# Office of Developmental Programs

# **Behavioral Health Law Enforcement De-escalation in Pennsylvania's Home and Community Based System**

Calendar Year 2023 (1/1/2023-12/31/2023)

#### **EXECUTIVE SUMMARY**

- In 2023, there were 2759 Behavioral Health Crisis Event incidents that involved law enforcement de-escalation.
- In 2023, there were an average of 229.91 incidents per month.
- The Northeast has the highest volume of Behavioral Health Crisis Event incidents that involve law enforcement.
- The Northeast has the highest rates of Behavioral Health Crisis Events incidents that involve law enforcement.
- Northampton, Lehigh, and Cambria AEs have the highest incident rates.
- Individuals who identify has multi racial or American Indian, identify as Hispanic, are under 21, and are male have the highest rates in this data set.
- 67% of individuals with Behavioral Health Crisis Event incidents that involve law enforcement were prescribed at least 1 psychotropic medication.
  - Divalproex Sodium was the most prescribed psychotropic medication (277 individuals prescribed)

## **METHODOLOGY**

The purpose of this report is to establish volume and examine events in which an individual experienced a mental health crisis that was unable to be safely deescalated and law enforcement presence was required to ensure welfare. To address this topic, data was pulled from the Enterprise Incident Management (EIM) system for incidents with the primary category of Behavioral Health Crisis Event. While all secondary categories under Behavioral Health Crisis Event will be discussed in some capacity in this report, the secondary categories of Immediate Arrest and Incarceration Crisis Response, Community-Based Crisis Response, and Facility-Based Crisis Response are considered to be incidents where law enforcement was involved in the individual's care during their mental health episode. Below are the definitions of these categories from ODP's Incident Management Bulletin 00-21-02:

**Immediate Arrest and Incarceration Crisis Response -** An event in which law enforcement responds to a behavioral health crisis event and arrests, charges and incarcerates an individual without first obtaining a mental health evaluation/admission at a facility designated to provide such services.

**Community-Based Crisis Response** – An event in which law enforcement or emergency services respond to and resolve without transport to another location for intake, assessment, or treatment.

**Facility-Based Crisis Response** – An event in which law enforcement or emergency services respond to and an individual is transported to a psychiatric facility, including crisis facility, or the psychiatric department of an acute care hospital for evaluation or treatment that does not result in an admission.

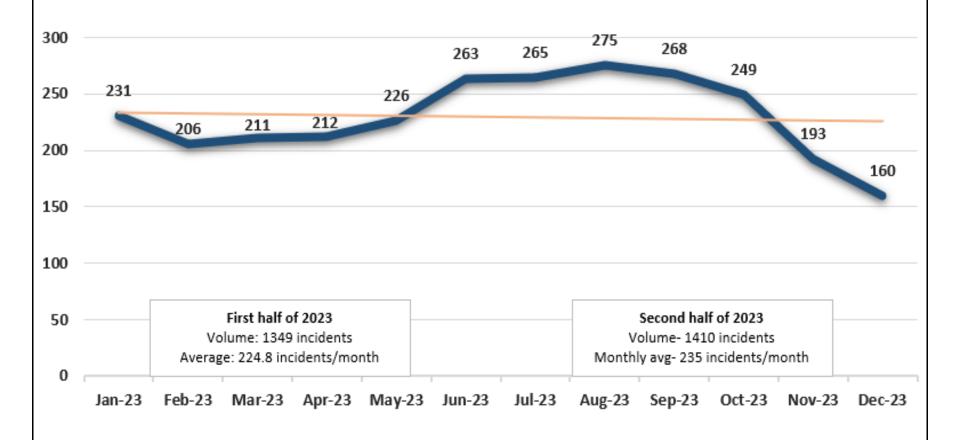
For the following analysis, incident data will be examined for events that were discovered in calendar year 2023 involving individuals who at the time of the incident were enrolled in a Home and Community Based Service (HCBS) waiver (Consolidated, Community Living, P/FDS). Incidents with a status of Deleted are excluded.

