COUNTY OF ALLEGHENY
SARA INNAMORATO
COUNTY EXECUTIVE

December XX, 2025

Deputy Secretary Jennifer Smith
Office of Mental Health and Substance Abuse Services
Pennsylvania Department of Human Services
P.O. Box 2675, Harrisburg, PA 17105

Dear Deputy Secretary Smith,

Since Pennsylvania passed its Assisted Outpatient Treatment (AOT) law in 2018, Allegheny County has opted out of implementing the legal procedure. After years of consideration and more than a year of active engagement with a broad range of stakeholders, Allegheny County is electing to implement the law in Allegheny County pursuant to Section 301.C of the Mental Health Procedures Act (MHPA) as of January 1, 2026.

We began to explore AOT because the current legal options are not serving our community well. Each year, more than 5,000 people in Allegheny County are evaluated for involuntary hospitalization. The outcomes for this group are deeply troubling: fewer than half get follow-up outpatient care after their hospitalization, despite being referred to that care at discharge, and 20% die within five years.

Families, providers and partners have asked the County for new, compassionate tools to engage people before a crisis becomes life-threatening. The current legal options require families to wait for their loved one to meet the threshold of being a 'danger to oneself or others' before intervening. Without a mechanism to monitor and intervene earlier, they are forced to watch their loved one's health deteriorate, waiting until they are arrested or meet the criteria for involuntary hospitalization to intervene. Once they are released and/or discharged, they sometimes see the same pattern of medication non-adherence, disengagement from treatment and decompensation.

In response to these concerns, we carefully weighed whether AOT should be part of Allegheny County's service array. We examined the research evidence. While the national research on AOT is mixed and limited in geographic scope, it has indicated promise – showing that in some places, AOT has helped improve appointment and medication follow-through, and reduce hospitalizations, suicidal thinking, and violent behavior. (See Appendix A: Research Rationale.)

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We also gathered extensive local input. To better understand whether AOT could be beneficial in Allegheny County, we consulted with stakeholders including the National Alliance on Mental Illness (NAMI Keystone PA), Mental Health America, Allegheny Family Network, the American Civil Liberties Union of Pennsylvania, and Disability Rights Pennsylvania. We hosted focus groups with advocates and people with lived experience, including peer specialists and people actively working on their recovery in the community and in the Allegheny County Jail. (See Appendix B: Stakeholder Feedback Sessions & Themes.)

Several consistent themes emerged:

- People strongly desire alternatives to institutional care, and view AOT as a beneficial alternative to jail or inpatient hospitalization – so long as law enforcement is not involved in the process.
- People support a lower threshold of risk for an intervention (e.g., someone is unlikely to survive safely in the community without supervision, instead of current threshold of imminent risk to self or others).
- AOT has the potential to break the cycle of mental health crisis, incarceration and decompensation, as well as increase accountability for all involved.

We also heard three main concerns:

- Adherence to the treatment plan may not work since the person cannot be held in contempt of court or jailed for not adhering to their plan. (In other words, there is a lack of "teeth" in the PA law that could result in lack of engagement.)
- Strong and available community resources will need to be available to carry out treatment plans successfully.
- For AOT to work, the person in recovery will need to have a voice throughout the process and be provided all due process protections.

Taken together – national research evidence, local analysis and stakeholder groups – our findings suggest that, with careful implementation and oversight, AOT could benefit some people in Allegheny County and should be available as an additional tool for people in crisis and their families. In weighing this decision, we concluded that maintaining the status quo poses a greater risk of harm. By comparison, implementing AOT with appropriate safeguards poses a relatively low risk and potential benefit for people who are struggling.

Opting into AOT is just one part of Allegheny County's robust strategy to improve outcomes for people with serious mental illness (SMI). Examples include our investments to deploy behavioral health responders to certain 9-1-1 calls instead of law enforcement, deploy crisis teams to offer low-barrier connection to care, launch a competency restoration program for people to receive help in the community instead of jail and Torrance State Hospital, and expand supportive housing for people with SMI and co-occurring disorders. AOT will be an additional tool – not a

wholesale strategy – to help people engage in care without institutionalization or police involvement.

