

**The Effects and Implications of Release Policies in Allegheny County Jail During the
COVID-19 Pandemic**

by

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BS, University of Pittsburgh, 2020

Submitted to the Graduate Faculty of the
Department of Health Policy and Management
School of Public Health in partial fulfillment
of the requirements for the degree of
Master of Public Health

University of Pittsburgh

2022

UNIVERSITY OF PITTSBURGH

SCHOOL OF PUBLIC HEALTH

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2022

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Abstract

The focus of this policy analysis is on the effects of jail incarceration during the COVID-19 pandemic and *how policies impacting release have positively and negatively impacted opportunities* for reentry into the community. The United States' problem of the overuse of jails to handle public health problems leads to the high rates of COVID-19 inside and outside of facilities. Early release policies in Allegheny County Jail (ACJ) have been used to lessen the dangers of coronavirus on the jailed population and the spread of the virus from ACJ to the community. The decarceration policies are analyzed in their anti-contagion effectiveness. County and state data show that decarceration of ACJ did not threaten public safety, yet programming is most needed in neighborhoods most impacted by COVID-19. Complications and barriers to obtaining employment, healthcare access, and housing upon reentering society exist for those marginalized due to racial disparities and a jail incarceration experience. These barriers beckon policies that support and enable access to the services for opportunities to become self-sufficient, productive members of society - especially during a public health crisis.

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1.0 Introduction

Myriad factors influence a person's path to becoming incarcerated, including socioeconomic status, mental illness, homelessness, and drug abuse (Hughes & Prior, 2021). These issues adversely affect people of color, which increases the likelihood of involvement in the criminal justice system (Washington II, 2021). The existence of racial disparities among those incarcerated across the United States is apparent in data for Allegheny County (Vera Institute, 2022). In the United States, incarceration is historically observed to be the default solution for people in behavioral crises as opposed to an intervention on their needs which with proper support and resources can lead a productive life. Community-based programming which supports those who are disadvantaged and thus prevents criminal behavior before it happens are just as important as re-entry programs (Washington II, 2021). The pandemic has compromised many resources for the underprivileged which has increased their susceptibility to COVID-19 infection in and out of jails and likelihood of becoming incarcerated.

Jails are one type of incarceration as facilities typically run locally by cities or counties, which are designed to hold people serving shorter sentences or awaiting sentencing, but also innocent people awaiting trial. Jail sentences are typically less than a year. Prisons are run by the state or local government and hold people who are serving longer sentences and convicted of more serious crimes (BSJ). Other types of alternative housing exist for sentencing that take place outside of facilities. On an average day, 750,000 people (Washington II, 2021) are held in jails in the United States while 66% are pretrial detainees, and on average one is held for 25 days (ACLU) - a 55% weekly turnover rate (Reinhart, 2021). Across the nation, the funneling of people in and out

of jail at a high rate emulates an inefficient and harmful system that causes unnecessary health detriments inside jails and in the community.

When people with compromised health are incarcerated, this punishment is made even more severe by exposing them to the jail environment where COVID-19 transmission occurs at an estimated rate of 3-6 times higher than in the community (ACLU, 2021). In addition to the circulation of individuals held and released, facility staff contribute to the transmission of COVID-19. By the second half of 2021, over 660,000 cases were documented to have started in U.S. jails and prisons (Henderson, 2021). This arguably constitutes cruel and unusual punishment for some as many in jails are elderly and suffer from chronic diseases (Lyons, 2020).

Allegheny County Jail was originally built between 1884-1886 and rebuilt to extend from the new courthouse from 1993-1995. The Jail is 850,000 square feet with 35 pods holding 1,800 cells. Its original capacity was 1,850 inmates, but may be expanded to up to 2,400 inmates (Simmons, 2021). ACJ is not notable for its size compared to the largest jails in the country e.g. Los Angeles County Jail (~19,000) and Cook County Jail (9,900) (WorldAtlas, 2017). The structure of ACJ allows for housing to be arranged to single inmate-per-cell occupancy in decarceration efforts to allow for social distancing when safe.

In ACJ, measures to diminish the jail population included review of jailed individuals eligible for release to lower the spread of COVID-19 inside the facility and into the community. Adult Probation and the Office of the Public Defender collaborated in reviewing those eligible for early release per their crime level in evaluation of their threat to public safety in order to diminish the jail population. The concern with releasing people from jails is the potential of *recidivism* - a recurrence of criminal behavior that results in their return to the corrections system.

This paper will analyze how policies impacting release have impacted the jail system and the Allegheny County Jail population from 2019 to 2021. Allegheny County's decarceration policies and re-entry programs in this county and around the country will be assessed in their effectiveness to help reentrants become productive citizens during the COVID-19 pandemic.

2.0 Background

2.1 The Jail Population

The US has only 4% of the world's population but 21% of its incarcerated population. About 737,900 people are held in jails each day, while about 420,000 work in jails (ACLU, 2021). On average, people are in jail for 25 days leading to unnecessary exposure. An estimated 66% of which are pretrial detainees (not convicted). In Allegheny County, 40% of detainees are held longer than 25 days while 60% are released quickly (ACLU, 2021). As of March 24, 2022 black people make up 60% of the County's *jail and prison population* and only 13% of the residential population. White people make up 38% of the incarcerated population and 79% of the residential population (Vera Institute, 2022). Racial disparities in incarceration rates are apparent compared to the overall population of Pennsylvania in which 46% of the incarcerated population are black people and 44% are white people (Vera Institute, 2022).

The rate of incarceration is three times more for Black people and two times more for indigenous people in proportion to white people (Washington II, 2021). People of color are more likely to have chronic illnesses and longer sentences - chronic illnesses increase with sentences and repeated incarcerations (Prior & Hughes, 2021). Despite consistent rates of substance use among racial groups, black people make up over 25% of those arrested for drug violations (Nembhard & Robin, 2021). As we discuss decarceration later in this paper, we see that the rates of decarceration are higher for white people than racial minorities in times of public health crises (Kang-Brown et al., 2021).

People in jails report at least one **mental disorder** at a rate of 44% (Washington II, 2021), which indicates poor resourcing in facilities and the community for those suffering from mental illness. The general **incarcerated population is aging**, so a greater proportion of those in correctional facilities are more likely to have chronic illnesses which require a greater amount of healthcare resources. Those with underlying conditions or more likely to get seriously ill if infected experience greater punishment through incarceration - if people jailed for a short period for a minor crime (Lyons, 2020). Older inmates may also be less likely to have family support. Individuals with **substance use disorder** (SUD) are more likely to use drugs during the pandemic as a result of less social contact and access to health resources (Hughes & Prior, 2021). Substance use disorders are six times more prevalent among the jailed population than the general population (Washington II, 2021). This beckons a presence of services after release that make recovery possible as to decrease behavioral episodes and drug charges that lead to repeated jail stays. **Homelessness** is also a significant indicator of the jailed population, affecting those in jails at a rate 7.5-11.3x more than the general population (Washington II, 2021). People without stable housing are more likely to have less health resources that would act as prevention to criminal behaviors (Hughes & Prior, 2021).

The pandemic has affected access to public resources through lockdowns, altered law enforcement practices, compromised employment opportunities, and thus disproportionate endangerment of the most vulnerable to the high-exposure conditions of jails. One factor that impacts a person's experience after arrest is if they have a public defender to represent them at their preliminary arraignment.

At preliminary arraignments, it was found in Allegheny County that when a defendant had a public defender at court they were less likely to receive cash bail and to be booked at ACJ.

Researchers also found that there was less racial disparity among those receiving cash bail or booking when they had a public defender. This implies that although there is a high demand for public defenders among those who cannot afford one, fair representation particularly at initial hearings is necessary during the pandemic and in later stages to reduce unnecessary bookings (Collins et al., 2020).

As discussed later, the top three neighborhoods with the greatest number of individuals released from ACJ in the first stages of the pandemic are McKeesport, Penn Hills, and Wilkinsburg. The Allegheny County Human Services Community Profile shows McKeesport as the most at-need borough of the county in terms of DHS services consumed and negative health outcomes.

2.2 Mental Health

Jails are a primary place for *psychiatric care* in the US (although the psychiatric care there is inconsistent) as funding for psychiatric hospitals is cut and people who are booked often carry out the behaviors that lead them to be arrested due to an impaired mental state (Washington II, 2021). Because of mental health professional staffing shortages in psychiatric facilities and jails, those who need medication and counseling are often unable to receive the behavioral interventions they need (PublicSource - ACJ).

Stress is a large factor in illness and is exacerbated by disconnection with the outside world (Lyons, 2020). Particularly during the pandemic, the conditions inside jails bear a greater burden on mental health as visitation and calls to family are limited and holds in cells are maximized. At times, those in jails would only be allowed 30 minutes or less out of the cell each day, *creating*

mental health issues (PublicSource - ACJ). Policies on visitation currently may depend on COVID-19 infection and vaccination rates in the community (Meeting Minutes, November 2021). The Pennsylvania Department of Corrections' protocols for protecting the mental health of inmates includes expanding video visitation, free phone calls, no-cost mail, added out-of-cell time, increased testing and quarantine for new inmates (PADOC). By the end of 2021, only 208 inmates (9%) at ACJ were receiving contact visits (Meeting Minutes, January 2022).

