



DATA BRIEF

2023 Allegheny County Annual Local Government Competition

Improving Outcomes for People Involved in an Involuntary Commitment

February 2024

EXECUTIVE SUMMARY

In 2007, the Allegheny County Department of Human Services (DHS) celebrated the 10th anniversary of its creation as an integrated department of Allegheny County government. As part of this milestone celebration, DHS introduced the Local Government Case Competition, which has since become an annual event. The Case Competition has been an ideal way to give graduate students an opportunity to connect what they are learning in the classroom with real social issues. It also encourages students to consider careers in the public sector — many past participants have gone on to hold internships, fellowships and jobs with DHS, the City of Pittsburgh, and local nonprofits and universities.

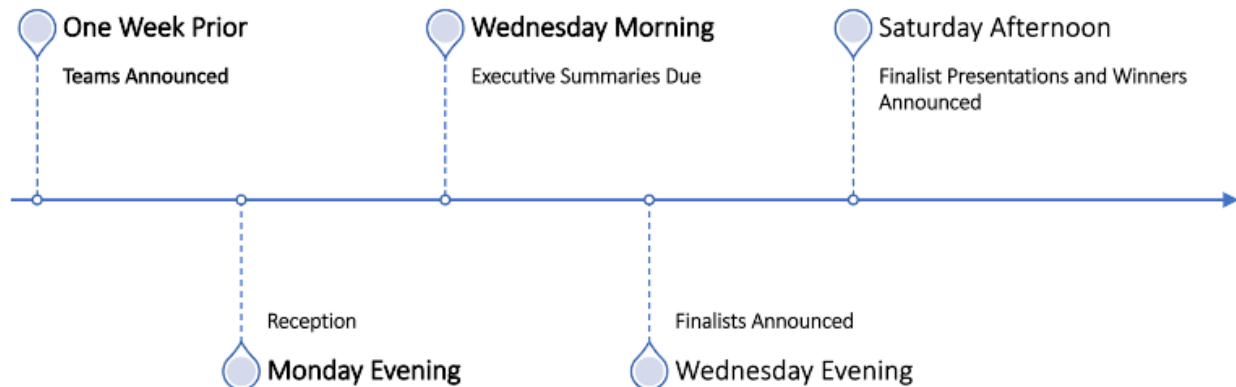
THE CASE COMPETITION

For the 2023 Case Competition, we made changes to the historical structure of the competition to incorporate lessons learned and participant feedback and to address logistical challenges identified by the competition planners.

Changes included:

- **Sharing the Case Topic During Recruitment:** The case topic was announced during recruitment to encourage students interested in the topic to participate.
- **Announcing Teams Early:** Teams were announced one week prior to the opening night reception to help teams coordinate their schedules in advance.
- **Extending the Competition Timeline:** The competition timeline was extended this year, starting on Monday evening instead of Wednesday evening and continuing until Saturday afternoon to provide students with more time to work on their solutions.
- **Adding a Preliminary Round:** The extra time allowed for the addition of an elimination round of presentation/selection prior to the final round.
- **Adding Networking Opportunities:** At the Monday evening reception, DHS program and support office representatives held a “DHS Fair,” creating a time for students to learn more about DHS and its work and for staff to meet students with an eye toward recruitment.

FIGURE 1. 2023 Case Competition Timeline



The competition commenced on Monday evening with a hybrid in-person/virtual reception, where students were introduced to DHS and its work and given an opportunity to meet with DHS program and support office representatives. At the reception, staff provided an in-depth presentation on the case topic and provided participants with background research documents to assist them in their work. Student teams spent Monday through Wednesday morning preparing executive summaries on their recommended solutions for the preliminary round. These executive summaries were judged by a panel of DHS staff throughout the day on Wednesday, and were scored based on their impact, creativity and feasibility. On Wednesday night, the six highest-rated teams were told they'd been selected to move on to the final round during which they would present their solution to regional subject matter experts. On Saturday, the judges attended these six student presentations and selected the top three teams, which were awarded cash prizes (\$3,500 for 1st place, \$2,500 for 2nd place and \$1,700 for 3rd place).