Allegheny County developed a detailed implementation plan designed to maximize the likelihood that AOT achieves our core aim: supporting people with serious mental illness (SMI) and helping them avoid a recurring cycle of hospitalization and incarceration. (See Appendix C: Process for AOT in Allegheny County.) The plan was created by a year-long working group of partners, including the Courts, Community Care Behavioral Health, Allegheny County Solicitor's Office, the Office of the Public Defender and DHS. It directly accounts for stakeholder concerns noted above and is designed to avoid police involvement by designating individual care teams who will work directly with people in need to help them stay on track. In Allegheny County, no one will be arrested or jailed for not following their treatment plan. And, individuals who are subject to a petition are guaranteed legal defense throughout the process to ensure their rights are respected.

We developed an implementation and monitoring plan (See Appendix D: Implementation & Monitoring for AOT in Allegheny County). We hired dedicated staff and started training, are launching a public webpage for the public to learn about the process, and will initiate a monitoring plan that includes an advisory group of experts and people with lived experience. We also will complete case reviews, examine data, and conduct surveys with people who experience the process. We will publish our findings and make improvements over time.

We are confident in our ability to implement an AOT program thoughtfully and responsibly as part of a comprehensive strategy to stabilize individuals in the community and improve outcomes for people. We are committed to feedback mechanisms that will inform the local AOT program design and serve as a resource for other jurisdictions. We will publish our findings on our website (analytics.alleghenycounty.us) and share them with relevant stakeholders, including your office, for visibility.

We look forward to keeping you informed of our progress and learnings.

Sincerely,

Erin Dalton
Director

Appendix A: Research Rationale

As noted above, each year, more than 5,000 people in Allegheny County are evaluated for involuntary hospitalization. The outcomes for this group are deeply troubling: fewer than half get follow-up outpatient care after their crisis, despite being referred to that care at discharge, and 20% die within five years a rate this is higher than that for people with severe mental illness, exiting jail, or enrolling in homeless shelters. Nearly a quarter have been charged with a crime within 5 years of release, and 60% use an emergency room within one year of release (Welle et al., 2023).

Treatment and medication adherence are major obstacles to improved outcomes for people with serious mental illness. Medication non-adherence is documented in both the medical literature and in Allegheny County as a leading pathway into involuntary hospitalization and other adverse outcomes (Mongkhon et al., 2018). For people enrolled in Medicaid with schizophrenia, for example, adherence to oral formulations for medication 6 months prior to involuntary hospitalization is 18% and only 20% in the following 6 months. Similar trends are present for individuals with bipolar disorder. Overall, people with schizophrenia or bipolar disorder comprise 62% of people involuntarily hospitalized in Allegheny County. While these individuals often face myriad challenges – including with housing, employment, and other health issues— our research, academic studies, and conversations with practitioners suggest that increasing medication adherence and treatment engagement is a tractable part of this significant social problem.

AOT's potential benefits hinge on its ability to increase adoption of evidence-based pharmacological, clinical, and psychosocial interventions, such as supported employment, antipsychotic and mood stabilizing medications, and assertive community treatment teams. These interventions have extensive evidence demonstrating positive impacts as maintenance therapies and supports for improving in-community functioning (McKnight et al., 2019; Marshall et al., 1996; Schneider-Thoma et al., 2020; Biasi et al., 2021).

In contrast, AOT's evidence is more limited and challenged by the varied design and implementation of AOT laws nationally. This is critical context as we should expect poor implementation of AOT, such as delayed or improperly targeted interventions, to result in muted effects on client outcomes even with evidence-based services as part of recommended treatment plans. An observational evaluation of New York State's AOT program (Kendra's Law), which coincided with an infusion of new investments into mental health services, found that AOT increased the use of psychotropic medications and intensive case management services and decreased the risk of hospitalization and days hospitalized and increased service utilization (Swartz et al., 2009). A national 6-site evaluation found that AOT increased medication adherence, appointment attendance, therapeutic alliance, and self-reported mental health. It also found decreased psychiatric emergency department and inpatient visits, arrests, drug use, suicidal ideation, and homelessness (U.S. Department of Health and Human Services, 2024).

