

Lawrence Brooks - Buffalo

I watched the livestream up to the break. These are my comments.

One person was asked about the impact of the Governor's \$1bn commitment to this problem. There are two answers to that:

1. The mental health crisis cannot be measured in terms of money. Instead of money driving treatment--"We're allowing X dollars per patient with this diagnosis"--that's as much treatment as you deliver, it should be--"Here's what we did to treat this patient; here's the bill to pay". But government doesn't work that way which is why there's a crisis.
2. The problem can't be estimated/measured ahead of time. The mental health of the public is a moving target. MH professionals are dealing with external circumstances over which they have no control. The CPEP response is reactive by nature. No measures exist for quality. The existing measures--patient counts, diagnosis, etc.--are raw data, not informative. Performance indicators are needed to measure the size of the patient's problem (diagnostic codes don't account for the severity of individual patient cases) and the size of the response. Resources should be fluid (not fixed like \$1bn) to meet the fluctuation in demand.

To the issue of wait times: speaking of fluctuation in demand--no one in the public understands and no testimony I heard addressed the fluidity of demand for MH services vs the fixed (by budget and schedule) resources to deal with it. Some days are worse than others and demand exceeds resources--time, labor--available. Except now that's an everyday occurrence. CPEP's resources are constrained by budget and schedule which are allocated by an administration constrained by Federal, State, and private insurance reimbursements. County budgets are calculated 2 years in advance of actual delivery of service. The root of the problem stems from non-MH people deciding the scope of resources. And they need to take an approach of abundance or surplus of resources NOT 'just enough'.

One suggestion about format: I thought it wrong to put the testimony of politicians--County Executive, State Senator, Erie County Legislator--ahead of the other people. Their (politicians') testimonial have a

lower priority than the people who interact directly with the system. Their testimony should have been last and they should have been addressed thus: "Now that you've heard the testimony about this crisis, what are you going to do about it?"

The Attorney General is to be commended by her earnest intention to improve mental health care delivery. This was an important event to bring this issue to the attention of the public and policy makers.