THE CASE CHALLENGE

In 2023, DHS dedicated significant resources to understanding more about the existing involuntary commitment and hospitalization process and outcomes for individuals who become the subject of a petition for involuntary hospitalization. DHS found that many individuals who are involuntarily hospitalized have poor outcomes — such as higher mortality rates, criminal justice involvement and emergency room usage after involuntary hospitalization — compared to other high-risk populations. DHS was motivated to design the Case Competition around this topic because of these findings and our interest in improving the care and outcomes of this population.

Specifically, students were asked to create an innovative program or intervention that would improve outcomes for those who have been or would likely be petitioned for involuntary commitment. Solutions had to target one or more of the following areas:

- Reducing/preventing the risk of someone being petitioned, examined or hospitalized
- Improving the experience of and/or providing supports during the process of petitioning, emergency examinations and/or hospitalization
- Providing support during the petition process, including examination and/or hospitalization, both when the petition is overturned and the person released and in cases where a petition is upheld, the individual hospitalized and discharge is being planned.

COMPETITOR DEMOGRAPHICS

Eighty-four graduate students registered for the Case Competition and 55 of them competed in the event. They were divided into 16 interdisciplinary teams, generally with individuals from other universities and in different fields of study.

College or University

Carnegie Mellon University had the largest presence at the competition with 17 students and the University of Pittsburgh had the second largest with 14 students. Other students (14) came from local schools, including Duquesne, Chatham, Carlow, PennWest and Indiana University of Pennsylvania. Students from outside Allegheny County participated as well – 4 from Kent State University, 3 from West Virginia University, 2 from Ohio State University and 1 from the University of Akron.

TABLE 1. Breakdown of Participants by College or University

COLLEGE	PARTICIPATED
Carnegie Mellon University	17
University of Pittsburgh	14
Kent State University	4
Duquesne University	4
PennWest University	4
Indiana University of Pennsylvania	4
West Virginia University	3
Chatham University	1
Ohio State University	2
University of Akron	1
Carlow University	1

Program/Fields of Study

16 different fields of study were represented at this year’s competition. Public policy accounted for the largest field, with 15 participants; social work was next with 11 participants. The other 29 participants represented other programs and areas of study such as Public Health, Counseling, Law and Medicine.

TABLE 2. Breakdown of Participants by Program

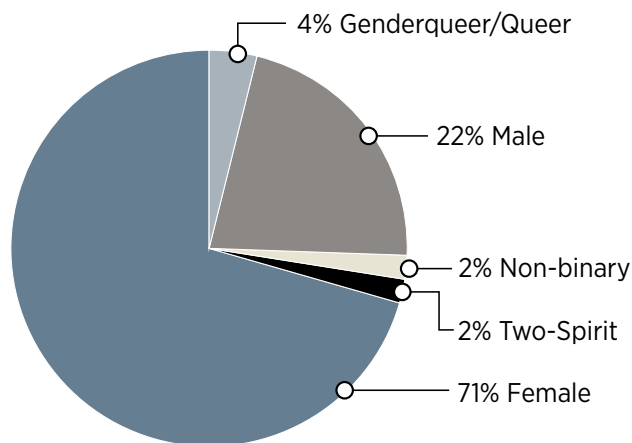
PROGRAMS	ACTUAL PARTICIPANTS
Public Policy	15
Social Work	11
Public Health	6
Public and International Affairs	4
Counseling	3
Information Systems Management	3
Communication	2
Criminology	2
Law	2
Administration/Leadership	1
Geography	1
Business Administration	1
Medical Humanities	1
Supply Chain Management	1
Medicine	1
Sociology	1

Race and Ethnicity

Graduate students reported their race/ethnicity upon registering for the Case Competition. Because students could select multiple options, **Table 3** percentages total more than 100 percent.

TABLE 3. Race and Ethnicity Breakdown of Participants

RACE/ETHNICITY	# PARTICIPANTS	% PARTICIPANTS
White or European Decent	24	44%
Asian	12	22%
South Asian/Indian (Subcontinent)	7	13%
African American/Black	6	11%
Hispanic or Latino/a	6	11%
Other Race or Ethnicity	4	7%
Southeast Asian	3	5%
Western Asian/Middle Eastern	1	2%

FIGURE 2. Gender Identity of Participants

FINALISTS AND WINNERS

Six teams were selected as finalists, based on their executive summaries that were judged in the preliminary round by seven DHS staff members. These six teams were invited to present their solutions in the final round. The finalist judges selected three winning teams; each earned a cash prize.

