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After Dropping Clinician, Buffalo's Behavioral Health Team Looks to Reset

Justin Sondel | The Buffalo News
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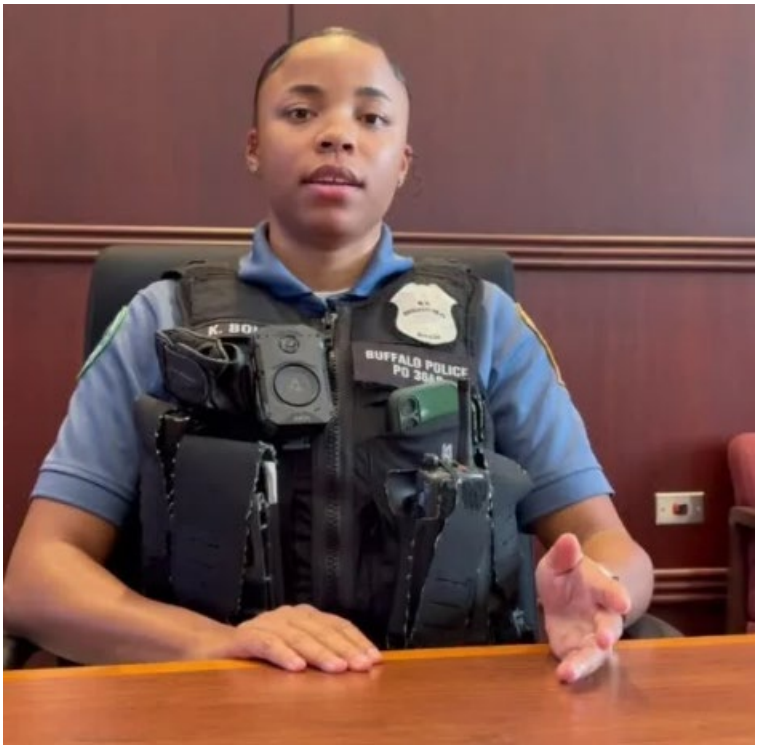


Figure.7.Officer.Katelynn.Bolden.discusses.the.Behavioral.Health.Team

The Behavioral Health Team, the Buffalo Police Department unit charged with responding to police calls involving mental health crises, is resetting.

Established in 2020, Buffalo's Behavioral Health Team is part of a nationwide trend toward police departments developing strategies to better handle interactions with people experiencing mental health issues and episodes.

Earlier this year the department ended its relationship with Endeavor Health, which had been providing clinicians to be paired with officers, sometimes for field work or to coordinate on follow up visits. Since April, officers have been operating without mental health clinician support they had while contracted the nonprofit.

Erie County's Department of Mental Health has taken the reins on the clinician partnership. It is in the process of selecting a new provider partner through a request for proposals and will be funding a $500,000 pilot program for one year, with the hopes that the city can fund the partnership going forward.

County Department of Mental Health Director Sarah Bonk started work in crisis services in 2013 and quickly became interested in the systemic issues around involuntary transport for people experiencing mental health

crises. She worked to help expand the wraparound services and follow-up care at the county's crisis intervention team before starting a job with Endeavor Health Services in 2019.



Buffalo Police Behavioral Health Team Officers David Wojtasik and Katelynn Bolden speak at the Renewal Center's Health and Wellness Fair in August.

Joed Viera, Buffalo News

In her role at Endeavor, Bonk was part of the team that shaped the initial program for the Buffalo police, which was previously funded by the city. She said one of the places the initial model failed was moving past the basic community services links and assessments and moving toward a model that created a stronger treatment plan from the start.

"That's where the model didn't shape out the way I wanted it to in that initial design iteration," Bonk said.

Bonk said that there was no coordination around the dispatching system and that clinicians and law enforcement had a difficult time communicating, problems she said often led back to the department she now runs.



"We want to use county tax dollars to be able to pilot for one year this resource that the community has identified as being so critical as really just one piece of the crisis part of our mental health system," said Sarah Bonk, Erie County's mental health commissioner.

Libby March, News file photo

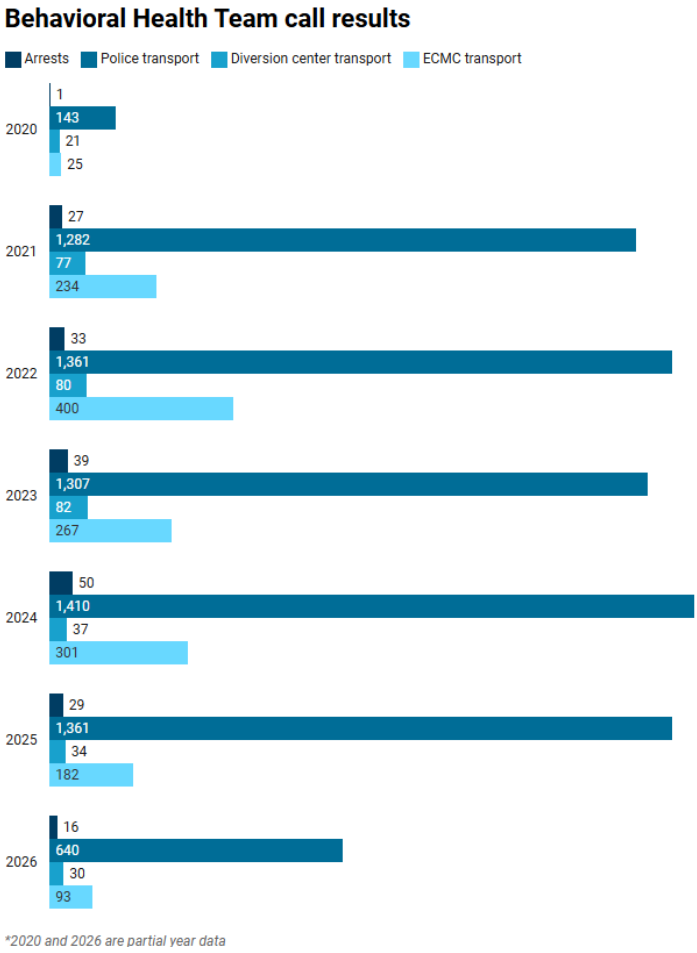
She sees this pilot as an opportunity to fix those issues, and to coordinate from a county level.