2.3 Facility Conditions

Jails are hubs for transmission due to the circulation of both inmates and staff in and out of facilities on a daily basis. In the US, there is a high prosecution rate of low-level crimes and racist policing policies that funnel minority individuals who may or may not need to be detained. Punishments for crimes that do not affect public safety i.e. drug possession charges decrease a person's quality of life which in turn increases the likelihood of rearrest. These remedies include probation and license suspensions which overcrowd courts and are a financial detriment to defendants and jurisdictions (Devitt, 2021). Because of high prosecution rates, more people are booked and released than necessary who may be carrying the virus to spread throughout facilities and back into communities to more people (Henderson, 2021). On any given day in 2019, there were approximately 750,000 people in jails. About 70% of those in jails are held for drug, property, or public order violations (Washington II, 2021) - these are often offenses minor enough to not always warrant someone to be booked.

An article written by Paul Ward in February of 2021 discusses the discrepancies of reports from wardens in ACJ on COVID-19 testing and contact tracing policies and whether these

procedures are truly carried out. The health of inmates is dangerously threatened as they contract COVID due to staff members and bookers not being tested regularly or at intake. According to one inmate, the conditions of state prison were preferable to those in ACJ (TribLive, 2021). Since this time, testing policies have improved as all bookers are tested at the time of intake.

2.3.1 Vaccination

Allegheny County staff for the County Controller hold monthly jail oversight board meetings to assess the state of how ACJ operates in regards to public health and safety. In December of 2021, the Warden Orlando vouched for broader community vaccination rates before family visits were permitted and proof of vaccination required for all participating in visitation (ACJOB, Jan 2022). Visitation in-person was not permitted since before the pandemic until the week of March 21, 2022 and only for those fully vaccinated (Guza, 2022).

Allegheny County Jail guards filed suit in October of 2021 against the County under two unions in opposition of the employee vaccine mandate which was rejected by a federal judge. While there was a threat of further staffing shortages in the jail which would impede on its safety and functioning, the value of this public health measure outweighed attitudes of staff against their beliefs about the mandate (Wade, 2021). Vaccines are available to all ACJ inmates and accessible as reported by Warden Williams in January (2022), yet there appeared to be a decrease in requests for vaccination despite an increase in bookings, making the jail population's vaccination rate 47% (ACJOB, Jan 2022).

Some jails in the US (including Pennsylvania) used vaccination as an incentivization tool for inmates in county jails to be transferred into state prisons (Wolfson, 2021). Making this an option prevents spread from jails to prisons during transfer and increases immunity and lessens the

threat of serious symptoms among inmates who are ineligible for release. ACJ initiated a \$25 incentive for inmates to be vaccinated (ACCJOB, Jan 2022).

2.3.2 Pretrial Detention and Bail Policies

The ACLU (2021) created a model representing true mortality rates of COVID-19, factoring in fatalities in jails. The study was based on the idea that the Trump administration did not account for factors in this model - actual figures could be double. Researchers adjusted for consideration of jails as hot spots for: high contact and transmission (3-6x community) due to movement of people between jails and the community, individual jurisdictions/scenarios (jail and county population, average daily arrests and releases, path of covid-19 spread thus far), and a scenario for each a 10%, 50%, and 95% reduction in arrest rates. The model does not account for limitations in medical treatment/supplies which increase mortality rates (ACLU, 2021).

Standard public health interventions such as social distancing, cleaning surfaces and hand washing are not possible in jails. Meanwhile, if jails do not implement the same preventive measures that the communities in which they are located do, they will pervasively contribute to COVID-19 death counts within their communities. The majority of these people are of low socioeconomic status, so even though quarantine is necessary after release, social distancing may not be possible or enforced if these people return to their homes or their respective places of shelter (of lack thereof) once released. Some counties churn people in and out more rapidly than others, making different areas more or less susceptible to spread. Districts that implemented social distancing orders earlier were impacted in greater proportion by jails spreading COVID-19 more than those that implemented it later (ACLU, 2021).

2.4 Early Release at Allegheny County

In the beginning stages of the pandemic, it was shown that decreasing the population at Allegheny County Jail did not lead to an increased risk in public safety (AC, April 21). This study compared an initial phase (March 16th - April 15th, 2020) to a late phase (April 16th - June 1st, 2020). ACJ and Pretrial services, Adult Probation, and the Office of the Public Defender worked to identify those booked who could be appropriately released. Pretrial services identified medically high risk detainees and those with initiated bail modification requests with the Office of the Public Defender (OPD). Adult Probation comprehensive conducted review for early parole and developed release plans, then judges decided whom could be released. Severity of charges (pending and previous) was a significant factor in determining safety of release, while other factors included whether a crime was person- or weapon-related, victim impact, and number of other pending charges.

In the initial phase, due to a decline in jail bookings and the coordination of relevant departments to make possible quick releases that did not threaten public safety, the population decreased from 2,170 to 1,511 (-30%). There was a decrease in bookings *and* large increase in releases alike (not isolated to those of only one holding status. Most releases were of those on local probation detainer (34%), those awaiting trial (29%), and on external hold/state probation detainer (13%). In the Initial Phase, males were the majority of those released (81%) and booked (82%), while the median age of those booked was 34. Older inmates were more likely to be released (46%). Of those released, 470 were classified low-charge and 181 were classified high-charge. The high-charge jail population as a result rose from 44% to 52%, while black people were more likely to be held in court for high charges. Of the 649 inmates released, (per return address) 55 were from McKeesport, 30 were from Penn Hills, and 30 were from Wilkinsburg. *Out of 580*

released individuals (no return address for remaining 12%), 4% (114) utilized Re-Entry Program or Justice Related Services; 11% (114) AC Pretrial Services supervised; 48% (476) were supervised under AC Adult Probation, and 37% (371) had no specific supports or supervision.

The jail population decline was significant - in the last two years the average jail population was 2,370 and a minimum of 2,100, while between these dates in 2019 there was a 6% increase. Recidivism rate was 11%, an 8% reduction from the baseline. Allegheny County's policies of reducing incarceration and keeping the jail population smaller to manage the effects of COVID-19 is possible.



Figure 1. Daily Average Allegheny County Jail Population 2019-2020

The average daily jail population between 1/1/19 and 3/28/22 is 2,040 people. On March 28, 2022 there were 1,672 inmates in ACJ with black people and white people making up 65% and 34% of the jail population. Forty percent of the inmates were between 25 and 34 years old (AC.us).

As of April of 2022, Allegheny County Jail aims to keep its daily population around 1,600. An example of when someone may receive a jail sentence versus probation is in the case of a drug offense. Someone arrested with a smaller, personal use amount of a substance may receive probation whereas someone arrested with a larger amount for distribution may receive a jail

sentence. Cases that were originally handled in the Magisterial District Court are transferred to the Court of Common Pleas, which are where hearings for release through conditions such as non-monetary bonds are held.

2.5 Initial Changes, Temporary Results

In the later stages of pandemic from early to mid-2021, the Prison Policy Initiative (PPI) found that jail populations had risen close to initial numbers, rebounding from the decreases made in the beginning stages of the pandemic. As early as July 2020, the population numbers started to increase again (Sawyer, 2022; BSJ). Although the above study at ACJ displays release procedures that demonstrate effective and safe diminishing of the jail population to decrease transmission and harm to society, these practices were not sustained. Unfortunately, data show that the jail population actually climbed during this time nationally. While initially the *jail* population was cut by about 25%, it rebounded by June 2020 and rose back by 50,000 by the end of 2020 (Kang-Brown et al., 2021).

Despite decreases in jail populations in the beginning stages of the pandemic, the U.S. still held more people in jails per capita than any other country when decarceration policies were most used in mid-2020. During this time, 23% of people in U.S. jails were still held for low-level (non-felony) offenses and 18% for parole and probation violations despite the call for reduction of bookings due to COVID-19. Compared to 2019, people were in jail for two days longer in 2020 and the average time spent in jail increased by an entire week (Sawyer, 2022). From mid-2020 to the spring of 2021, the number of people in U.S. jails increased by 73,800 (Kang-Brown et al., 2021) indicating a negligence of decarceration policies initially encouraged nationwide. Between

June 2019 and June 2020, the jail population decreased by 25% (185,000 people), while before the pandemic there were on average 10.5 million jail admissions per year. Only 9% of those in jails across the U.S. were granted early release between March 1 and June 30 of 2020 (Jones & Sawyer, 2021).

3.0 Release

Jail incarceration affects all parts of a person's life - employment, family relationships, the financial status of families, housing, mental and physical health, and so on. Even a short stay in jail may compromise a person's livelihood to where they are without housing, a job, and/or health insurance when they are released (RR). COVID-19 has warranted the release of more inmates in Allegheny County to decrease transmission inside ACJ, but we wonder how that impacted the services for these people to gain the resources they need when they return to society.

In ACJ, there is a 48-hour window between when the Court or Magistrate receives an application for release and when a person is released, unless someone posts bond in which someone is usually released within three hours of providing documentation. The person's medical needs (including medication), property, and account balance are reviewed by a discharge coordinator, then the Discharge Release Center handles the transition out of the facility ensuring medication access and referrals to mental health and weather-appropriate needs ([ACJ Services](#)).

