

COUNTY OF



ALLEGHENY

**Mental Health/Intellectual Disability Advisory Board  
Meeting Minutes  
Microsoft Teams  
Tuesday, November 18, 2025**

**Present:**

**Board Members:** Aeisha Carter, David Forsyth, Donnesha Slider (Chair), Deborah Jozwiak, Emperatris Zeiss, Nev Jones, Rachel Flinner, Vanessa Dodds

**Members of the Public:** Mason Joiner, Jeffrey Long (CCBH Representative), Laurie Levine, Susan Coyle

**DHS Staff:** Jewel Denne, Acting Director, OBH; Brenda Bulkoski, Director, ODS; Kathryn Collins, Chief Analytics Officer, ATP; Colleen Sokira, Special Projects Senior Manager, OBH; Sarah Bigelow, Special Projects Assistant, OBH; Robert Burack, Consultant, DHS

**I. Welcome and Deepening Connections**

- a. Called to Order at 4:32 pm
- b. Minutes from September approved

**II. Committee Updates**

- a. Bylaws committee
  - i. Bylaws have been shared with this group, with the understanding that they need to be updated – language, organization, etc.
  - ii. Options
    1. The DHS team can start and bring back options for you all to approve
    2. Sub-committee
    3. NJ – could we do a combination of the two options?
      - a. Definitely, would recommend a group of 2-5 members
  - iii. Motion to create a bylaws committee
    1. Motion approved
    2. Members – Nev, Debbie, Emperatris
      - a. Will also send a follow-up email to confirm
- b. Goals committee

---

ERIN DALTON, DIRECTOR  
**DEPARTMENT OF HUMAN SERVICES**  
**OFFICE OF BEHAVIORAL HEALTH**

HUMAN SERVICES BUILDING • ONE SMITHFIELD STREET • THIRD FLOOR • PITTSBURGH, PA 15222  
PHONE (412) 350-4457 • FAX (412) 350-3880  
EMAIL [OBHINFORMATIONREQUEST@ALLEGHENYCOUNTY.US](mailto:OBHINFORMATIONREQUEST@ALLEGHENYCOUNTY.US)

- i. Sub-committee member DJ talked about the committee's first meeting and the broad goals it discussed
  1. NJ – Thinking about the legal linkage with SSI and SSDI
  2. DD – One of the biggest things we want to address is information gaps – is the information in the right place for lay people to access?
    - a. Especially at transitional periods in life
    - b. Also true in the county's autism cohort
  3. NJ – Agree, but would like some more clarity about where and how the board can uniquely contribute? For example, would we conduct a review of some kind of access analysis and weigh in more systematically?
  4. VD – we also didn't discuss concrete plans regarding Medicaid access in particular, due to the federal shutdown and state budget impasse
    - a. We discussed pulling together a survey among the community to better understand the stigma faced by families regarding survey access
  5. Brenda – would invite the committee (or its representatives) to meet with ODS directly once you have some more answers to these questions
    - a. Especially regarding recertifications
    - b. I would love to have Lyn Pugliano part of that conversation, which will also require lots of work with the State
  6. DS – wanted to see if there are any questions about the Autism Cohort that she is also part of, as there is overlap between these two bodies
    - a. Making sure the family and the patient are the owners of the information they need
    - b. What role does the county have in providing information?
  7. NJ – working with a group of researchers at CMU regarding AI-driven resource navigation
    - a. Possibility to be a really powerful tool for ID resources and MA applications
    - b. Another thought – how to balance what we can contribute when the population we serve is under threat in many intersecting areas, beyond MA
      - i. Desire to have goals that cover the entirety of what we represent. Concerned that the two current goals

don't include SMI when adult mental health is a current major concern

8. DJ – I agree, and see the idea of expanding screening as something that can be inclusive of SMI as well – something we should discuss at the next sub-committee meeting
9. NJ – I'm not sure I agree, since I see the lack of services and supports as the biggest hurdle currently. I wonder if having committees based around ID, SMI, etc., could be a good idea
10. DJ – I see what you're saying. It feels like a catch-22. What comes first – showing more demonstrated need to the county/state through increased screening or having more services?
11. Jewel – often can't be at the capacity we've created because of the lack of workforce.
  - a. Within the current continuum of MH services, there are both service gaps and some areas that are overserved
    - i. The board's feedback is helpful in this area – understanding what's going to work in Allegheny County
12. CS – goals committee, think about this discussion for when you meet next
  - a. Do some prioritizing – what can you, as a board, address right now?
13. RF – want to address Nev's question regarding whether these goals are what the board is going to be working on. These are the two goals that the board narrowed down to as what to work on first after discussing goals more generally, a couple of meetings ago
  - a. VD – yes, going for the low-hanging fruit

### **III. State/Federal Budget Effects Discussion**

- a. Is there anything that came out of this situation that we as DHS may not have heard about or that you want to make DHS aware of? Lessons learned?
- b. DS – Does the county have anything in particular to share?
  - i. Jewel – some big wins include SNAP and WIC being funded through September 2026
    1. However, the federal appropriations bill still needs to pass at the end of January
    2. Will share slides from today's DHS staff meeting with you all
    3. Supportive employment – can discuss further in a future meeting
      - a. Will be beneficial to DHS clients who will be subject to work requirements

- 4. Upcoming HUD changes – strategizing on how to best leverage funding sources
- ii. Brenda – ODS has a smaller cohort of people experiencing the situations Jewel mentioned
- c. NJ – could the board play a role in the county’s proposal for federal MH block grant funds? Since that’s an area with more flexibility, I wonder if that’s a place where we could weigh in.
  - i. Jewel – I think that could definitely come from those surveys and the work you all do as sub-committees.
- d. [related to chat message]
  - i. DS - We can consider voting to have "guest" community members join specific meetings related to goals.
  - ii. Colleen - I need to look at the bylaws and consult with legal. I am not sure
  - iii. VD - Dr. Slider, I like the idea of inclusion, but I feel we need to lay the groundwork first in the next meeting before opening up the invitation. But I am open to others’ thoughts.