The judges of the final round were:

- Country Abegunde, *Operations Director, Steel Smiling*
- Jewel Denne, *Assistant Director of the Bureau of Mental Health, Allegheny County Department of Human Services*
- Tike Good, *Program Associate, The Pittsburgh Foundation*
- Dr. Elizabeth Hale, *Psychiatrist, University of Pittsburgh Medical Center*
- Kathleen McGrath, *Outpatient Therapist, Persad Center*

All finalist solutions are described in this section. All non-finalist solutions can be found in **Appendix A**.

Winners

1st Place: Allegheny County Continuous Immigrant Support Services (ACCISS2) Mental Health Program

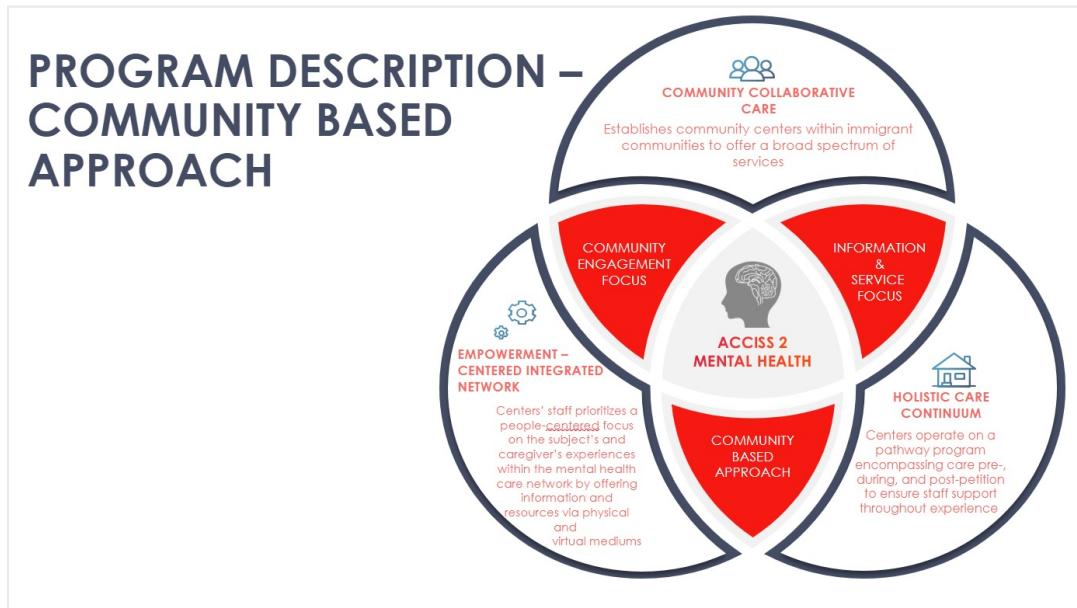
Team Members:

- **Aakriti Kumar**, University of Pittsburgh, Public and International Affairs, Human Security, and Security and Intelligence Studies
- **Josh Kirkpatrick**, Duquesne University, Law
- **Eder Hernandez**, Carnegie Mellon University, Public Policy and Management

Solution

ACCISS2’s goal is to increase access to mental health information for immigrant communities, increase community engagement in mental health services and reduce rates of involuntary commitments within the immigrant community. ACCISS2 would provide immigrants with vital information about mental and behavioral health by providing telehealth and online chat services and establishing in-person education in community spaces. The program would use culturally competent liaisons to create easy-to-understand content.

FIGURE 3. Allegheny County Continuous Immigrant Support Services (ACCISS2) Mental Health Program



2nd Place: Caring to Commit: Advocates for Enhanced Support in Involuntary Commitments

Team Members:

- **Goutam Mukku**, Carnegie Mellon University, Information Systems Management
- **Dorothy Yam**, University of Pittsburgh School of Medicine, Medicine
- **Sommer Blair**, University of Pittsburgh, Social Work

Solutions

Caring to Commit would utilize trained professionals and student interns to begin working with a subject of a petition as early as possible. The role of advocates would be to communicate with the individual and to share information with physicians, judges, law enforcement and family members from initial petition through post-discharge. The advocate would utilize a person-centered approach, placing an emphasis on an individual's wellbeing and choices over anything else.