3.1 Community Impact

Some changes that occurred in the criminal justice system across the nation as a result of the spread of coronavirus were a decrease in the amount of traffic stops and charges of low-level offenses. Cities and governments also modified or vacated outstanding fines and fees for those incarcerated, while limiting pretrial and cash bail. While all of these measures were effective in diminishing the jail population, it is likely that some will return to jail after sentencing (Dholakia

et al., 2021). These measures were aimed at diminishing the burden on the court and jail systems in abiding to transmission reduction efforts, dealing with low staffing, and the inability of defendants to pay tall expenses.

The ten neighborhoods that housed the most people released from ACJ in the initial stages of the pandemic their study discussed previously are: McKeesport, Penn Hills, Wilkinsburg, Pittsburgh - Bluff, McKees Rocks, Clairton, Duquesne, Pittsburgh - Golden Triangle, Shaler, Pittsburgh - Perry South [250 individuals - 28% of those released 3/16-6/1/20]. It is difficult to compute police call and crime report data at the neighborhood level as 911 data was not condensed by the county. However, the neighborhoods with the highest rates of hospitalizations and negative COVID-19 outcomes are commonly neighborhoods with more socioeconomic disadvantages and hence higher rates of crime. In the beginning months of the pandemic, police were less inclined to respond to 911 calls or make traffic stops unless there was a serious threat to safety detected. This may have impacted rates of booking in ACJ as crimes committed by first time or repeat offenders are only noted if these people are cited or arrested. Because of this, data about those detained during this time (March - May 2020) may reflect a lower or higher amount than the true figures.

COVID-19 case data on the Allegheny County Health Department's database does not break down month by month the rates of infection in individual neighborhoods, but we can see in yearly overall figures that certain neighborhoods have bigger spikes than others. The mortality figures in these charts and databases are highly reliable, but all other figures may not be as cases may be undetected if medical attention was not sought.

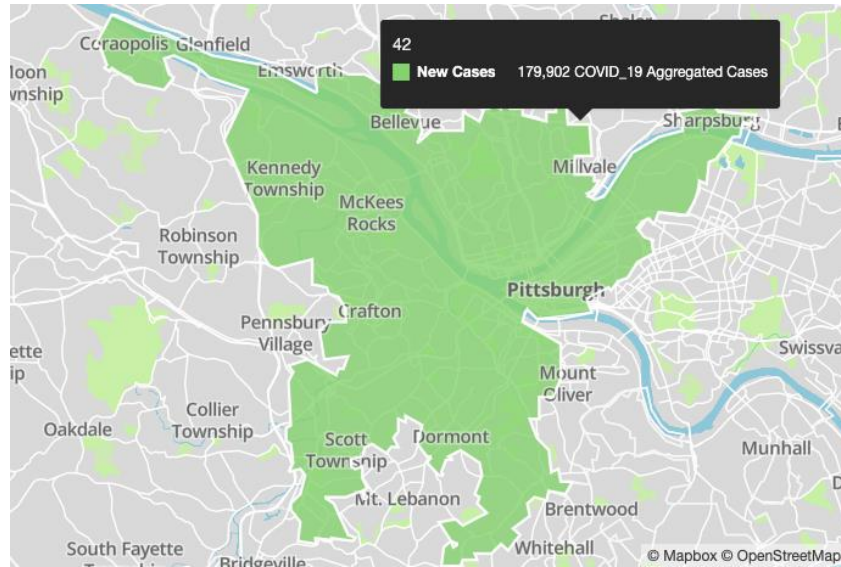


Figure 2. Allegheny County Map and Current Cases as of May 2022

The map above highlights the area of Allegheny County. This is from the Department of Health website and measures 179,902 new documented COVID-19 cases between 3/1/2020 and 12/31/2021. The 7-day average new case rate in Allegheny County between these dates was 42. The figures below feature a view of the racial and ethnic breakdown of COVID-19 positivity rates between 2020 and 2021.

RACE

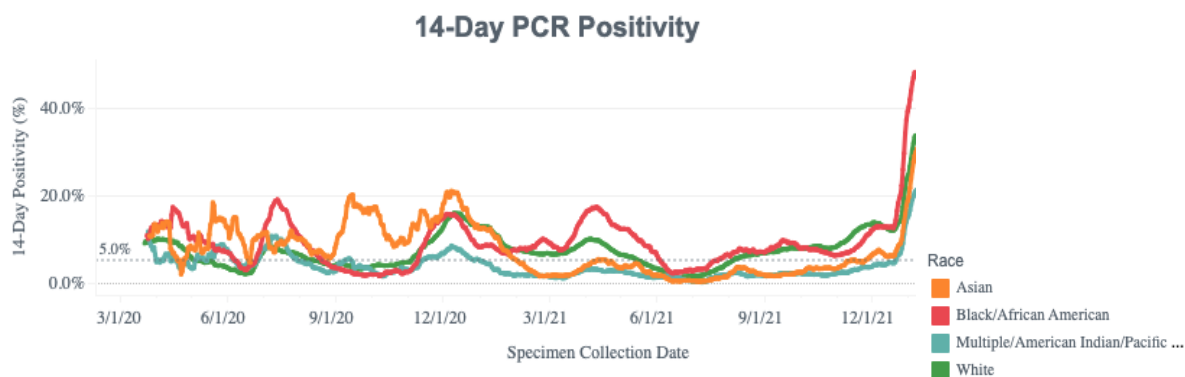


Figure 3. 14-Day PCR Positivity Rates among Race and Ethnicity in Allegheny Cty 2020-21

ETHNICITY

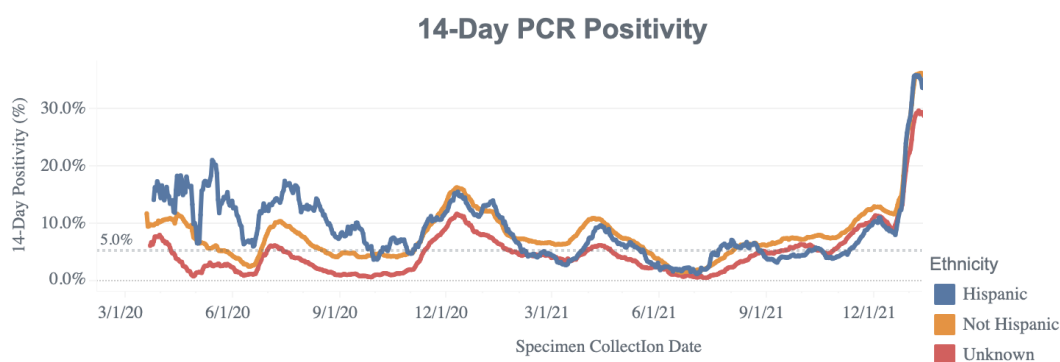


Figure 4. 14-Day PCR Positivity Rates among Race and Ethnicity in Allegheny Cty 2020-21

On January 7 of 2022, the highest PCR 14-day positivity rate was 48.2% (ACHD). Positivity rates among Black and Hispanic people in Allegheny County are disproportionately higher in many time frames, which makes apparent that socioeconomic disadvantages and racial disparities in health are present in Allegheny County. The Asian community in Pittsburgh is not reflected in the ACJ population, but White people in Allegheny County appear to have notably lower rates of positivity in most time frames.

The chart below shows the significance of how COVID-19 affected the neighborhoods in which many of those in ACJ reside from 2019 to May 2022.

Table 1. COVID-19 Outcomes on McKeesport, Wilkinsburg, and Penn Hills compared to the city

	McKeesport	Wilkinsburg	Penn Hills	City of Pittsburgh
Infections	4,809	3,116	8,853	64,605
Infection Rate/10,000	2,501.0	2,012.3	2,142.7	2,151.4
PCR Positivity Rate (%)	14	11.2	11.9	9
Hospitalizations	463	287	601	3,289
Hospitalization Rate/10,000	240.8	185.3	145.5	109.5
Deaths	107	50	107	652
Death Rate/10,000	55.7	32.3	25.9	21.7
Case Fatality Rate (%)	2.2	1.6	1.2	1

McKeesport experiences a higher infection rate per 10,000 people than the City of Pittsburgh's average, with a death rate per 10,000 more than double that of the City's average. A large proportion of those released in the beginning of the pandemic were returned home to McKeesport in the very beginning of the pandemic when safety measures were unreliable for quarantine and many in neighborhoods such as these three were disadvantaged and therefore had a higher possibility of having involvement in the jail system. All three neighborhoods have a higher: infection rate per 10,000, PCR positivity rate, hospitalization rate per 10,000, death rate per 10,000, and case fatality rate.

Although the U.S. jail population dropped by 25% over a year by June 2020, it was found to have increased back by 13% by the spring of 2020. The changes in law enforcement practices

over the course of the pandemic show that the way our police operate and the over-criminalization of marginalized people (Dholakia et al., 2021) largely contribute to our outstandingly high jail population. The true number of COVID-19 cases in ACJ may be underreported among controversy and lack of initial testing practices.