## **ANALYSIS**

#### **VOLUME**

Examining the volume of Behavioral Health Crisis Events (BHCE) with law enforcement support, there were 2759 incidents discovered in 2023, with an average of 229.91 incidents being discovered per month. The months with the highest volume of incidents were August with 275, September with 268, and July with 265. The top three months all occurred within the second half of the year. During the first half of 2023 (January-June), 1349 incidents were discovered with an average of 224.8 incidents per month. Incident volume increased through the first half of the year with an increase of 13.8% from January to June. During the second half of the year (July-December), 1410 incidents were discovered with an average of 235 incidents per month. While the second half of the year had a higher volume than the first six months of the year, volume decreased during this period, with a 39.6% decrease from July to December. When looking at the year as a whole, although a significant increase did happen in the summer and sustain through the fall, we see a 30.7% decrease in volume from January to December.

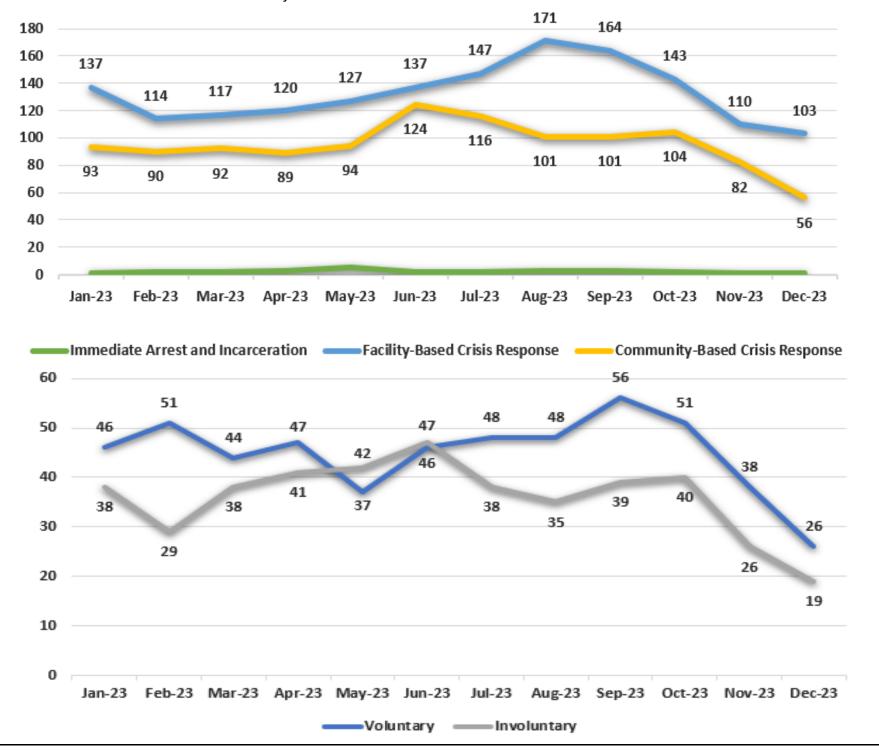
With the exceptions of the large jumps we see in June and November, this data set shows considerable linked trending from month to month. The volume does not spike or dip sporadically each month, but rather we see increases or decreases that lasts months at a time. We begin to see incremental increases in March, and those increases continue for six months until August. Volume then begins a four month decrease through the holidays.



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Delving into the secondary categories under BHCE indicative of law enforcement involvement, we see that Facility-Based Crisis Response has the highest volume each month of the year, and the high volume is the primary driver behind the trends we see on the previous page; the multi month increase and decreases we see overall are from this secondary category. The category of Community-Based Crisis Response remains relatively stable throughout the year, but contributes to the sudden bump in volume we see on the previous page in June. Additionally, this secondary category experiences a large drop nearing the holidays- there is a 46% volume decrease between October and December. Combined, the two secondary categories of Facility-Based and Community-Based Crisis Response hold 99% of the volume captured in this report. The secondary category of Immediate Arrest and Incarceration has a volume of <11 each month, with a total of 27 incidents. This volume remains stable throughout the year, with a s mall bump up of volume in May.