One concern of these studies is that they employ pre-post comparisons or comparisons with people who were not offered AOT, which rely on stronger assumptions to establish causal claims. There are a limited number of randomized evaluations that seek to address these limitations directly. The Cochrane Review's meta-analysis of court-ordered outpatient commitment compared with voluntary services or less intensive supervised discharge only included 3 small-sized randomized controlled trials, including 1 outside of the U.S. It found no effects on hospitalization or psychosocial health or satisfaction measures, though the evidence was described as "low to medium quality" (Kisely et al., 2014).

Overall, the literature on serious mental illness demonstrates substantial benefits from evidence-based pharmacological, clinical, and psychosocial interventions when individuals are meaningfully engaged in care. The evidence on AOT as a mechanism to increase utilization of these services is mixed. Studies relying on stronger identifying assumptions generally find larger effects, including reductions in hospitalization and criminal justice involvement, while the limited, small-sample randomized evidence finds more modest or null effects on these outcomes. Importantly, prior AOT research does not identify evidence of harm and generally reports neutral or positive perceptions of AOT among participants. Taken together, the literature suggests that the effectiveness of AOT likely depends critically on implementation quality and its ability to reliably connect individuals to evidence-based services, rather than on the legal mechanism alone.

Appendix B: Stakeholder Feedback Sessions & Themes

This year, we asked key stakeholders for overall feedback on AOT and how we should implement AOT if we opted-in. We engaged government partners and behavioral health providers and hospitals. We conducted in-depth discussions with NAMI, Mental Health America, Allegheny Family Network, the ACLU and Disability Rights Network. The Abolitionist Law Center (ALC) organized focus groups with community-based advocates and there were four dedicated focus groups with people with lived experience (see table below for more details). We also created an Engage page to allow people to share stories, questions and concerns. The page had more than 200 visits, 50 people who visited the survey tool and 11 total submissions.

Focus Group Participants		
Organization	**Participant Roles**	**Number of Participants**
UPMC Western Psychiatric Hospital	Certified Peer Specialists for in-patient mental health clients	9
Resources for Human Development – Allies	Certified Peer Specialists who specialize in serving people with forensic involvement	12
Peer Support Advocacy Network	Certified Peer Specialists for people living in the community	5
Allegheny County Jail Behavioral Health Unit	People who are incarcerated who also have mental health needs	9
Elsinore-Bennu Think Tank (organized by ALC)	Community-based restorative policy advocates	14
Western Pennsylvania Participatory Defense Hub (organized by ALC)	Community-based advocates helping clients presently involved in the justice system	9

Here's what we heard and how these themes are informing our plan to implement AOT.

Theme 1: **So long as the process avoids police involvement, AOT is a beneficial alternative to jail or inpatient hospitalization, allowing for diversion from and, for those who enter these systems, faster return to the community.**

This feedback is aligned with our careful implementation plan to avoid police involvement and instead, designate individual care teams who will work directly with people in need to help them stay on track with their mental health treatment plan.

Theme 2: **People support a lower threshold of risk for an intervention (e.g., someone is unlikely to survive safely in the community without supervision, instead of current threshold of imminent risk to self or others).**

As noted above, the current legal options require families to wait for their loved one to meet the threshold of being a 'danger to oneself or others' before intervening. Without a mechanism to monitor and intervene earlier, they are forced to watch their loved one's health deteriorate, waiting until they are arrested or meet the criteria for involuntary hospitalization to intervene. Once they are released and/or discharged, they sometimes see the same pattern of medication non-adherence, disengagement from treatment and decompensation.

Theme 3: **AOT has the potential to break the cycle of mental health crisis, incarceration and decompensation as well an increase accountability for all involved.**

The structure of regular treatment plan monitoring, court reviews and case conferences over 90 days can help people maintain health, especially in 30-60 days immediately after discharge from the hospital or exit from jail. Additionally, judicial involvement can hold providers accountable. Breaking this cycle is the main reason for Allegheny County choosing to opt in to AOT.

