

Statement from Allegheny County DHS: Improving outcomes for people with serious mental illness

July 15, 2025

"A Danger to Self and Others: Health and Criminal Consequences of Involuntary Hospitalization," released this week, showcases the unique data and analytic capacity of Allegheny County Department of Human Services and presents the first causal evidence around psychiatric hospitalizations produced anywhere in the country.

The research raises critical and difficult questions about how best to support individuals living with serious mental illness (SMI), particularly during times of crisis. The findings underscore what we have long recognized: that the current system does not always produce the outcomes we intend, and that we must invest in new models of care.

Allegheny County DHS is committed to improving outcomes and reducing adverse events—such as overdose, suicide, and justice involvement—among individuals with SMI.

Our efforts to improve outcomes for people include:

- **We launched the Alternative Response program**, an initiative in which behavioral health first responders can now answer human service and behavioral health 9-1-1 calls instead of law enforcement in 11 municipalities and 2 police departments, with the hopes that individuals can get safely to community based behavioral health care, instead of hospital where appropriate.
- **We are deploying crisis response teams in key geographic areas**, including downtown Pittsburgh, to meet people where they are in crisis and work together with a multidisciplinary team to engage frequently with them and offer low-barrier connection to care for complex needs.
- **We will introduce a new street-based treatment program to engage, stabilize, and treat individuals with SMI who are experiencing unsheltered homelessness.** This model will use targeted, persistent engagement to build trust and therapeutic relationships to support long-term recovery.
- **We recently launched the Mobile Competency Restoration and Support Team (MCRST)**, allowing individuals with SMI involved in the criminal justice system to begin competency restoration in the community—reducing long jail stays while waiting for placement in a state hospital.

- **We are launching a peer-led, short-term respite overnight program** that operates 24 hours/day in a home-like environment. It will be staffed by certified peer specialists, who will provide non-clinical crisis support based on specialized training and their own personal recovery experience.
- **Earlier this month, DHS assumed responsibility for managing access to key community-based mental health services that are critical for promoting stability.** Using consistent tools and criteria, we will proactively identify individuals in need, facilitate timely connections to care, and help clients step down to lower levels of support while ensuring access to additional human services where appropriate.
- **We will expand the supply of supportive housing for people with SMI and co-occurring SMI and substance use disorders.** We aim to add 300 supportive housing beds this year, and we recently issued a solicitation to increase our Long-Term Structured Residences (LTSR) bed supply.
- **We are expanding core behavioral health services,** including mobile medication teams that assist with medication education and adherence, and integrated dual-diagnosis teams for individuals with both SMI and substance use disorders.
- **We will test the use of financial incentives to support adherence to long-acting injectable antipsychotic medications,** where clinically recommended – which can increase medication adherence and reduce adverse outcomes such as inpatient hospitalization and involuntary commitment.
- **We are working with inpatient providers to reexamine physician training related to evaluating involuntary commitment petitions.** Physicians with more training and experience are often more circumspect in their choice to hospitalize, and facilitating knowledge sharing across disciplines may improve results. At the same time, we are exploring data-informed tools to improve decision-making.
- **We are exploring the implementation of Assisted Outpatient Treatment (AOT)** in Allegheny County as one component of a broader, community-centered behavioral health system. Many clients deteriorate in community until friends, family, law enforcement, or providers become so concerned about their and others' welfare that they file a petition. These clients often struggle to connect with behavioral health services. We are exploring AOT as a tool to engage with people sooner and help them remain stable in community as well as be a diversion from involuntary inpatient hospitalization.

It is important to underscore: every day, people are working across the behavioral health system to help people find safety, support and recovery – and in many cases, people are indeed getting help they need. At the same time, we recognize that we must always strive to do better, particularly to help people who are still struggling despite what our current system has to offer. We are committed to learning from data -- being transparent about what the research tells us and using it to accelerate our improvement efforts – and listening to those most affected and their families to guide solutions that will lead to greater safety, stability, and recovery.