3.2 Healthcare Access

Many of those incarcerated are of low socioeconomic status who suffer from chronic diseases and/or behavioral health conditions that require continuous care during and directly after release. Continuous health insurance coverage is crucial as many of those incarcerated have pre-existing conditions which make them more vulnerable to COVID-19 and the impacts of lockdown measures. When someone has access to health insurance, it increases their quality of life in society having lower medical costs, while the money not spent on high medical costs decreases their chances of committing property crimes and those related to illegally obtaining income (Aslim et al., 2021).

Allegheny County's managed care organization for behavioral health is the Community Care Behavioral Health Organization (Community Care) for those enrolled in Medical Assistance (Medicaid for PA residents). The County also offers the Behavioral Health Pharmacy Benefit Program for psychiatric medications at no cost to eligible enrollees. The Allegheny County Rx Program also provides free prescriptions to anyone regardless of income, insurance coverage, or demographic at 300 pharmacies in the county (ACDHS).

Pennsylvania is one of 32 states as of 2019 that is working to help inmates enroll in Medicaid before being released. It has an electronic data system to track enrollment (KFF, 2019)

and make this process more accessible as upon release, finding housing and income may take a higher priority. The State also does not terminate enrollment during incarceration, rather suspends it which eliminates the barrier to navigating the enrollment process (Beck, 2020). These policies have implementations for decreasing recidivism through minimizing behavioral health emergencies and enabling reentrants to manage their health so they can establish their lives without financial burden. They also enable states to benefit financially in receiving reimbursement for care delivered in jails (Beck, 2020).

In 2021, for each incarcerated person without medical needs, Allegheny County paid about \$59,000 (Gavin et al., 2022). Keeping people incarcerated poses steep costs for the County that can be \$100,000 higher per capita, as many who become incarcerated require care that is more extensive. Someone with behavioral health needs requires access to care that provides medication and psychotherapy so they can function in their daily life after release. Those with substance abuse disorder may utilize medication-assisted therapies (MAT) i.e. methadone, suboxone, and buprenorphine to manage their physiological dependence to opiates while engaging in rehabilitation. Many are referred to substance abuse rehabilitation programs following release which are featured later.

In 2021, there are significant decreases in the proportions of those in the juvenile corrections population, ACJ population, and in Adult Probation who were involved in the criminal justice system within the 12 months prior to booking. The below figures show yearly decreases from 2019 to 2021 among all of these groups. The percentages reflect the proportion of the expressed figure which had criminal justice involvement 12 months before booking.

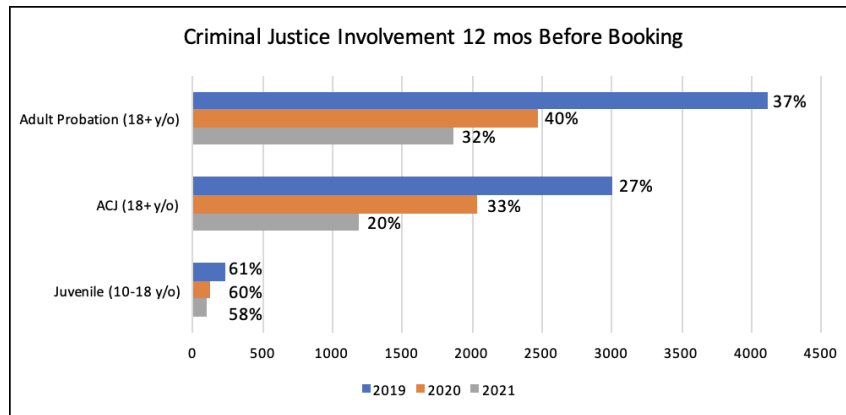


Figure 5. Criminal Justice Involvement (12 mos) Before Booking

From 2019 to 2021, the number of juvenile bookees was decreased by more than half, as 231 of the 379 booked in 2019 were previously involved while 95 of the 164 booked in 2021 reoffended. In 2019, 3,006 (27%) of the 11,276 people who were booked at ACJ had previous involvement in the system which decreased by almost 1,000 in 2020 and again by 849 to 20% in 2021. The number of those booked with criminal justice involvement while in Adult Probation decreased by 2,256 between 2019 and 2021, increasing by 3% in 2020 and decreasing by 8% in 2021.

These numbers reflect a decrease in the jail population and an aim within law enforcement and the courts to do so. These positive trends of lowered recidivism also emphasize the need for programming not only among those previously incarcerated but among youths and those receiving government assistance. Referrals and reentry programs for youth offenders are needed according to these findings, and programs for parents in the system are more necessary to prevent criminal justice involvement among youths. The figure below looks more closely at the course of the decrease in the ACJ population during 2021.

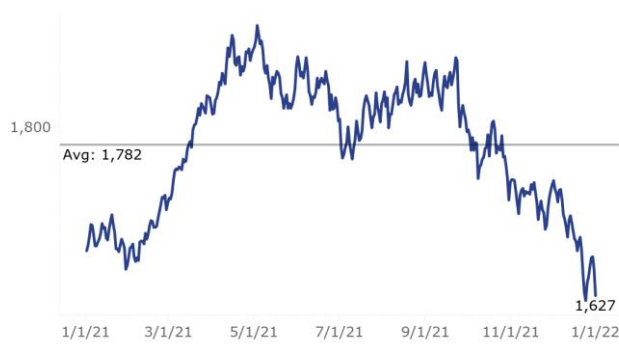


Figure 6. Allegheny County Jail Population in 2021

The Allegheny County Jail population initially decreased significantly in 2020 due to new decarceration policies, and soon crept back up. These policies had to be reinforced over time despite COVID-19 cases and public anxiety diminishing in order to keep the ACJ inmates and staff safe. Practices in the courts adapted to implementing jail time less often as a punishment and adapting the probation system to managing those serving sentences outside of the facility.

The profile of individuals in ACJ has changed from before and after the pandemic. The following figures examine the three neighborhoods with the some of the highest COVID-19 rates and negative outcomes, which also were where the most inmates released in the beginning of the pandemic resided.