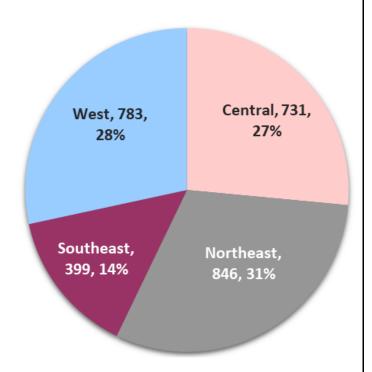
For reference, trending on psychiatric hospitalizations, both voluntary and involuntary, are included at the bottom of the page. These secondaries, which are not inherently part of this analysis, are more prone to single month spikes and drops, but do follow similar trends in late fall and early winter.



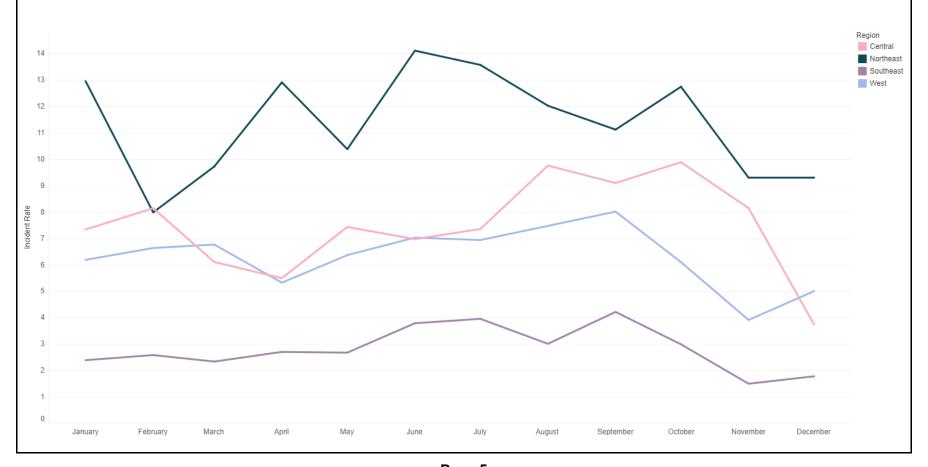
Page 4

Examining the region (Funding/Enrollment) associated with each incident indicative of a mental health crisis that could not be deescalated without law enforcement support, we see that the Northeast has the highest volume, with 846 incidents in 2023, or 31% of total volume. With the second highest volume of 783 incidents, the West has 28% of volume. Closely behind the West is Central region, with 731 incidents, or 27% of volume. The Southeast has the lowest volume with less than half of the incidents that the Northeast has; the Southeast reported and discovered 399 incidents, or 14% of total volume.

The four ODP Regions have vastly different enrollment numbers, which can sometimes skew our perception of volume. Below we have established rates of Behavioral Health law enforcement incidents per 1000 individuals enrolled (number of incidents/number of individuals enrolled x 1000 = incident rate). Rates per 1000 enrolled provide a standardized way to compare data across different populations or time periods to better understand occurrence and reporting.



Looking at rate, we see that not only does the Northeast have the highest volume, but even controlling for enrollment, the Northeast stands out far above the other regions in all but one month of the year. While Central region was third highest in terms of volume, we see them rising about the second-place volume West in terms of rate, as the rate methodology controlled for the large enrollment figures in the West. We see that all regions carry a decreased rate from October into November, but interestingly it is Central region that is really driving the decrease that carries on into December.