FIGURE 4. Caring to Commit: Advocates for Enhanced Support in Involuntary Commitments



3rd Place: Support Central, A Program to Support Caregivers

Team Members:

- **Shambhavi Bhushan**, Carnegie Mellon University, Public Policy & Management and Data Analytics
- **Zena Kesselman**, University of Pittsburgh, Public & International Affairs and Business Administration
- **Caldwell Linker**, Penn West University, Social Work

Solution

Support Central would connect caregivers of individuals with serious mental illness with available supports to create a plan to prepare for a potential mental health crisis. The team suggested two tools that could be used by caregivers: A Green-Yellow-Red framework and a Care-and-Needs card.

The Green-Yellow-Red framework would provide caregivers with resources depending on the mental health needs of their loved one: During the green state, when a mental crisis is not imminent, caregivers are given prevention and supportive resources. The yellow state indicates that an individual is beginning to exhibit concerning behaviors and warning signs of a mental health crisis, at which point caregivers would be directed towards crisis management services. In the red state, an individual is in an active mental health crisis, at which point caregivers utilize a short list of contact information and suggestions to best describe what they need from responders and providers.

The Care-and-Needs card would be a physical or electronic card that would store information about the individual, including preferred name and pronouns, responders with whom they have a positive relationship, and a list of interventions/activities that calm down or agitate the individual.

FIGURE 5. Support Central, A Program to Support Caregivers

SUPPORT CENTRAL: Green, Yellow, Red Framework

- Simple framework to organize and plan resources and possible actions
- Incorporates realistic knowledge of capacities of organizations (wait times, wait lists)
- Prioritizes safety
- Simplifies decision making during a crisis
- Can be shared with other support people

Green Phase	Yellow Phase	Red Phase
<p>Self-Help Strategies: 1. Deep breathing exercises 2. Listen to Music</p> <p>Support Contacts: 1. Name (Contact) 2. Name (Contact)</p> <p>Professional Counselors: 1. Name (Contact)</p>	<p>Crisis Intervention Hotline: 1. 111</p> <p>Emergency Contacts: 1. Name (Contact) 2. Name (Contact)</p> <p>Therapist/ Psychiatrist: 1. Name (Contact)</p>	<p>Emergency Services: 1. 988 2. 911</p> <p>Favourite First Responder: 1. Name (Contact) 2. Name (Contact)</p> <p>Hospital Information: 1. UPMC Mercy</p>

Other Finalists

Low Barrier Access to Behavioral Health Services in At-Risk Communities

Team Members:

- **Jonah Cortex**, University of Pittsburgh, Public Health
- **Pranava Kadiyala**, Carnegie Mellon University, Public Policy & Management and Data Analytics
- **Amanda Gore**, Chatham University, Master of Counseling Psychology

Solution

Create a collaboration between resolve Crisis and community-based organizations to provide a mobile clinic offering behavioral health services to communities with the highest rates of involuntary commitments. Individuals with at least one involuntary commitment are prioritized and classified as high risk. Individuals also have access to the mobile clinic after discharge from hospitalization. The clinic will prioritize appointments but will also accept walk-ins.

Enabled & Empowered Community for Mental Health

Team Members:

- **Grace Sam**, Carnegie Mellon University, Public Policy & Management
- **Nike Ndaumanu**, University of Pittsburgh, Public & International Affairs
- **Taylor Mathis**, University of Pittsburgh, Master of Public Health
- **Laura Santos**, Carnegie Mellon University, Public Policy & Management

Solution

The Enabled & Empowered Community for Mental Health program is designed to improve outcomes for individuals petitioned for involuntary commitment through a three-pronged approach of community engagement and awareness programs. Prong 1 focuses on reducing unnecessary involuntary commitments by providing education about the process through educational e-modules. Prong 2 focuses on eliminating police involvement in the petitioning process and replacing them with a trained medical response system to reduce trauma for the individual in crisis. Prong 3 focuses on increasing family involvement in post-commitment planning to ensure a successful transition.