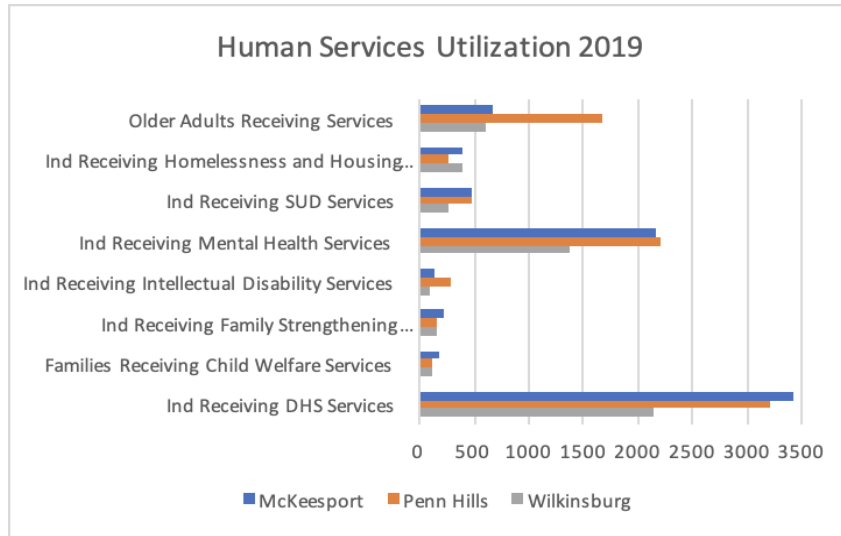


Figure 7. Human Services Resources Utilized by Inmates in 2019

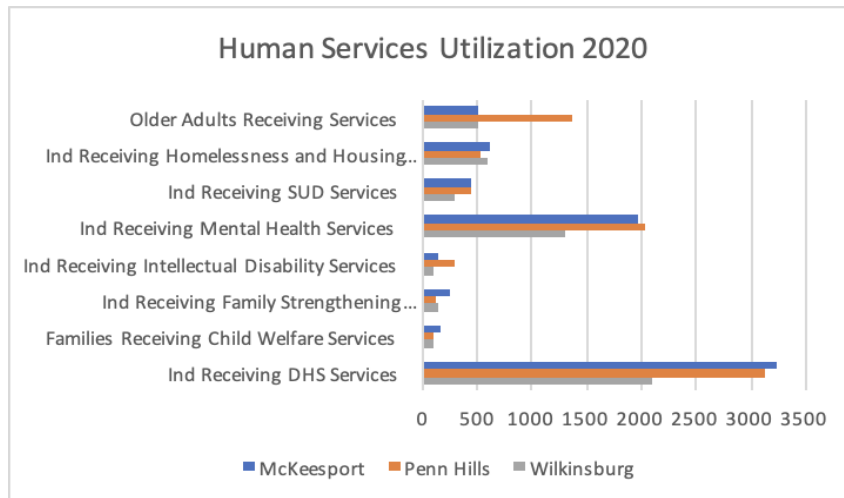


Figure 8. Human Services Resources Utilized by Inmates in 2020

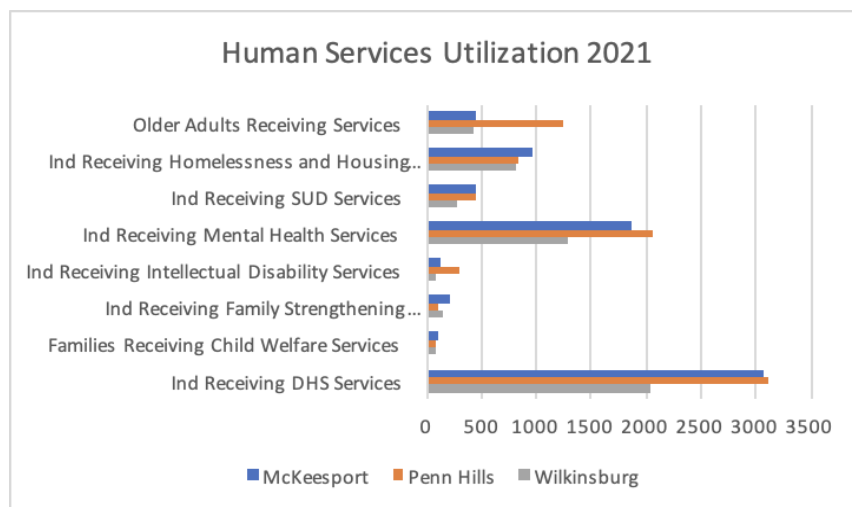


Figure 9. Human Services Resources Utilized by Inmates in 2021

Here are some trends from the years 2019-2021 among McKeesport, Penn Hills, and Wilkinsburg.

- From 2019-2021, the number of older adults from all three neighborhoods receiving DHS services decreased
- From 2019-2021, the number of inmates receiving homelessness and housing supports from all three neighborhoods increased
- From 2019-2021, the number of inmates receiving SUD treatment remained steady. The number of inmates receiving mental health services was highest in 2019 as was the overall jail population.
- From 2019-2021, the number of inmates from all three neighborhoods remained steady among those receiving intellectual disability services, family strengthening services, and child welfare services. A notably higher number of inmates from Penn Hills received intellectual disability services in 2020.
- The number of inmates receiving DHS services was lower in 2020 and 2021 than 2019, as was the overall jail population. More inmates from McKeesport and Penn Hills received these services than those from Wilkinsburg across all measures and years.

The Allegheny County Drug Court is a system that incorporates mandated substance abuse disorder treatment into probation punishment for drug violations, in which residential or outpatient treatment, electronic monitoring, drug testing, and Alcoholics Anonymous or Narcotics Anonymous meetings are mandated for individuals on probation. Adult Probation must approve this Intermediate Punishment if an individual pleads guilty to their charges and for a typical length of 36 months (AC.us). Peer support for addiction treatment and 12-step program meetings were hindered in the beginning stages of the pandemic, which may have compromised this program. Problem Solving Courts (including drug courts) are a restorative criminal justice method used in jurisdictions where treatment accompanies sentencing, focusing on only one type of offense (e.g. drug violations in drug court, domestic violence offenses in domestic violence court) (NIJ, 2020).

3.3 Housing and Program Utilization

Individuals leaving jail or prison are 10 times more likely than the general population to be homeless (McMullen, 2021). A jail stay can lead to loss of income and hence eviction, and landlords frequently do not accept rental applicants with a criminal record. There are programs that local and state governments can fund to support emergency housing and rental assistance - crisis centers are resources to emergency housing, and reentry programs connect clients to short- and long-term housing.

The Bureau of Homeless and Housing Services (ACDHS) initiated the Emergency Rental Assistance Program (ERAP) which allows reentrants in Pennsylvania to apply for financial assistance for housing needed as a result of the pandemic. Over 32,000 applications were collected

from Allegheny County residents, while only about 15,000 applicants were assisted through this program - applications collected until March 31, 2022 (Gavin, 2022).

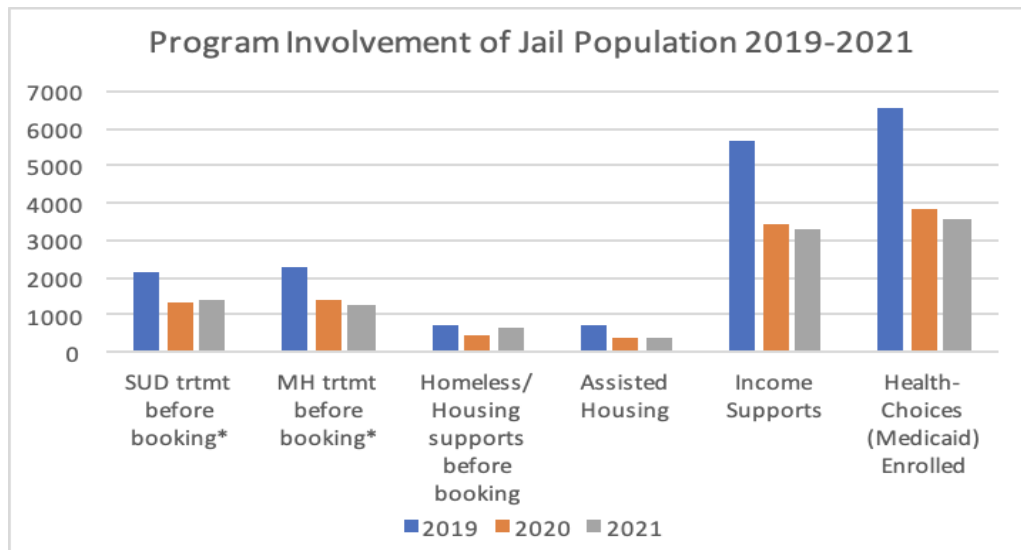


Figure 10. Program Involvement (12 mos) Before Booking from 2019-2021

Between 2020 and 2021 there was a 3% (176) increase in the number of people who were homeless or utilized housing supports at their time of booking at ACJ (AC, 2022). This reveals that there is an increased need for housing assistance and availability and that there are disadvantages among the homeless population of Allegheny County that lead them to be arrested i.e. drug use and lack of mental health treatment.

Table 2. Program Involvement (12 mos) Before Booking from 2019-2021

ACJ	Booked	SUD trtmt before booking*	MH trtmt before booking*	Homeless/ Housing supports before booking	Assisted Housing	Income Supports	Health-Choices (Medicaid) Enrolled
2019	11,341	32% [2,127/6,623]	34% [2,281/6,623]	6% 732	7% 739	50% 5,669	58% 6,578

2020	6,146	34% [1,340/3887]	36% [1,405/3,887]	8% 486	7% 418	56% 3,455	63% 3,872
2021	5,857	34% [1,405/3,887]	36% [1,286/3,558]	11% 662	7% 407	56% 3,284	61% 3,573

*Percentage out of HealthChoices members enrolled in treatment for substance use disorder and mental health treatment. These percentages do not represent the true number of those booked who were receiving these services via other forms of coverage.

The percentage of those booked across the years measured among the pandemic utilizing substance use disorder treatment and mental health treatment within 12 months before booking remained steady despite decreases in the jail population. This indicates an increased emphasis on these services among re-entry services in Allegheny County.

3.4 Employment

People who have been incarcerated experience unemployment disproportionately more than the general population at a rate of 27% before the pandemic, and while the current figure resulting from the pandemic is unknown. Reentrants may not have proper identification materials to be able to apply to jobs when they return to society, which affects the process of officializing employment (Stabley, 2021). Additionally, if someone has had repeated incarcerations and a lengthy jail stay, they may have an inconsistent employment history and insufficient skill set to earn a living that would make them self-sufficient. Reentry programs begin skill training and connect reentrants with further training and education in the community.

There are obstacles in the workforce and community programs that affect their ability to operate and help those they serve. One of these is the presence of drugs in the community and nonadherence of participants to substance abuse services. On a routine urine drug screening panel,

opiates such as fentanyl, oxycodone (Premier, 2016), psychedelics, kratom, and experimental drugs e.g. K2 (Stout, 2021) do not appear if used. These substances produce mental effects that compromise the functioning of those that use them and their participation in programs and their jobs. The CARES Act provided stimulus checks to inmates, which in some cases actually decreased their motivation to work after release even for participants of a reentry program. This affected workforce development into 2021 when these checks were administered (Konish, 2020).

3.5 Reentry Programs

Systemic barriers exist for those returning to society after being in jail, and after release many are without the education, work experience, skills, or basic resources to obtain and keep a job. Racial bias, stigma against those with a criminal record, and inconsistent employment are factors that make reentry difficult for someone to take on alone. Programs exist in Allegheny County and across the nation that help to equip reentrants with the skills and workforce development capacities they need through mentorship and coaching. These programs are especially needed during the pandemic in times of high unemployment.