Page 5

Examining the County/AE that is responsible for the individual who experienced an incident indicative of a mental health crisis that could not be deescalated without law enforcement support, Allegheny had the highest number of incidents entered with 318, followed by Lehigh with 204, and Philadelphia with 185. To better determine which AEs need more support, an enrollment rate was calculated for each AE to control for the differences in the number of individuals supported. While Allegheny, Lehigh, and Philadelphia had the highest volume, controlling for enrollment sizes, only Lehigh was in the top in terms of rate. For Allegheny and Philadelphia, in terms of rate they are 24<sup>th</sup> and 32<sup>nd</sup> respectively.

The following AEs have disproportionate rates compared to their enrollment:

Northampton had the highest incident rate with a rate of 216.22 incidents per 1000 individuals enrolled (160 incidents / 740 individuals enrolled X 1000). Northampton has the 17<sup>th</sup> highest enrollment.

Lehigh had the second highest rate with 207.95 incidents per 1000 individuals enrolled (204incidents / 981 individuals enrolled X 1000). Lehigh has the 12<sup>th</sup> highest enrollment.

Cambria had the third highest rate with 178.74 incidents per 1000 individuals enrolled (74 incidents / 414 individuals enrolled X 1000). Cambria has the 28th highest enrollment.

Additionally, Lancaster, Montgomery, Delaware, and Bucks have disproportionate rates compared to their enrollment figures. These AEs are in the top 10 in terms of enrollment, but all have rates of 48.7 or lower and are in the bottom 20 in terms of rate. These AEs also had disproportionate rates of Sexual Abuse and Abuse compared to their enrollment (see separate "Sexual Abuse in Community Homes" and "Abuse in Community Homes" reports).

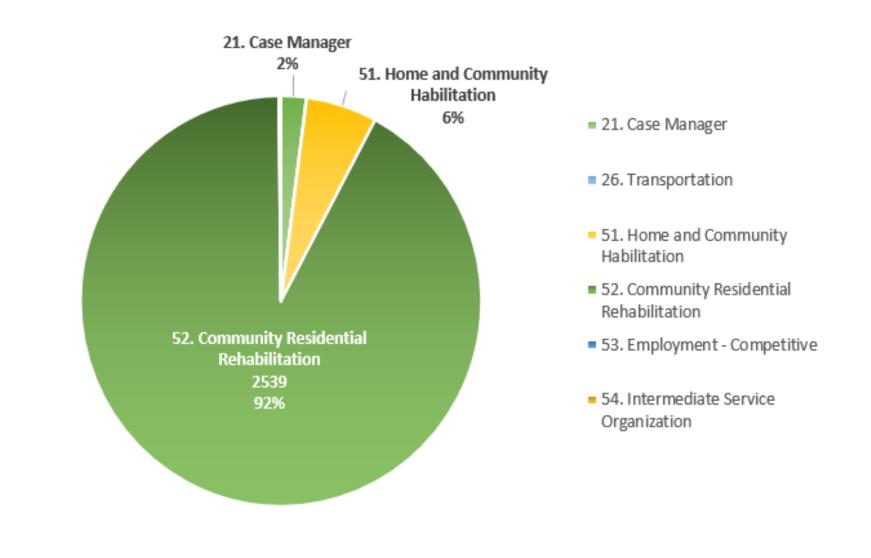
On the next two pages is a list of each AE, the count of mental health law enforcement incidents reported in 2023, each AEs HCBS (waiver) enrollment for 2023, and their calculated rate of incidents per 1000 individuals supported. This list is sorted from highest to lowest rate.