#### **IV. 2026 Board Meetings**

- a. Third or fourth Friday of the Month
  - i. Fourth Friday of the month – dates will be posted on the website

#### **V. AOT Updates**

- a. Allegheny County has been exploring AOT as an option for those with SMI for the last year
- b. What is AOT?
  - i. An optional amendment to the MH procedures act for court-ordered community treatment
  - ii. Allegheny County has been exploring opting in
  - iii. Meta-analysis suggests evidence of improved outcomes, but design and implementation matter
    - 1. Published summer 2025

## Who is eligible for AOT in PA?

1. Person is “unlikely to survive safely in the community without supervision, based on clinical determination”
2. “Lack of voluntary adherence to treatment for mental illness” and one of:
  - Nonadherence significant factor in involuntary IP hospitalization within past 12 months
  - Nonadherence led to serious violent behavior toward self or others, or threats/attempts within past 48 months
3. “Unlikely to voluntarily participate” in treatment
4. Needs treatment to prevent deterioration into “substantial risk of serious harm”

## DHS began to deliberately engage broad range of stakeholders to discuss how AOT may be implemented successfully starting in November 2024

- Meetings with BH providers, advocates (NAMI, Mental Health America, Disability Rights Network, ACLU)
  - Core implementation group began meeting in January 2025. Meets every 2 weeks.
    - Representatives from DHS
    - County Solicitors Office
    - Office of Public Defender
    - Community Care Behavioral Health
    - Court of Common Pleas (Orphans Court, Behavioral Assessment Unit, Criminal Court)
  - Monthly steering committee meetings to focus on more specific work items
- Facilitated Feedback Groups starting Fall 2025**
- Certified Peer Specialists, including community, inpatient and forensic peers
  - Session in Allegheny County Jail with people with lived experience
  - Listening circle sessions organized by Abolitionist Law Center with community based restorative justice groups/ people with lived experience in the justice system

- c. Shared in chat by NJ
  - i. [The most recent and most comprehensive meta-analysis of impacts of AOT/CTOs on aggression and violence](#)
  - ii. [The most recent broad systematic review](#)
- d. Seeking community and individual input on [Allegheny Engage](#)
- e. NJ – important to be transparent and neutral in any disclosure regarding evidence
  - i. Gold standard RCTs have no evidence supporting AOT, as an expert in this field, and I would consider the slides you present spin, as well as the meta-analysis I shared in the chat
  - ii. It’s important not to mislead the public
  - iii. It’s important to be transparent about how AOT can escalate into increased criminalization
    1. Police are dispatched if an AOT misses a hearing – can still escalate into criminalization even if AOT itself does not result in criminal charges or
  - iv. It is discouraging to see DHS take an ideological position on what the research does and doesn’t tell us, rather than a neutral one

1. Additionally, it's not that there isn't harm; it's that it hasn't previously been measured
- f. Kathryn Collins – there's a reason we put it out for public response
  - i. Nev, please respond. We do want to hear this through the form as well
  - ii. We're very cognizant of police involvement and are not planning on police involvement to protect against the potential harms you mentioned
  - iii. Thinking about how to mitigate harm, either before or if/when we implement, is of the utmost importance, so we really appreciate hearing from you.
  - iv. NJ – comment on piece of evidence on the website. [The GAO itself commented on its weak methodology](#). Happy to email these concerns to Erin.
  - v. DD – I'm also concerned about implementation regarding bias
    1. Concerned about biases for 302s and 303s already
      - a. Would like to see those scrutinized for bias and those addressed before considering implementation
        - i. Kathryn shared - <https://analytics.alleghenycounty.us/2025/07/15/allegheny-countys-involuntary-hospitalization-302-program/>
        - ii. <https://analytics.alleghenycounty.us/2025/07/15/allegheny-countys-involuntary-hospitalization-302-program/>
      - b. Would want to see a pilot before full implementation, if it is approved
  - vi. RF – from a systems perspective, I want to understand more about how AOT and its unusual funding mechanism in the state came to be
    1. Can send more information to the group over email
  - vii. NJ (in chat) - I want to add that there are also established models of AOT alternatives and/or adjuncts currently wholly unavailable in Allegheny County (e.g., INSET in NY)
  - viii. If you have any specific questions, please email Colleen so she can collate them and get answers sent out
  - ix. DS - Clinically speaking, I can also say that we can look at the clinical community culture. Our community leans towards safety via restriction rather than harm risk reduction model

## VI. Public Comment

- a. Laurie Levine – CEO of MHA of SWPA

- i. Previous member of the council, happy to assist in any way that would be helpful

**VII. Adjournment**

- a. The meeting was adjourned at 5:57 p.m.

**VIII. Next Public Meeting**

Per the new meeting schedule, the next public MH/ID Advisory Board meeting will be on **Tuesday, January 27**, from 4:30 to 6:00 p.m. on Microsoft Teams.

Colleen Sokira will send out the Teams invite for this meeting the week before. There is also a link posted on the [DHS advisory board webpage](#).