Reimagine Reentry in Pittsburgh aims to connect returning citizens with employment opportunities, healthcare, housing, and education - all of which reentrants struggle to access due to systemic barriers. Through personal coaching of reentrants, the program assists in housing assistance, family reunification, and workforce development and training. Integrating these people into society with the tools to be self-sufficient and productive members within the first three years after release is crucial as about half of reentrants are reincarcerated in this time (RR). The first Phase of intervention is setting up basic lifestyle essentials like establishing housing, getting a

phone and identification, obtaining a basic job or enrollment in training, and other short-term goals. Phase 2 is the building phase, where an individual moves onto the next steps of getting long-term housing, obtaining a stable job, learning how to manage their money and starting to experience the rewards of completing treatment, community engagement, and family rebuilding. In Phases 3 and 4, clients continue to work with reentry coaches to strengthen and sustain long-term employment, meeting family reunification and financial goals as they continue to integrate with the community and mentor others. Family reunification is modeled after the National Fatherhood Initiative, which ensures lasting reconnection and involvement of returning parents. Graduation from the Reimagine Reentry Program means these reentrants are fully participating, fulfilled, and self-sufficient members of the community (RR).

The Foundation of Hope is an organization that serves those during and after incarceration at Allegheny County Jail with non-denominational, faith-based support through spiritual guidance, support groups, practical guidance, and youth and adult diversion programs. This program acts as an influence to those in ACJ to change their behavior and spiritual path to decrease the likelihood of recidivism (Foundation of Hope). Other programs in the Pittsburgh area include Human Services Administration Services which provides case management for those with SUD in the criminal justice system, as well as the Mon Valley Initiative through the Southwestern Pennsylvania Re-Entry Coalition which connects those with criminal justice involvement with job opportunities (PA211).

The Center for Employment Opportunities (CEO) Reentry Program out of New York City is a nationwide initiative of job networking for those formerly incarcerated that operates in 12 states and 31 cities. The model they use incorporates job-readiness training, transitional employment, job coaching and placement, and retention services to connect reentrants with

maintainable employment as close to release as possible (CEOWorks). Initiating employment soon after release directs purpose to the lives of those served in giving them productive work and income so they do not return to alternative and potentially criminal sources of income. CEO aims to place reentrants with jobs that will enable them to gain long-term independence and reach their career goals. Another program offered is a cash transfer program called Returning Citizens Stimulus (RCS), funded through their Justice and Mobility Fund which provides monthly payments totalling up to \$2,750 over three months for essential expenses if tasks were met by participants. RCS was found to be effective especially during the pandemic in enabling participants to connect to employment and financial support services (CEO, Eval).

Clearinghouse (PADOC) is a program in Pennsylvania that connects reentrants to medical and prescription programs, food programs, housing assistance, employment connections, and social services i.e. transportation assistance services. Resourcing out of regional organizations like this is necessary for Allegheny County and other areas to hone which services are most demanded and can be best provided.

Another program that acts as a useful model for reentry services is the Prisoner Entrepreneurship Program (PEP) which trains prison inmates from their time incarcerated past their release with business curriculum and job and networking training, coordinating with business owners to utilize their specialized training in employment after release (PEP). Incentivizing educational training programs and business owner support in training programs for those who have been incarcerated is important in enhancing the workforce after the pandemic.

Justice Reskill is a career building program for reentrants located in Boulder, Colorado which prepares enrollees for a career in tech which enables them to have a higher living wage and maintain a more refined and long-term career path. Without this training, an opportunity to get this

training may have been unobtainable, so an approach which teaches high-level skills closes the equity gap in employment that results from corrections involvement. Student and community programs train enrollees while building their community involvement and by connecting them with resources to support their mental health (Justice Reskill). These services are free of charge throughout program involvement. Pittsburgh would benefit from programs of this model.

3.5.1 Challenges

While visitation restrictions are in place, these programs struggle to communicate with those inside correctional facilities (PBS). In the beginning stages of the pandemic, quarantine and lockdown policies affected visitation of not only family members but staff from programs in the community that would assist with reentry. Jury trials resumed in-person in Allegheny County on April 27, 2021 (Ward, 2021). By that point in time, there was a 16 month backlog of cases (ACJOB, Aug 2021) and it was important for the courts to uphold a standard for outreach and communication that was equitable for defendants in all neighborhoods (Gavin et al., 2022).

3.6 Probation and Alternative Housing

In June of 2021, Allegheny County received a \$2.7M grant from the Pennsylvania Commission on Crime and Delinquency to bolster adult probation and parole programs with electronic monitoring and drug and alcohol programs (Deto, 2021). The aim of this grant is to support programs for those involved in the justice system to change behaviorally outside of jail

while renewing their lives. There are opportunities for inmates to complete their sentences under monitoring or in alternative housing programs outside of Allegheny County Jail.

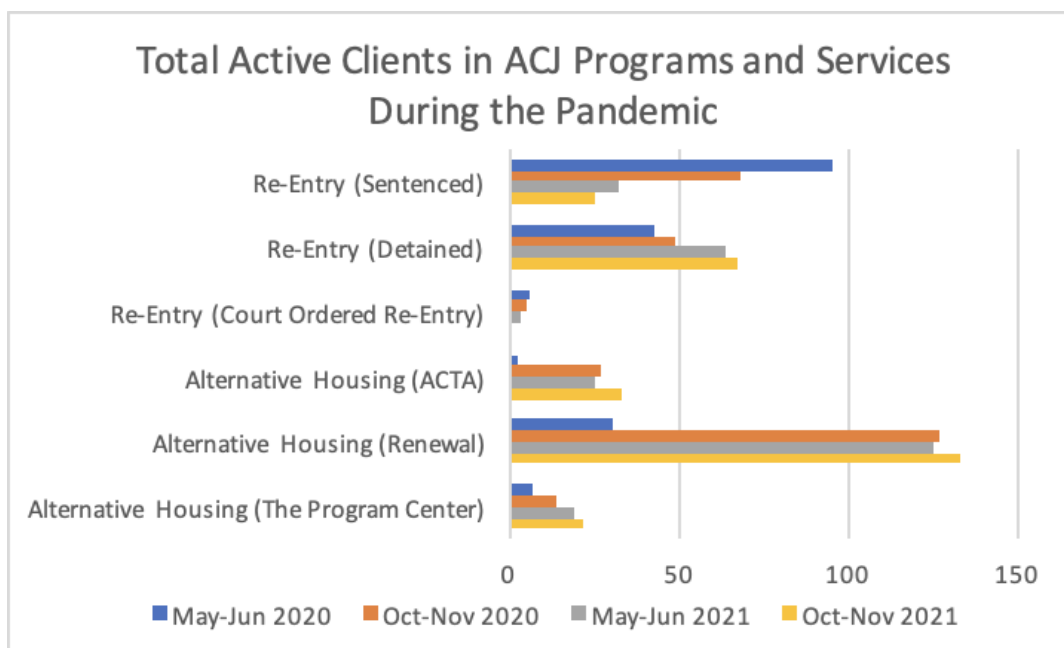


Figure 11. The Number of Clients in Transitional Services Every 6 Months During the Pandemic

These rehabilitation and housing services in Pittsburgh were impacted by COVID-19 outbreaks within centers and subsequent shut-downs by the local and state government. A judge must approve an inmates' participation in one of these programs, but not enough of these individuals are approved to be in them. More inmates were active in the Re-Entry program before sentencing as the pandemic progressed than after they were sentenced. The Renewal holds more people sentenced than the PROGRAM and ACTA as an alternative housing service. The Re-Entry program suffered from low participation during the pandemic, which left inmates to community programs that also experienced compromises in resources while servicing higher capacities.

Participation in re-entry programs ensures greater adherence to probation conditions and diminishes the likelihood of a violation that would result in a return to jail. The re-entry program officers are less authoritative and more compassionate towards reentrants, for example encouraging them to surround themselves with positive influences as opposed to searching for a violation. There are a variety of options for places to live after release.

Supportive housing for those with SUD include sober living houses or “half-way” or “three-quarter houses” include a house manager and other guests all of whom are in recovery and typically engage in 12-step program meetings. Managers and guests pay rent and work to rebuild life through camaraderie as they learn to be self-sufficient under house rules and employment maintenance, typically after a rehab or incarceration stay (Daniel & Sawyer, 2020). In Pittsburgh there are over two dozen of these houses, most of which are single gender. Staying in these houses in the beginning stages of recovery is an opportunity for people to prove their capability of independence in the community while on probation. Reimagine Reentry recruits a portion of their participants from these houses as well. It is less common for three-quarter houses which are not DOC-funded to take on those with longer sentences in alternative housing as these places are intended for short term (encouraged at least 6 months).

Transitional Housing Units are another supportive housing system run by the Bureau of Community Corrections for those released from prison on parole whom are approved which are equipped with a unit manager, reentry specialist, treatment specialist, Reentry Parole Agent (RPA) or Assessment, Sanctioning, and Community Resource Agent (ASCRA), along with corrections officers (PADOC). This is typically where those out on bond engage in Assertive Community Treatment under correctional supervision where they receive necessary education, employment training, and psychiatric treatment (Politico Magazine, 2020).

Alternative Housing, or restitution centers act as housing for those serving jail or prison sentences who are receiving treatment and/or may be on community supervision. The Allegheny County Treatment Alternative (ACTA) Program Center is an alternative housing program for ACJ located in Uptown which provides programming and rehabilitation in a “half-way house” setting. Clients in ACTA experienced the consequences of poor COVID-19 readiness and protocol and the program, leading some to be released to the community, returned to ACJ, or staying in ACTA (Chapman, 2020). There was no adequate protocol for COVID-19 prevention or plan for when outbreaks occur, so people in these programs ended up being more vulnerable to negative COVID-19 outcomes.