Theme 4: **Engagement remains a major concern, particularly for individuals already in the community where consequences may feel less immediate.**

Overall, stakeholders shared there is a lack of 'teeth' in the PA law that could influence people's willingness to engage. To mitigate this concern, we are incorporating peers into the process to work with people to set their own goals. Also, Allegheny County's implementation will have a judge (not a hearing officer) preside over these cases to get the potential benefit of a 'black robe effect.' (This refers to increased compliance that can occur when someone must appear before a judge in a black robe because the judge's authority and the formal setting compel respect and adherence.) Other jurisdictions have found this was a factor in people's willingness to participate in AOT. Finally, we are also exploring the use of financial incentives to support medication adherence, which may help with this population.

Theme 5: **The availability and ability to enroll in needed behavioral health services quickly may impact the ability of treatment plans to be effective**

People have experienced long wait times for behavioral health services in the past and respondents felt that there was not enough existing capacity in service coordination or care management, services they felt were necessary to make AOT work. To mitigate this concern, we have a dedicated AOT Coordinator who will work with the person's treatment team and escalate connections to care if needed and appropriate. Additionally, DHS has assumed responsibility for

managing access to key community-based mental health services, including mobile medication services, community treatment teams, and integrated dual-diagnosis teams. The redesigned process, the first phase of which launched in Q4 2025, will encompass a new digitized referral workflow, automated generation of client lists that might benefit from a given service, evaluation of clients for step-down services to promote flow, real-time capacity and utilization analytics, and waitlist management and triage. These new capabilities will promote transparency into allocation of critical healthcare services for individuals with serious mental illness and facilitate timely access to care.

Theme 6: **AOT is new to Allegheny County and how it is introduced is important to people's likelihood of engagement.**

People have experiences with involuntary commitments and with law enforcement and that history will influence their perception of AOT. Focus group participants noted confusion between AOT and past experiences (e.g., 302s, police encounters, incarceration), highlighting the need for training and clear education. To respond to this feedback, our AOT implementation is designed so that people's first engagement with AOT will be a peer, service coordinator or another trusted person -- rather than receiving a summons in the mail or encountering law enforcement. Additionally, all stakeholders involved are completing initial and ongoing training in AOT.

Theme 7: **For AOT to work, the person's voice needs to be included and heard throughout.**

This includes the client's engagement in the development and refinement of the treatment plan. People participating in AOT in Allegheny County will be able to actively participate in court hearings, helping to hold providers accountable for their treatment plans, and will be afforded legal defense throughout this process. They also will be assigned a Certified Peer Specialist to help them make sure their voice is heard.

