Introduction

On September 16, 2026, I, Jail Oversight Board member Rob Perkins, conducted an unannounced jail inspection focused on two things: (1) the impact of the Allegheny County Sheriff's decision to stop assisting with 'hospital runs' and (2) the conditions of incarceration for persons with acute mental health needs. During the three-hour inspection, I observed conditions on pods 5C, 5MD, 5B, and the jail intake area. I also interviewed (among others) corrections staff, medical staff, and incarcerated persons. This report details several areas of concern, as well as some positive findings.

Observations and Findings

Areas of concern

Impact of the Allegheny County Sheriff's decision to stop assisting with 'hospital runs'

Historically, Allegheny County Sheriff's Office deputies supported jail operations by maintaining custody of incarcerated residents admitted to the hospital. Several weeks ago, the Allegheny County Sheriff made the decision to stop this practice. As a result, jail corrections officers must fill the void. Fewer jail staff are now available to fill necessary roles inside the jail. This compounds pre-existing staff shortages.

This has had a serious impact on jail operations. On the inspection date, **twenty-two (22)** corrections officers were outside of the jail overseeing incarcerated persons who were either in the hospital, or being transported to or from the hospital. Thus, these twenty-two officers were unavailable to perform necessary duties inside the jail.

- **Impact on jail staff:** The Sheriff's decision adds to the already excessive overtime burdens imposed on jail staff.

- **Core jail operations impacted:**

    - **Intake:** The jail's intake staff are responsible for the custody and care of recent arrestees, who often arrive at the jail's doorstep with urgent medical and psychiatric needs. In some ways, intake functions as a makeshift emergency room for our most medically vulnerable community members—performing the receiving screening that identifies suicide risk, drug and alcohol withdrawal, and the community medications that must be continued without interruption. During my visit, intake was down four staff members. This increases the risk of harm to corrections staff and jail residents alike.

- **Medical care:** Medical staff work in concert with corrections staff to deliver medical care. For example, corrections officers accompany nursing staff as they administer medications on med pass, and accompany providers as they conduct patient evaluations. Corrections officers are also responsible for escorting incarcerated persons from other areas of the jail to a specialized medical unit (5B) for treatment.

  With fewer corrections officers now available to fulfill these roles, access to medical care has been interrupted and limited. This means sick calls are delayed. Internal medical provider appointments are missed. Outside hospital visits scheduled months in advance are cancelled.

- **Acute Mental Health Care**: People with acute mental health needs are housed on specialty pods (specifically 5C and 5MD), which are typically staffed by two corrections officers. Having two officers present helps ensure that people experiencing acute psychiatric symptoms can safely leave their cell to shower, engage in recreation or exercise, or access a tablet to communicate with family members. When there is only one officer present on the pod, however, people are generally not permitted to leave their cell.

  As a result of staff shortages, these pods have often been staffed by only one officer. Consequently, people with acute mental health needs go multiple days at a time locked inside their small cells, with no ability to contact family or shower.

- **Re-entry:** Re-entry programming is a key component of the jail's rehabilitation efforts. As a result of staff shortages and resulting facility lockdowns, re-entry programming has been disrupted. One re-entry services provider reported that, over the past several weeks, nearly 75% of scheduled re-entry classes had been cancelled.

Pod 5C (Acute Mental Health Pod for Men)

- A stated goal of this pod is to promptly stabilize psychiatric symptoms so people can move on to a less restrictive setting elsewhere in the jail. However, several people on the pod had reportedly been housed here for weeks or months. One had been there for nearly a year. Several continue to exhibit serious mental health symptoms, including disorganized speech and apparent response to internal stimuli. This raises concerns about whether they are receiving adequate treatment and care.

- Several staff raised specific concerns that some individuals on this pod were not being properly medicated, which staff identified as a driver of the extended lengths of stay.
- One area of the pod smelled of feces. Cleaning equipment was staged nearby, indicating the area had recently been cleaned. Hanging from the ceiling of an empty cell in the same area, I observed fly paper covered with dead insects.
- As noted, it was reported that people were going multiple days at a time without leaving their cells or showering.
- Many of these same issues were documented in my December 31, 2025 inspection report.

Pod 5MD (Houses Women with Acute Mental Health Needs)

- Similar to 5C, several incarcerated individuals had reportedly been housed on this pod for weeks or months.
- Also similar to 5C, as a result of staff shortages, people with acute mental health needs were going multiple days without leaving their cells.

Positives

- Corrections and medical staff consistently showed empathy toward the incarcerated people in their care, and professional pride in their work.
- All staff I interacted with were professional and accommodating during my visit.
- Both medical and corrections staff were looking forward to working with the new Medical Director of Psychiatry, who started at the jail a few weeks ago.
- The intake unit benefits from very experienced and committed leadership.