The PROGRAM for Offenders (ACDHS) is an inpatient and outpatient rehabilitation program in Downtown called Passages to Recovery which treats those with SUD who are involved in the criminal justice system. This program’s holistic approach focuses on trauma, family systems, and other mental health issues to optimize clients’ behavioral health outcomes. Utilizing peer support through connection to supportive housing after treatment and reestablishing family connection ensures long-term recovery and lower chances of relapse (PTR). The PROGRAM for Female Offenders in Homestead is the separate program for females serving sentences outside of jail. ACTA is operated under The PROGRAM for Allegheny County.

Renewal, Inc. is a non-hospital detox and rehabilitation center in Downtown Pittsburgh funded by the DOC which connects patients with the housing and employment services (work release), substance abuse and mental health treatment, family support, and a variety of reentry services. This facility is open 24/7 for intake and provides many treatment services that fulfill court requirements for offenders. It may also serve as an alternative to jail and is licensed by the Pennsylvania Board of Health and Bureau of Drug and Alcohol Programs (Renewal Inc.).

Harbor Light is an alternative substance abuse treatment center in the North Side associated with the Salvation Army which also provides clinics, men's ministries, and transitional housing. As of May 2022, there are only 3 drug and alcohol clients at this location as a result of low promotion and funding after the pandemic. This is not a DOC-funded program, yet internationally-based programs such as the Salvation Army would benefit from the county and state to promote re-entry services.

3.7 Positive Effects of Early Release

The obstacles that Allegheny County Jail and its corresponding entities have navigated help prepare people in jail for future public health emergencies. Contrary to the opinion that those who commit crimes should be punished through jail time and denied opportunity after release, resourcing for re-entry services has multiple benefits for the community and families. In the initial phases of the pandemic, the overall efforts to lower the jail population did succeed in lessening the spread of COVID-19 and they did not pose a threat to public safety. The Allegheny County Jail population has successfully decreased its daily average by 800, which has enabled COVID-19 protocols to be better adhered to inside the facility and less people to be affected by unnecessary jail time.

3.8 Negative Effects of Early Release

Between March 2020 and February 2021, domestic violence incidents by 8.1% in the U.S (Piquero et al., 2021). The Women's Center and Shelter in Pittsburgh experienced a 48% decrease in hotline calls during stay-at-home order mandates. Among crisis center clients, housing insecurity rose by 198% partly due to job loss and being unable to afford housing without their partner's income. WCS Pittsburgh and other shelters were compromised because of restrictions and still must rely on remote services. In 2020, courts relied on remote services for PFA hearings and were challenged in reaching out to victims in the beginning stages of the pandemic. During the first two months of the pandemic, PFA applications decreased by 40% due to lack of awareness of court availability (Irvin-Mitchell, 2021). Renewal Inc offers a Battering Intervention Program as part of their violence prevention services serving those who have problematic behavior that has resulted in domestic violence (Renewal, Inc). The Allegheny County Domestic Violence Court refers repeat offenders to this program, which has been improved with more widespread referral to treatment and treating PFA violations as criminal offenses (ACDHS).

The Reentry Program at ACJ experiences less completion when individuals are released early. If participants started the program and were released after review, they do not continue the program and enter the community on their own. It is important for a greater number of inmates to be accepted into this program with varying sentence lengths to increase participation and completion of all phases for more reentrants.

4.0 Conclusion

The criminal justice system in Allegheny County has ample opportunity to help those within the jail system and those susceptible to becoming involved in it. The study by the Allegheny County Health Department found that decarceration for decontagion purposes did not pose a threat to public safety when conducted with thorough review of those released. However, during a pandemic or not, decarceration of those already booked is not the only option for public health improvement.

Allegheny County Jail requires ongoing decarceration for the purpose of lessening the spread of coronavirus but also enhanced integration of reentry programs starting before a jailed person's release to optimize their outcome. Programs necessary within reentry services starting during a jail stay and in the community are cash assistance programs, incarceration-related debt relief, and safety net programs inclusive to those formerly incarcerated (Figgatt, 2020). In March 2022, the Allegheny County Jail population was 1,487 with 378 correctional officers employed at the time (Bunch, 2022). This population number is low, yet staff complain of vacancies that compromise the safety of inmates and officers. Increasing the number of participants accepted into the reentry program, while increasing wages for both correctional officers and support staff i.e. reentry and mental health workers will promote compassionate release through decreasing incidents and starting the reentry process inside ACJ.

The Reimage Re-Entry program in ACJ embodies the resourcing necessary for reentrants, yet community and governmental support is necessary for these people to succeed. Programs around the country serve as examples for how Allegheny County can improve on resourcing communities and families that experience high rates of homelessness, substance abuse and mental

health adversities. The ACJ population before the pandemic, at its height, and in its later stages reflects the vulnerability of people in jail before they are booked.

Disparities existed before the pandemic and were only exacerbated during the circumstances of COVID-19 outbreaks. Continuous government support beyond the COVID-19 state of emergency is necessary for housing programs, employment networking programs, enhanced behavioral health crisis management and de-escalation services. Policies must be in place that provide funding for resources that enhance opportunities for citizens that disproportionately fall into the criminal justice system and who wish for hope in putting an incarceration experience behind them.

Appendix A

Appendix A.1 Allegheny County Population Trends 2019

These charts were produced through web search within the Allegheny County Analytics database through the Allegheny County Department of Human Services. The city of Pittsburgh's population statistics were compared to those of the McKeesport, Penn Hills, and Wilkinsburg boroughs and in final graphs above the former three boroughs were compared to Allegheny County's overall statistics for each criterion. These numbers are shown through Figures 7-10 and Table 2.

Appendix A.1.1 Community Trends Among Neighborhoods of Interest Compared to County Overall

Appendix Table 1.

Community Trends	Pittsburgh Count (Rate per 100K*)	McKeesport Count (Rate per 100K*)	Penn Hills Count (Rate per 100K*)	Wilkinsburg Count (Rate per 100K*)	Allegheny County Count (Rate per 100K*)
Overdoses ¹	164 (52)	18 (90)	26 (61)	14 (88)	569 (45)
Suicides ¹	52 (17)	< 6	8 (19)	< 6	218 (17)
Children in Care ⁴	1,079 (2,346)	123 (3,112)	117 (1,480)	77 (3,152)	2,769 (1,197)
Mental Health Crises ¹	2,650 (848)	227 (1,138)	271 (631)	245 (1,532)	6,777 (536)
Involuntary Commitments ¹	1,229 (393)	143 (717)	175 (407)	102 (638)	4,558 (360)
Homeless Population ⁵	1,463 (553)	199 (1,226)	82 (234)	128 (941)	3,605 (348)
Jail Population ⁶	4,668 (1,812)	564 (3,659)	493 (1,467)	431 (3,267)	13,371 (1,345)
Homicides ¹	35 (11)	6 (30)	< 6	7 (44)	98 (8)
Individuals Receiving Income Supports ¹	101,123 (32,362)	12,298 (61,629)	15,108 (35,160)	7,333 (45,840)	466,206 (36,864)

Appendix A.1.2 Populations Served Through DHS Among Neighborhoods of Interest Compared to County Overall

Appendix Table 2.

Population Served by DHS	Pittsburgh Count (Rate per 100K*)	McKeesport Count (Rate per 100K*)	Penn Hills Count (Rate per 100K*)	Wilkinsburg Count (Rate per 100K*)	Allegheny County Count (Rate per 100K*)
Individuals Receiving DHS Services ¹	27,893 (8,927)	3,422 (17,149)	3,206 (7,461)	2,141 (13,384)	86,852 (6,868)
Children Receiving Child Welfare Services ⁴	3,265 (7,099)	525 (13,284)	280 (3,541)	237 (9,701)	8,728 (3,773)
Parents Receiving Child Welfare Services ⁵	2,945 (1,113)	447 (2,754)	266 (760)	269 (1,977)	8,506 (822)
Families Receiving Child Welfare Services ⁸	1,244 (4,882)	183 (9,068)	115 (2,473)	119 (9,355)	3,602 (2,793)
Children Receiving Early Intervention Services ²	1,336 (15,038)	84 (14,237)	133 (9,172)	51 (14,167)	5,885 (15,052)
Children Attending Early Childhood Programs Managed by DHS ³	40 (269)	44 (4,352)	14 (595)	9 (1,466)	392 (609)
Children Receiving DHS-Funded Out of School Programs ⁴	1,076 (2,340)	154 (3,897)	49 (620)	98 (4,011)	2,103 (909)
Individuals Receiving Family Strengthening Programs ¹	1,131 (362)	224 (1,123)	160 (372)	162 (1,013)	3,364 (266)
Individuals Receiving Intellectual Disability Services ¹	1,217 (389)	135 (677)	295 (687)	89 (556)	6,452 (510)
Individuals Receiving Mental Health Services ¹	18,492 (5,918)	2,167 (10,859)	2,196 (5,111)	1,367 (8,545)	60,266 (4,765)
Individuals Receiving Substance Use Disorder Services ⁵	4,669 (1,765)	472 (2,908)	467 (1,334)	257 (1,889)	13,778 (1,332)
Individuals Receiving Homelessness and Housing Services ¹	3,514 (1,125)	387 (1,939)	262 (610)	382 (2,388)	8,621 (682)
Older Adults Receiving Services ⁷	8,574 (13,808)	664 (12,328)	1,664 (14,151)	609 (14,346)	25,562 (8,274)

Appendix A.2 Allegheny County Population Trends 2020

Appendix A.2.1 Community Trends Among Neighborhoods of Interest Compared to County Overall

Appendix Table 3.