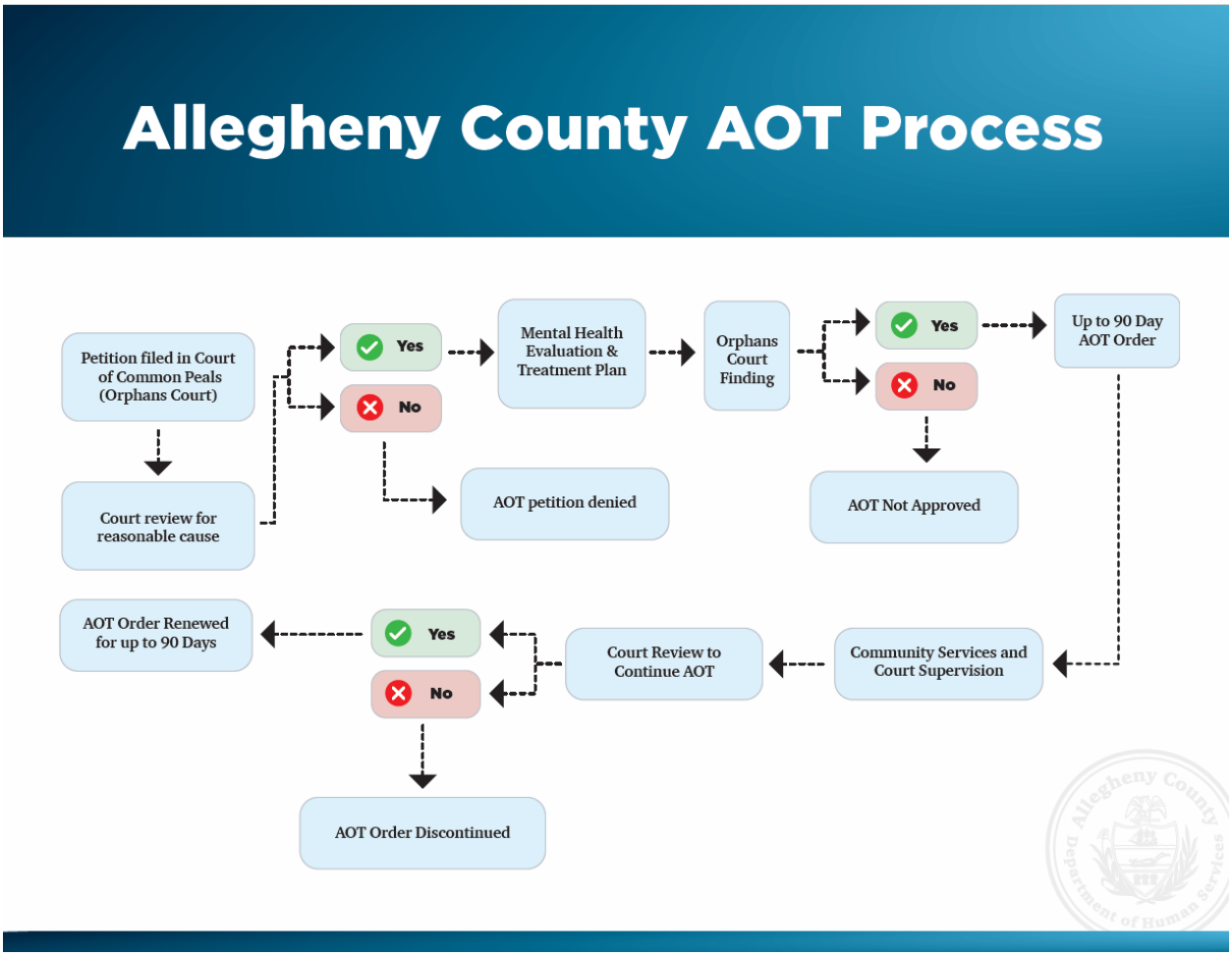
Appendix C: Process for AOT in Allegheny County

Allegheny County developed the AOT plan below in response to the research evidence, advice from national experts, and feedback from local focus groups. The plan was created by a year-long working group of partners, including the Courts, Community Care Behavioral Health, Allegheny County Solicitor's Office, the Office of the Public Defender and DHS.

A high-level process flow is summarized below, followed by descriptions of key steps.

This process reflects our initial plan, which could change over time as we learn and make improvements.

Figure 1. High-level process flow for AOT



Petition

The AOT process begins with a petition. A "responsible party" (e.g., family member or healthcare provider) completes an AOT petition by calling Allegheny County's Information,

Referral and Emergency Services (IRES) call center. Trained IRES staff will answer questions and help petitioners file the petition with the court. (Note: inpatient doctors are able to file directly without calling IRES.)

People who might be considered for AOT include people experiencing the following:

- 'Step Down:' People who are transitioning from an involuntary mental health inpatient commitment to treatment in the community and may need a layer of oversight and accountability to support recovery in the community.
- 'Step Up:' People who are living in the community but decompensating and need additional support to prevent hospitalization, incarceration, and further psychiatric deterioration. This may help people get treatment before an involuntary inpatient commitment becomes necessary.
- 'Step Over:' People who are arrested and have serious mental health issues by helping to facilitate the withdrawal of criminal charges upon civil commitment, provide oversight without criminal justice consequences and/or reduce the time they may be involved in the criminal justice system.

Though any responsible adult can petition for AOT for a struggling individual, that person must meet specific eligibility criteria and receive due process in a civil court proceeding in order for the petition to be upheld. The criteria includes evidence that the person would benefit from AOT, is unlikely to survive safely in the community without supervision, and has a history of lack of voluntary adherence that has resulted in involuntary inpatient hospitalizations or serious violent behavior towards themselves or others.