Early Intervention Advocates

Team Members

- **Brianna Allen**, University of Akron, Law
- **Keith Senkow**, Penn West University, Social Work
- **Sky Donlin**, Penn West University, Social Work and Business Administration
- **Oluwadamilola Salau**, Ohio State University, Geography
- **Sara Bravo-Peterec**, West Virginia University, Social Work and Public Administration

Solution

The Early Intervention Advocates program aims to increase knowledge of the involuntary commitment process and available resources through public awareness and understanding of individuals in crisis, providing witnesses when one is unavailable or unwilling to participate in the commitment process, collaborating with first responders to establish a triage for crisis situations, providing crisis counseling, and establishing involvement from stakeholders.

FEEDBACK FROM STUDENTS

23 participants completed a feedback survey that addressed each area of the competition: the case challenge, the kick-off event, judging, teams and overall experience.

The Case Challenge

Seventy-four percent of respondents thought the topic of involuntary commitments was interesting. Some students indicated that, despite having a presentation on the topic of involuntary commitments and a background document describing involuntary commitments and general behavioral health knowledge, it would have been helpful to have deeper knowledge of the behavioral health system to truly identify useful solutions.

Length

Almost 50% of respondents said they felt they did not have enough time to prepare their executive summaries between Monday night and Wednesday morning. Some said the timeline made it difficult to manage assignments and coordinate schedules with team members, while others noted they appreciated the fast-paced nature of the competition.

Reception/Opening Night

Seventy-seven percent of respondents reported that the presentation given at the reception event provided adequate information to approach the case challenge. Many also appreciated the chance to network with DHS staff at this event, with 83% of respondents appreciating the opportunity to talk with DHS staff and 91% appreciating learning more about DHS's mission and services.

Judging

Most respondents (86%) felt that the rubric they were provided helped to guide the creation of their executive summaries; about the same percentage (83%) said the preliminary round felt fair. Fewer were influenced by knowing who the preliminary and finalist judges would be, with only 35% of respondents saying that knowing the judges and their backgrounds influenced their solutions.

Teams

While most respondents (83%) indicated that being placed on random interdisciplinary teams simulated a professional work setting and added value to their solution, only 65% enjoyed working with their teams. Some respondents said their teammates were unresponsive or did not contribute to the executive summary or presentation.

Overall Experience

Most respondents (87%) enjoyed participating in the Case Competition and almost all (96%) said they would recommend the competition to a friend.

CONCLUSION

The goal of the Local Government Case Competition is twofold: to elicit ideas that the County and judges from partner organizations could seriously consider implementing and to expose talented students to the breadth and importance of real-world challenges, with the hopes of enticing them to pursue careers in local government.

As anticipated, the students presented many innovative solutions that address the challenges faced by individuals involved in an involuntary commitment. Hearing fresh perspectives on human service challenges encourages new and creative thinking about problems, resulting in innovative solutions to improve the lives of Allegheny County residents.

APPENDIX A

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TEAM	SOLUTION
<p>Andy Warhol</p> <ul style="list-style-type: none"> • Ednah Biwot: Indiana University of Pennsylvania, Communication and Media Studies • Megan Denny: Kent State University, Sociology • Cheyann McQuain: West Virginia University, Social Work • Luxin Yin: Ohio State University, Medical Humanities and Social Sciences 	<p>Establish a crisis response team, with a medical professional and a mental health crisis worker who are trained in de-escalation techniques, with a goal of reducing the number of people who are involuntarily committed. The team will respond to 911 calls relating to mental illness, homelessness, or substance use disorders.</p>
<p>Fort Pitt</p> <ul style="list-style-type: none"> • Israel Akande: Indiana University of Pennsylvania, Administration and Leadership Studies • Ryanne Calloway: Kent State University, Criminology • Abbi Davis: West Virginia University, Social Work and Public Administration • Pragna Guddeti: Indiana University of Pennsylvania, Business Administration 	<p>Galvanize a comprehensive, inclusive and sustainable model of mental health service delivery that makes the involuntary commitment process less traumatic and more equitable.</p> <p>Training would include</p> <ul style="list-style-type: none"> • Information about regulations, outcomes and process • Lived Experience panel presentation • Law enforcement and provider resource training opportunities • Tabling • Presentation on disparities • Interdisciplinary roundtable <p>The target audience for these trainings is professionals from diverse disciplines, including law enforcement, healthcare, psychiatry, emergency medicine and response, and social work.</p>
<p>Homestead Grays</p> <ul style="list-style-type: none"> • Becky Bendlak: Kent State University, Public Health • Alayna Clark: Kent State University, Criminology • Brian Nuckols: Indiana University of Pennsylvania, Clinical Mental Health Counseling • Kayla Shaffer: Penn West University, Social Work 	<p>Establish teams that work with families, hospitals, law enforcement, social service agencies and individuals in crisis or those who have been or are in the process of being involuntarily committed. Teams would engage throughout all stages of involuntary commitment, diverting from hospitalization if appropriate/possible and following individuals who have been involuntarily committed for at least one year and up to 5 years after discharge from the hospital. The goal is to provide trauma-informed, anti-oppressive services that maintain individuals’ autonomy and dignity and reduces involuntary commitments, repeat involuntary commitments and mortality rates.</p>

