 can get them lifts home. We can call their

1 family, you know, or get them a ride home.

2 MR. PERKINS: Times up.

3 MR. YUSAVAGE: All right. Thank
4 you for your time.

5 MS. HALLAM: Thanks, Rodney.

6 **ADJOURNMENT**

7 MR. PERKINS: Motion to adjourn?

8 MS. HALLAM: So moved.

9 MR. PERKINS: Second.

10 We're adjourned.

11 (Whereupon, the hearing was
12 concluded at 5:22 p.m.)

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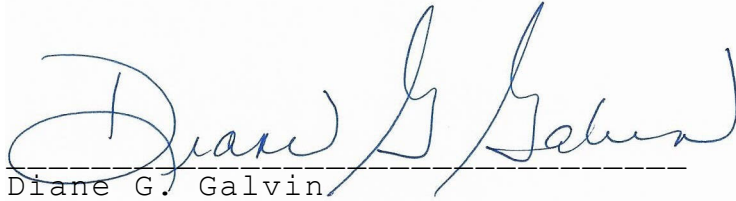
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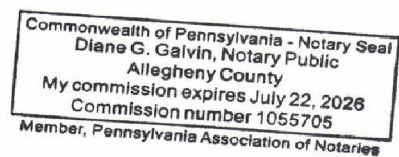
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C E R T I F I C A T E

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


Diane G. Galvin
Notary Public



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JAIL OVERSIGHT BOARD ACTION TRACKER					
File No.	Date	Type	Status	Vote Information	Details
2024-079	5/7/2026	Motion	Passed (7-0)	Yays (unanimous)	Motion: to approve the meeting minutes for April 2, 2026