Petition Received

The Courts will determine if there is reasonable cause to proceed. If so, the following activities will be conducted. The AOT coordinator (employed by Allegheny County DHS) will ensure that the groups coordinate so that scheduling is appropriate and timely.

1. *Role of the Court* – AOT petitions must include a clinical evaluation conducted by a psychiatrist or licensed clinical psychologist. If the petition does not include this evaluation, the Court will issue an order for it to be conducted within a reasonable timeframe. They will also schedule an initial hearing to be held as soon as practical (after the evaluation has been completed). The Courts will issue a summons for the hearing and the order for the evaluation, sending both to the person subject to the petition. They will also provide the person with the AOT Bill of Rights and notify them that they are afforded a public defender unless they choose to acquire private defense.
2. *Role of Defense Counsel* – The person who is subject to the petition is afforded legal defense throughout this process. The person may acquire private defense, or one will be

provided for them through the Public Defender's Office. If the public defender has a conflict on another case, the Courts will provide an alternative defense attorney.

The Public Defender's office will be notified immediately when a new petition is filed and conduct their screening. If there is no conflict, they will receive the petition and the case will be assigned to an attorney who is specially trained in mental health law and has years of experience working with individuals with severe mental illness. By assigning this case immediately, attorneys will have the opportunity to fully prepare the case and reach out to the individual to provide support and answer questions prior to the hearing.

3. *Role of a Case Conference and Treatment team* - Once a petition is filed, the AOT Coordinator will convene a case conference to identify the best way to engage the person. The case conference will include a designated AOT service coordinator and any current or recent behavioral health providers or care coordinators (e.g., street outreach professionals) who are working with the person subject to the petition. The team will identify the most appropriate person to contact the individual subject to the petition and discuss the AOT process. The team member who reaches out will offer to connect the person to a Certified Peer Specialist (CPS) so the individual has the support of someone with lived experience to advocate for their voice throughout the process. (A CPS is a person with mental health or co-occurring disorders with certified training in supporting peers through recovery.)

   The treatment team members will help get the psychiatric evaluation scheduled (if ordered). The County has a contract with a mobile psychiatrist who can be deployed to conduct this evaluation as needed.

   Once initial engagement and the evaluation is completed, the treatment team, led by a qualified mental health professional, will work with the person who is subject to the petition to develop a robust treatment plan. The treatment team is responsible for identifying the specific services that are needed and getting the person connected as soon as possible. Through DHS's centralized management of high-intensity behavioral health supports (e.g., Assertive Community Treatment Teams (ACT), Integrated Dual Diagnosis Teams, etc.), the treatment team can help get the person prioritized for appropriate supports.

The approach described above is designed to minimize the involvement of law enforcement to reduce the risk of encounters that create further resistance to care. Law enforcement will not be involved in serving the person the summons or ensuring they come to court. However, if at any point a person becomes a danger to themselves or others, an inpatient commitment could be filed. This process is also designed to actively engage the individual in the creation of their treatment plan and in setting their own recovery goals.

Hearing & Court Oversight

A dedicated Common Pleas Orphans Court Judge with expertise in the Mental Health Procedures Act will hear all petitions and provide ongoing monitoring for cases that move forward. Allegheny County's implementation will have a judge, not a hearing officer, preside over these cases to get the potential benefit of a 'black robe effect.' (This refers to increased compliance that can occur when someone must appear before a judge in a black robe because the judge's authority and the formal setting compel respect and adherence). Other jurisdictions have found this was a factor in people's willingness to participate in AOT.

The Judge will hear information from the petitioner, the psychiatrist/psychologist who conducted the evaluation and other treatment team members as appropriate. (Note: If the person is already subject to an involuntary commitment, the County solicitor will represent the petitioner. In all other petitions, the petitioner is responsible for presenting the information they reported.)