APPENDIX A

TEAM	SOLUTION
<p>Hulton</p> <ul style="list-style-type: none"> • Nouman Ahmed: Carnegie Mellon University, Public Policy & Management • Miguel Rivera-Lanas: Carnegie Mellon University, Public Policy & Management and Data Analytics • Yoko Kentilitisca: Carnegie Mellon University, Information Systems and Health Care Analytics • Manikandan Palaniappan: Carnegie Mellon University, Public Policy & Management and Data Analytics 	<p>Establish a predictive risk model to identify 100 individuals who are at highest risk of facing a 302 each month; survey those individuals and direct them to appropriate offices, programs and resources. The model would consider attributes including but not limited to mental health records, Medicaid enrollment and usage, substance abuse history, criminal records (arrests / incarcerations), homelessness history, employment income, insurance availability, dependents (kids/parents) and demographics (age/gender/race/sexuality).</p>
<p>Liberty</p> <ul style="list-style-type: none"> • Anne Rummell: University of Pittsburgh, Social Work • Raj Shah: Carnegie Mellon University, Public Policy & Management and Data Analytics • Shelby VanVliet: Carlow University, Clinical Mental Health Counseling 	<p>Create an assessment, similar to the current lethality assessment that standardizes the criteria for a 302 petition. Provide training for law enforcement officers on the assessment as well as on implicit bias, mental health issues and resources. Establish a county-wide helpline to assist law enforcement officers in determining the appropriateness of a 302 petition.</p>
<p>Rachel Carson</p> <ul style="list-style-type: none"> • Sarah Bacha: University of Pittsburgh, Master of Public Health • Sovi Herring: Duquesne University, Rhetoric and Philosophy of Communication • Mario Ottero: Carnegie Mellon University, Public Policy & Management • Ariana Scott: University of Pittsburgh, International Development and Public Health 	<p>Establish a two-phase program to: 1) reduce the risk of involuntary commitment petitions, examinations and hospitalization and 2) provide support to individuals who are involved at any step of the process. During Phase One, staff will establish relationships with local partners to provide mental health screening for high-risk individuals. In Phase Two, each individual will be paired with a peer support professional to ease the transition between leaving the facility and enrolling in outpatient treatment and services.</p>
<p>Roberto Clemente</p> <ul style="list-style-type: none"> • Alicia Clark: University of Pittsburgh, Social Work • Keval Lathiya: Duquesne University, Analytics and Information Management • Sam Rendon: University of Pittsburgh: Public & International Affairs 	<p>Reduce trauma during involuntary commitment examinations using two-person transport teams. Teams would 1) process the experience with the individual and discuss what to expect; 2) employ de-escalation, Motivational Interviewing and coaching techniques; 3) safely transport the individual and ensure safe transfer of custody; and (4) connect with the individual's natural supports.</p>
<p>Smithfield</p> <ul style="list-style-type: none"> • Kaia Hu: Carnegie Mellon University, Public Policy & Management and Data Analytics • Hannah Nguyen: Carnegie Mellon University, Public Policy & Management and Data Analytics 	<p>Provide advocates for those who are the subject of a petition, beginning as soon as possible and continuing after the petition is overturned or after discharge. Advocates would get to know the patient, communicating the importance of treatment, setting recovery goals and advocating for patients' needs.</p>

