



Commentary: A better way to respond to mental health emergencies

Erie County's collaborative approach is a better use of public safety resources, and it may offer a model for other communities to follow.

By **Jane Mogavero and Michael Hogan**, *For the Times Union*

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Last year in the city of Buffalo, the 911 call center dispatched a police car or ambulance, and sometimes both, to someone experiencing a mental health emergency at least 10,000 times. That averages out to more than once every hour.

This striking data point is from a recently published analysis commissioned by top officials in Buffalo and Erie County. The analysis may well be unprecedented in New York for its depth and scope, but when we presented this finding to first responders and people living with mental illness and their families, they weren't surprised. If anything, they believed it was a significant undercount.

Like many other communities, Buffalo has relied too heavily on a traditional lights-and-sirens response to care for people experiencing a mental health crisis. The result is a revolving door, with individuals in distress cycling in and out of the Erie

County jail and Erie County Medical Center's emergency room. Many return again and again.

This approach doesn't help people recover. And it doesn't use public safety resources effectively. An officer who brings someone to the psychiatric program often may wait with the patient for three hours or more to see a specialist. That's time the officer spends away from public safety and other critical duties.

All of this comes at a significant cost to taxpayers. And Buffalo is not alone: Similar scenarios play out in communities across New York and throughout the country.

Across the U.S., city, county and state officials recognize that government must do a better job helping people experiencing a mental health emergency get the services they need. Discussions are underway at all levels of government about how best to expand the number of psychiatric beds, limit the role of police in responding to behavioral health emergencies, change involuntary mental health commitment laws, and strengthen the 988 Suicide and Crisis Lifeline. Fortunately, considerable evidence is emerging that demonstrates how to deliver effective community-based services to people in crisis. It centers on three elements: someone to call, someone to respond and a place to go.

In Erie County, officials are using this "call, respond, go" framework to design and implement a continuum of services: a 24/7 crisis hotline, mobile crisis units and co-responder teams, a new computer-aided dispatch system and a recently launched round-the-clock intensive crisis stabilization center that will ensure patients are seen within minutes instead of hours.

But these programs don't just snap into place. In Erie County, there are more than 30 independent government agencies and at least 10 nonprofit providers of health services that touch some piece of crisis response in Buffalo and surrounding suburbs. This includes fielding calls to 911 and other crisis hotlines, showing up on scene to assist people in crisis or providing services to people who need immediate care.

This fragmented structure is much the same in other communities. With different funding streams and regulatory bodies, these agencies and organizations are not led, or even coordinated, by any single point of contact. No chief executive for this "system" exists the way, for example, there is a superintendent of the public school system.

When no single entity is fully accountable, everyone must collaborate. That means coming together to translate relevant research and working through complicated questions: Which cases would benefit from an alternative response? How will those services be billed? How are programs staffed when there is an acute shortage of first responders and behavioral health providers? And how can we secure the confidence of communities who feel they have been failed by both public safety and public health professionals?

Erie County and Buffalo leaders are committed to using a collective problem-solving approach to answering these questions. Earlier this year, they jointly announced the

launch of the Crisis to Care Collaborative, supported by the Patrick P. Lee Foundation, a philanthropy dedicated to improving the lives of people with serious mental illness. The foundation helps ensure a commitment to transparency and the engagement of community voices. Its resources also make possible unprecedented analyses of data spanning more than a dozen government and nonprofit organizations.

Local leaders' commitment to work together and use data to improve mental health crisis response, combined with the backing of philanthropy, is yielding a roadmap for Erie County that could be instructive for communities across New York and beyond seeking to get people the care they need and deserve.

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