"So that anger and frustration really, really drove me to be where I am," she said.

Bonk said that, with the encouragement of County Executive Mark Poloncarz, she made it a priority to find funding to get the program off the ground again, with the hope that if it is successful the city can find funding to continue supporting it and that the model can be replicated in other communities in the county.

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By the numbers



While arrests by the unit are rare, they do happen. Behavioral Health Team Officer Katelynn Bolden said the goal is always to avoid taking someone in crisis to jail, situations arise in which things become serious enough that they have no choice.

“If someone is seriously hurt or if property is significantly damaged, there are still repercussions that have to be suffered because of the actions, regardless of who it is,” Bolden said.

But the goal is always to avoid arrest and get people the help that they need. And the unit has been successful in that regard. Since the unit was created, just 1% of BHT responses have resulted in arrests, according to data provided by the Buffalo Police Department.

Police sometimes submit people they encounter to Erie County Medical Center under a state law meant to allow officers to use discretion when they fear the person may harm themself or others, something police categorize as a police transport. In other situations, they may take them to other clinic options, referred to as a diversion center transport, an option officers use when they do not feel the person is in need of a high level of care, but would benefit from visiting with a mental health professional. They may also take them to the ECMC Help Center for an assessment, which police refer to as an ECMC transport.

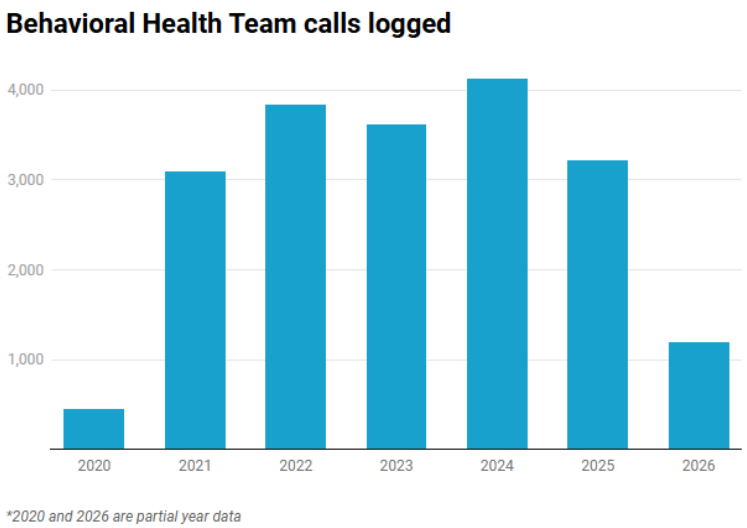
Bolden said diversion is often the best option because people in crisis sometimes don’t fully understand their actions and may not even understand what is real, depending on their condition.

And the goal is always to connect the people they interact with to the services they need in the hopes that they will prevent further interactions with police.

“Even if they do still need an arrest, we can still take them to get assessed and evaluated beforehand to Best Self or ECMC,” Bolden said.

Sometimes there is no choice but to take a person into custody and take them to the psychiatric ward at Erie County Medical Center or to jail if they have committed a crime. But the team's goal is to try to avoid those outcomes when possible, Behavioral Health Team Capt. Sharese Saleh said.

“One of the things we've learned in the past is incarceration and hospitalization doesn't always work, it doesn't always fit the need, it's not always productive, right?” Saleh said. “So these teams, they kind of mitigate that.”



Over time, the department has also gotten better at tracking data, as the number of "blanks," or unreported statuses for calls, quickly dropped to zero after the first few years, where they have remained for several years.

Bonk said the county's primary roles in the pilot is providing the funding, selecting the provider and offering that provider assistance in tracking metrics and making sure the selected provider is abiding by the contract.

"We and the staff here have the expertise of managing projects, but also setting program outcomes and metrics, and holding those agencies accountable to those metrics, but also providing them technical assistance," Bonk said.

Going forward



Buffalo Police Behavioral Health Team Officer David Wojtasik listens at the Renewal Center's Health and Wellness Fair on Friday, Aug. 21, 2026.

Joed Viera/Buffalo News

Sharon Gandarilla-Javier, an assistant professor at the John Jay College of Criminal Justice, said the biggest mistake municipalities make is running pilot programs and failing to find ways to grow their teams or make them permanent. Too often there is a boom and bust cycle of running the pilot, discontinuing the funding and then starting over when another high-profile issue arises.

"You have to give it time just like anything else, like a business," she said. "You have to grow it so you'll learn from the pilot that this worked, this didn't work, but you don't stop funding it."

Bolden said she hopes that mental health issues continue to be talked about and that more people consider what someone acting strange on the street might be going through.

"I feel like we've done a pretty good job at providing assistance, providing relief, comfort, a safe space, whatever we can provide to them in that moment to help them de-escalate and really to to keep them here," Bolden said.

One question Common Council members have asked about is the limited availability of the unit, which under the old system and the new request for proposals only works the daytime shift from 8 a.m. to 6 p.m.

"The intent here is to see, can we do this successfully, and then if we can do the eight to six successfully, do we need to do a second shift?" Bonk said. "And if that means eventually building towards 24/7, it's absolutely on the table."