Community Trends	Pittsburgh Count (Rate per 100K*)	McKeesport Count (Rate per 100K*)	Penn Hills Count (Rate per 100K*)	Wilkinsburg Count (Rate per 100K*)	Allegheny County Count (Rate per 100K*)
Overdoses ¹	207 (66)	17 (85)	27 (63)	14 (88)	687 (54)
Suicides ¹	33 (11)	< 6	< 6	< 6	160 (13)
Children in Care ⁴	966 (2,100)	108 (2,733)	119 (1,505)	78 (3,193)	2,535 (1,096)
Mental Health Crises ¹	2,295 (734)	211 (1,057)	235 (547)	231 (1,444)	6,293 (498)
Involuntary Commitments ¹	1,194 (382)	143 (717)	159 (370)	117 (731)	4,592 (363)
Homeless Population ⁵	1,180 (446)	142 (875)	73 (209)	89 (654)	2,842 (275)
Jail Population ⁶	3,110 (1,207)	388 (2,517)	345 (1,026)	314 (2,380)	8,635 (869)
Homicides ¹	49 (16)	6 (30)	< 6	11 (69)	118 (9)
Individuals Receiving Income Supports ¹	103,516 (33,128)	12,311 (61,694)	15,291 (35,586)	7,493 (46,840)	498,295 (39,402)

Appendix A.2.2 Populations Served Through DHS Among Neighborhoods of Interest Compared to County Overall

Appendix Table 4.

Population Served by DHS	Pittsburgh Count (Rate per 100K*)	McKeesport Count (Rate per 100K*)	Penn Hills Count (Rate per 100K*)	Wilkinsburg Count (Rate per 100K*)	Allegheny County Count (Rate per 100K*)
Individuals Receiving DHS Services ¹	26,523 (8,488)	3,235 (16,211)	3,130 (7,284)	2,093 (13,084)	83,145 (6,575)
Children Receiving Child Welfare Services ⁴	2,946 (6,405)	481 (12,171)	245 (3,099)	233 (9,537)	7,801 (3,372)
Parents Receiving Child Welfare Services ⁵	2,734 (1,033)	421 (2,593)	245 (700)	251 (1,845)	7,743 (748)
Families Receiving Child Welfare Services ⁸	1,147 (4,501)	174 (8,622)	89 (1,914)	109 (8,569)	3,193 (2,476)
Children Receiving Early Intervention Services ²	994 (11,189)	55 (9,322)	114 (7,862)	39 (10,833)	5,284 (13,515)
Children Attending Early Childhood Programs Managed by DHS ³	20 (135)	32 (3,165)	< 6	6 (977)	266 (414)
Children Receiving DHS-Funded Out of School Programs ⁴	679 (1,476)	71 (1,797)	22 (278)	56 (2,292)	1,255 (543)
Individuals Receiving Family Strengthening Programs ¹	966 (309)	243 (1,218)	113 (263)	152 (950)	3,010 (238)
Individuals Receiving Intellectual Disability Services ¹	1,207 (386)	132 (661)	302 (703)	90 (563)	6,397 (506)
Individuals Receiving Mental Health Services ¹	16,767 (5,366)	1,978 (9,912)	2,029 (4,722)	1,292 (8,077)	55,787 (4,411)
Individuals Receiving Substance Use Disorder Services ⁵	4,459 (1,685)	452 (2,784)	447 (1,277)	286 (2,102)	13,330 (1,289)
Individuals Receiving Homelessness and Housing Services ¹	5,622 (1,799)	622 (3,117)	527 (1,226)	596 (3,726)	14,062 (1,112)
Older Adults Receiving Services ⁷	6,774 (10,909)	497 (9,228)	1,367 (11,625)	510 (12,014)	19,776 (6,401)

Appendix A.3 Allegheny County Population Trends 2021

Appendix A.3.1 Community Trends Among Neighborhoods of Interest Compared to County Overall

Appendix Table 5.

Community Trends	Pittsburgh Count (Rate per 100K*)	McKeesport Count (Rate per 100K*)	Penn Hills Count (Rate per 100K*)	Wilkinsburg Count (Rate per 100K*)	Allegheny County Count (Rate per 100K*)
Overdoses ¹	229 (73)	14 (70)	17 (40)	15 (94)	678 (54)
Suicides ¹	36 (12)	< 6	9 (21)	< 6	192 (15)
Children in Care ⁴	995 (2,163)	80 (2,024)	122 (1,543)	82 (3,357)	2,422 (1,047)
Mental Health Crises ¹	2,506 (802)	201 (1,007)	312 (726)	219 (1,369)	7,197 (569)
Involuntary Commitments ¹	1,282 (410)	112 (561)	207 (482)	104 (650)	4,921 (389)
Homeless Population ⁵	1,319 (499)	162 (998)	88 (251)	85 (625)	3,096 (299)
Jail Population ⁶	3,079 (1,195)	360 (2,336)	313 (931)	252 (1,910)	8,277 (833)
Homicides ¹	55 (18)	8 (40)	10 (23)	8 (50)	126 (10)
Individuals Receiving Income Supports ¹	103,858 (33,238)	12,282 (61,548)	14,924 (34,732)	7,667 (47,928)	499,875 (39,526)

Appendix A.3.2 Populations Served Through DHS Among Neighborhoods of Interest Compared to County Overall

Appendix Table 6.

Population Served by DHS	Pittsburgh Count (Rate per 100K*)	McKeesport Count (Rate per 100K*)	Penn Hills Count (Rate per 100K*)	Wilkinsburg Count (Rate per 100K*)	Allegheny County Count (Rate per 100K*)
Individuals Receiving DHS Services ¹	25,256 (8,083)	3,063 (15,350)	3,116 (7,252)	2,035 (12,721)	80,986 (6,404)
Children Receiving Child Welfare Services ⁴	2,665 (5,794)	372 (9,413)	264 (3,339)	216 (8,842)	7,053 (3,049)
Parents Receiving Child Welfare Services ⁵	2,506 (947)	320 (1,971)	252 (720)	226 (1,661)	7,164 (692)
Families Receiving Child Welfare Services ⁸	1,034 (4,058)	114 (5,649)	88 (1,892)	88 (6,918)	2,892 (2,243)
Children Receiving Early Intervention Services ²	346 (3,895)	16 (2,712)	33 (2,276)	17 (4,722)	4,898 (12,528)
Children Attending Early Childhood Programs Managed by DHS ³	15 (101)	27 (2,671)	< 6	8 (1,303)	236 (367)
Children Receiving DHS-Funded Out of School Programs ⁴	386 (839)	56 (1,417)	13 (164)	29 (1,187)	794 (343)
Individuals Receiving Family Strengthening Programs ¹	941 (301)	217 (1,087)	112 (261)	156 (975)	2,884 (228)
Individuals Receiving Intellectual Disability Services ¹	1,213 (388)	129 (646)	309 (719)	93 (581)	6,383 (505)
Individuals Receiving Mental Health Services ¹	16,551 (5,297)	1,859 (9,316)	2,058 (4,789)	1,279 (7,995)	55,940 (4,423)
Individuals Receiving Substance Use Disorder Services ⁵	4,630 (1,750)	459 (2,828)	456 (1,303)	286 (2,102)	13,568 (1,312)
Individuals Receiving Homelessness and Housing Services ¹	7,399 (2,368)	954 (4,781)	842 (1,960)	804 (5,026)	19,445 (1,538)
Older Adults Receiving Services ⁷	5,723 (9,217)	443 (8,225)	1,242 (10,562)	430 (10,130)	17,366 (5,621)

Appendix B Criminal Justice Involvement (12 mos) Before Booking 2019-2021

This table breaks down the graph in Figure 5 of the proportion of the Allegheny County Jail population which fits the three demographics of Juvenile (10-18 y/o), adult inmates (18+), and those in Adult Probation (18+) in the years 2019, 2020, and 2021. The numbers in brackets are the proportion of the overall Juvenile detention population that was involved in the criminal justice system within 12 months before booking for each year, while the other two groups come from the same population (18+ for each year). The numbers are from the Allegheny County Analytics database through the Allegheny County Department of Human Services.

Appendix Table 7.

	Juvenile (10-18 y/o)	ACJ (18+ y/o)	Adult Probation (18+ y/o)
2019	61% [231/379]	27% [3,006/11,276]	37% [4,120/11,276]
2020	60% [119/197]	33% [2,035/6,110]	40% [2,467/6,110]
2021	58% [95/164]	20% [1,186/5,809]	32% [1,864/5,809]

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