	Number of BHCE law enforcement incidents	HCBS Enrollment 2023	Rate of BHCE law enforcement per 1000 individuals enrolled
Northampton	160	740	216.22
Lehigh	204	981	207.95
Cambria	74	414	178.74
Blair	84	497	169.01
Dauphin	126	816	154.41
Northumberland	55	360	152.78
Armstrong/Indiana	80	532	150.38
Lackawanna/Susquehanna	116	811	143.03
Franklin/Fulton	51	357	142.86
Butler	58	421	137.77
Lawrence	41	341	120.23
Wayne	19	160	118.75
Luzerne/Wyoming	114	1,029	110.79
Columbia/Montour/Snyder/Union	45	414	108.70
Berks	119	1,190	100.00
Mercer	44	440	100.00
Lycoming/Clinton	42	431	97.45
Washington	45	479	93.95

Carbon/Monroe/Pike	70	746	93.83
York/Adams	104	1,111	93.61
McKean	14	157	89.17
Bedford/Somerset	33	371	88.95
Centre	27	305	88.52
Allegheny	318	4,088	77.79
Fayette	27	350	77.14
Lebanon	19	285	66.67
Schuylkill	31	470	65.96
Clearfield/Jefferson	19	335	56.72
Montgomery	101	2,101	48.07
Lancaster	52	1,104	47.10
Westmoreland	41	949	43.20
Philadelphia	185	4,572	40.46
Beaver	21	547	38.39
Tioga	<11	***	38.17
Erie	46	1,220	37.70
Crawford	12	333	36.04
Venango	<11	***	35.09
Forest/Warren	<11	***	34.19

Chester	38	1,175	32.34
Bradford/Sullivan	<11	***	31.25
Delaware	38	1,391	27.32
Bucks	37	1,367	27.07
Cumberland/Perry	16	600	26.67
Clarion	<11	***	22.47
Greene	<11	***	20.83
Cameron/Elk	<11	***	10.42
Huntingdon/Mifflin/Juniata	<11	***	6.93
Potter	0	39	0.00

Examining the Provider Type of the reporting organization on each incident associated with a BHCE that involves law enforcement, 2539 incidents, or 92% of volume were reported by a Provider Type 52 provider (Community Residential Habilitation). Provider Type 51 Home and Community Habilitation reported 158 incidents (6%), and Provider Type 21 Case Manager reported 56 incidents, or 2% of volume. Provider Type 26 Transportation, Provider Type 53 Employment, and Provider Type 54 Intermediate Service Organization all had volume less than 11 and less than 0.5% of total volume each.



Delving into the demographics of the 1008 individuals who experienced the 2759 incidents in this data set:

#### Race:

The majority of individuals identify as white (78%), followed by Black or African American with 159 (16%), Other with 39 (4%), and Multi-Race with 15 (1.5%). American Indian, Asian, and Unknown had volume in this data set of less than 11 each.

Multi-Race has the highest rate, with a rate of 100 per 1000 enrolled.

American Indian is second, with a rate of 66.66 per 1000 enrolled.

White has the third highest rate, with a rate of 28.8 per 1000 enrolled.

Black or African American has the fourth highest, with a rate of 27.4 per 1000 enrolled.

#### **Ethnicity:**

The majority of individuals identify as Non-Hispanic, with 951 or 94% of the individuals in this data set identifying this way. 6%, or 57 individuals in this data set identify as Hispanic.

Hispanics have the highest incident rate, with 33.06 individuals per 1000 enrolled. Non-Hispanics have a rate of 27.84 individuals with incidents per 1000 enrolled.

#### Age Group:

The age group of 21-29 has the largest volume of any age group in this data set, with 391 individuals or 39% of volume. Volume decreases as age increases. This is followed by individuals aged 30-39 years (27%), 40-49 years (16%), and 50-59 years (8%). Individuals older than 60 and younger than 21 both had 5% each of the data set- individuals under 21 had a slightly higher volume with 53 individuals, while the 60 plus group had the smallest volume in the data set with 49 individuals.

Under 21 has the highest rate, with 52.16 individuals with incidents per 1000 enrolled.

The 21-29 age group has the second highest rate, with 37.57 per 1000 individuals enrolled.

40-49 has the third highest rate, with 30.85 individuals with incidents per 1000 enrolled.

30-39 has the fourth highest, with a rate of 29.15 per 1000 enrolled.

50-59 has the second lowest rate, with 17.66.