Defense counsel has an opportunity to present their case. The case will be assigned to public defenders who are specially trained in mental health law and have years of experience working with individuals with serious mental illness. The Public Defender will be notified of a new petition immediately upon the filing of the petition, giving attorneys opportunity to fully prepare the case and reach out to the individual to provide support and answer questions prior to the hearing.

At the conclusion of the hearing, the Judge will determine if the AOT petition will be upheld or denied. If upheld, the petition is ordered for 90 days.

Community Services, Court Monitoring

During the AOT period, the person subject to the petition receives services in the community in accordance with their treatment plan. The dedicated service coordinator monitors progress with the treatment plan and helps the person establish goals and remain engaged in their treatment.

The Court will schedule regular review hearings with the person who is subject to AOT to discuss progress and hear any concerns from them or their treatment providers. Any challenges with adherence are reported to the court via the AOT service coordinator.

If the person is not following their treatment plan, the Court may conduct additional review hearings or ask the treatment team to adjust the treatment plan. The AOT service coordinator will submit any changes to the treatment plan as needed. People cannot be held in contempt of court for not adhering to their plan.

At the end of 90 days, the person may complete their plan and end AOT (but continue to have access to services and the support of the Certified Peer Specialist); or, the Court may hold another hearing if the person continues to meet the eligibility requirements of section 301 c to extend the AOT order for additional time.

Appendix D: Implementation & Monitoring for AOT in Allegheny County

Allegheny County is taking the below steps to implement this plan, starting January 1, 2026:

- Staffing: We have assigned a dedicated judge, hired an AOT Coordinator, and identified a dedicated behavioral health provider who can conduct mobile psychiatric evaluations. We are in the process of identifying a dedicated service coordinator at our contracted behavioral health service coordination organization.
- Training: A robust AOT training plan is in progress for certified peer specialists, IRES staff, inpatient doctors, behavioral health providers and court staff. Initial trainings are occurring in December and will continue through January. To ensure that behavioral health providers, court staff and other relevant staff receive annual training on AOT, the training will be incorporated into existing Mental Health Procedures Act (MHPA) trainings, managed through IRES.
- Website: We are launching a webpage where concerned individuals can begin the petition process and learn about what to expect.
- Data tracking system: We developed a new technology system to support people filing AOT petitions with the court that allows us to analyze the process, timelines and outcomes to support operational oversight and ongoing quality improvement efforts.
- Monitoring: We are implementing a robust monitoring system to examine how AOT is working in Allegheny County, make improvements as needed, and share findings with the public about implementation. Our monitoring will include:
- Regular meetings between the judge, AOT coordinator, the dedicated service coordinator, the Office of the Public Defender, and court staff to ensure ongoing oversight of the process.
- Use of administrative data to monitor implementation, participant characteristics and outcomes. This includes examination of sub-groups to understand if AOT is impacting people differently by race, gender, or age. The team will use the county's integrated data warehouse to monitor outcomes across systems (justice system, behavioral health system, housing system, etc.)
- Case reviews conducted by clinical and administrative teams to examine content of treatment plans and the County's ability to fulfill these. This will support ongoing continuous quality improvement efforts.
- Client feedback through ongoing anonymous surveys to gather client's perspectives on the process. This information will be provided back to the team in the aggregate.
- Creation of an advisory group to monitor implementation and review progress through 2026. Advisory group members will be non-county or court employees who have

expertise in mental health commitment processes, with people who experience mental health crises, and/or are people with lived experience. Advisory group members confirmed to date include:

- Two people with lived experience (identified by NAMI Keystone PA)
- Susan Coyle, Chief Executive Officer, Chartiers Center
- Betsy Farmer, Dean, University of Pittsburgh School of Social Work
- Jerrel Gilliam, Executive Director, Light of Life Rescue Mission
- Nev Jones, Ph.D., Associate Professor, University of Pittsburgh School of Social Work
- Autumn Redcross, Ph.D, Founding Director, Abolitionist Law Center Court Watch Program
- Frederick Thieman, Thieman Legal LLC, former U.S. Attorney
- Dale Verchick, Director of Public Policy, Disability Rights Pennsylvania
- A psychiatric physician (finalizing selection)

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