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TEAM	SOLUTION
<p>Wabash</p> <ul style="list-style-type: none"> • Emmanuella Nnodim: Duquesne University, Supply Chain Management • Maria Salazar: University of Pittsburgh, Public Health and International Development • Tasneem Sultana: Carnegie Mellon University, Public Policy & Management • Annie Xie: Carnegie Mellon University, Public Policy & Management and Data Analytics 	<p>3-year pilot of mobile mental health units that are strategically located throughout the county, providing “on the spot” mental health care support, resources and counseling services to individuals in crisis. The mobile units will be scheduled to park in different locations throughout the week, on a regular schedule so that residents can depend on their availability. Locations will be selected based on health deserts and high petition rates. A staff of 20 will include mental health professionals, peer support specialists, certified crisis intervention team officers, administrative and scheduling staff, and trained drivers. Walk-in appointments are available, as well as scheduled appointments. Individuals may self-refer; referrals may also come from MH professionals, crisis hotlines, hospitals and social service agencies.</p>
<p>West End</p> <ul style="list-style-type: none"> • Katia Kozachok: University of Pittsburgh, Social Work • Fatima Misbah: Carnegie Mellon University, Public Policy & Management / Health Policy and Data Analytics 	<p>Provide training for petition assessors (e.g., hospital staff) to use the Listen, Empathize, Agree and Partner (LEAP) method of communicating. LEAP is an evidence-based method for supporting individuals who experience a lack of insight into their mental health issues, increasing their sense of empowerment and their willingness to engage in treatment.</p>

APPENDIX A**APPENDIX B****Preliminary Judges**

- Charles Alter, Office of Behavioral Health
- Andy Halfhill, Office of Community Services
- Brandi Harrison, Office of Analytics, Technology and Planning
- Melissa Medice, Office of Behavioral Health
- Kate Vander Wiede, Office of Analytics, Technology and Planning
- Claire Wever, Office of Community Services
- Evelyn Whitehill, Office of Equity and Engagement

Event Organizers

- Cassandra Alexander, Office of Analytics, Technology and Planning
- Alex Jucta, Office of Analytics, Technology and Planning
- Kate Vander Wiede, Office of Analytics, Technology and Planning
- Claire Wever, Office of Community Services

Staff Volunteers and DHS Fair Participants

- Antonetta Avila, Office of Analytics, Technology and Planning
- Akosua Baiden, Office of Administration
- Jenn Batterton, Office of Analytics, Technology and Planning
- Matt Beall, Office of Analytics, Technology and Planning
- Rainna Bernesser, Office of Aging
- Betsy Caroff, Office of Children, Youth and Families
- Brenda Bulkowski, Office of Developmental Supports
- Jessica Burdick, Office of Equity and Engagement
- Barb Byers, Office of Developmental Supports
- Joleen Chiaverini, Office of Behavioral Health
- Donna Colella, Office of Children, Youth and Families
- Sierra Cuellar, Office of Analytics, Technology and Planning
- Vivek Dabreo, Office of Analytics, Technology and Planning
- Dara DeChellis, Office of Children, Youth and Families
- Carly Ferrone, Office of Analytics, Technology and Planning
- Heather Fisher, Office of Equity and Engagement

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- Stuart Fisk, Office of Behavioral Health
- Mary Fleck, Office of Analytics, Technology and Planning
- Paul Froehlich, Office of Equity and Engagement
- Kathryn Gadd, Office of Behavioral Health
- Loren Ganoe, Office of Administration
- Charlene Gardner, Office of Children, Youth and Families
- Kayla Garia, Office of Equity and Engagement
- Saige Gracie, Office of Behavioral Health
- Hannah Hardy, Office of Aging
- Andy Halfhill, Office of Community Services
- Nneka Hawthorne, Office of Equity and Engagement
- Abigail Horn, Office of Community Services
- Lindsey Lacey, Office of Analytics, Technology and Planning
- John Litz, Office of Community Services
- Hilary Marcella, Office of Analytics, Technology and Planning
- Christina Matsook, Office of Analytics, Technology and Planning
- Jess McWain, Office of Analytics, Technology and Planning
- Melissa Medice, Office of Behavioral Health
- Celeste Miller, Office of Children, Youth and Families
- Mary Peterson, Office of Developmental Supports
- Michael Rocco, Office of Behavioral Health
- Ben Schenck, Office of Analytics, Technology and Planning
- Joelle Swyka, Office of Behavioral Health
- Sarah Vogel, Office of Children, Youth and Families
- Pim Welle, Office of Analytics, Technology and Planning
- Jody Wright, Office of Analytics, Technology and Planning