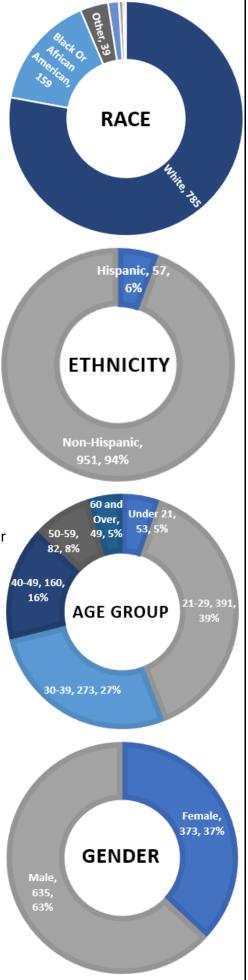
The 60 plus age group has the lowest volume and rate, with 9.31 per 1000 enrolled.

#### Gender:

63% of the individuals in this data set identify as male (635 of the 1008). 373 individuals, or 37% identify as female.

Males have both the highest volume and highest rate of individuals with incidents, with a rate of 29.76 individuals with incidents per 1000 enrolled.

Females have a slightly lower rate than males, with a rate of 25.64 individuals with incidents per 1000 individuals enrolled with this demographic.



Of the 1008 individuals across all Provider Types who experienced a mental health crisis event with law enforcement intervention in 2023, 671 individuals were prescribed at least 1 psychotropic medication in 2023 (67%).

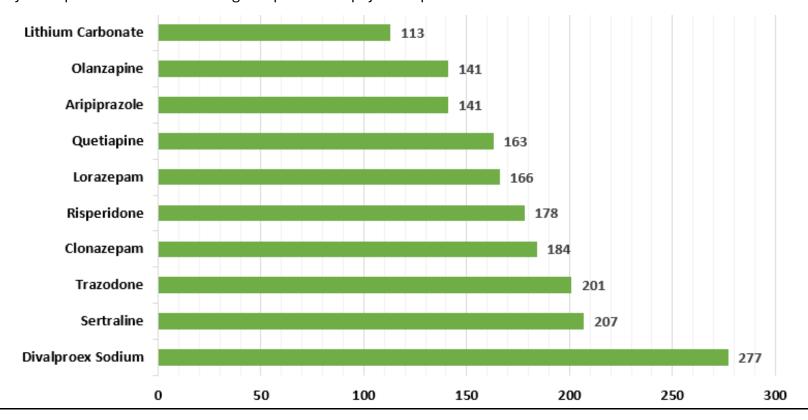
The most prescribed class of psychotropic drug among this population was antipsychotics, with 607 individuals prescribed at least 1 anti-psychotic medication. This makes up 60% of those total individuals with a mental health crisis involving law enforcement, and 90% of the subset of individuals who are prescribed at least 1 psychotropic medication. The top prescribed anti-psychotics were Risperidone and Quetiapine, which were prescribed to 178 and 163 individuals in this data set respectively.

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The second most prescribed class of psychotropic drug among this population

was anti-depressant, with 486 individuals prescribed at least 1 anti-depressant medication. This makes up 48% of those total individuals with a mental health crisis involving law enforcement, and 72% of the subset of individuals who are prescribed at least 1 psychotropic medication. The top prescribed anti-depressants were Sertraline and Trazodone, which was prescribed to 207 and 201 individuals in this data set respectively.

The third most prescribed class of psychotropic drug among this population was mood stabilizer, with 448 individuals prescribed at least 1 mood stabilizing medication. This makes up 44% of those total individuals with a mental health crisis involving law enforcement, and 66.7% of the subset of individuals who are prescribed at least 1 psychotropic medication. The top prescribed mood stabilizers were Divalproex Sodium and Lithium Carbonate, which was prescribed to 277 and 113 individuals in this data set respectively. Divalproex Sodium was the highest prescribed psychotropic medication in this data set.



Page 12