



June 16, 2022

ERIE COUNTY LEGISLATURE
REPUBLICAN CAUCUS

Thomas J. Quatroche, Jr., PHD
President and CEO, ECMCC
462 Grider Street
Buffalo, New York 14215

RE: Constituent Concern

Dear Mr. Quatroche:

Attached is a letter we received from Melissa [REDACTED] and Christopher [REDACTED] detailing their experience attempting to get their daughter mental health assistance at ECMC. The facts, as presented in the letter, are troubling to us as County Legislators. They paint a horrifying picture of medical care provided to their daughter, and others, seeking treatment over the Memorial Day holiday weekend.

We are particularly concerned because their daughter was a patient in the Comprehensive Psychiatric Emergency Program (CPEP), a program intended to serve adults, children, and adolescents in crisis. The attached letter describes a situation that would inflame a mental health crisis rather than mitigate or potentially solve it.

We understand there are a lot of factors that could have led to their experience. As stated in the letter, Melissa and Christopher also understand that. However, they do implore us to take their daughter's experience to heart in hopes that it could enact meaningful change for future patients.

As legislators, we are concerned about what we have read and are writing to ask that the hospital perform a full review of their daughter's experience. Once a complete picture of that visit and the operating structure of the CPEP emerges, we would like a report from ECMC on what systems, if any, failed their daughter and what will be done in the future to improve this critically important program.

Sincerely,

JOSEPH C. LORIGO
Minority Leader
Legislator, District 10

CHRISTOPHER D. GREENE
Legislator, District 6

FRANK J. TODARO
Legislator, District 8

JOHN J. MILLS
Legislator, District 11

CC: The Erie County Legislature
Melissa [REDACTED] & Christopher [REDACTED]
James Lawicki, ECMCC Board Member
Ronald Bennett, ECMCC Board Member

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Dear Mr. Lorigo,

We are writing in regards to our eighteen year old daughter [REDACTED] recent experience at the Erie County Medical Center's (ECMC) Comprehensive Psychiatric Emergency Program (CPEP). [REDACTED] was very recently diagnosed with an eating disorder for which we are in the process of obtaining counseling and mental health intervention. As we are sure that you are aware, most mental health providers are booked several weeks in advance. Over the Memorial Day weekend [REDACTED] was experiencing increasing symptoms of anxiety and depression. Although she did not express feelings of self harm, we felt it was best to seek help for her sooner than later. Several years ago I went to ECMC to obtain urgent care for postpartum depression. I was evaluated within a few hours, started on treatment and was provided with follow up appointments with local mental health care providers. This is the experience that we were expecting for our daughter. What she experienced was the polar opposite.

We arrived at ECMC on Sunday 5/29 in the late afternoon [REDACTED] was triaged in the ER and we explained the reasons and circumstances for our visit. We were asked if there were concerns regarding [REDACTED] having feelings of harm to herself or others. We relayed that there were not. [REDACTED] was eventually taken into the CPEP unit and we were informed that from there we would be hearing from a nurse or social worker regarding her evaluation. Prior to her being taken in we were not informed of the following: that there was a 30-48hr wait to see a doctor for evaluation, that [REDACTED] would not be able to leave the unit's waiting area until she had an evaluation, that her phone would be confiscated, and that she would not be allowed any visitation from family. Had any of these been mentioned, we would have chosen to leave and pursue other options for care.

[REDACTED] was taken to the CPEP unit waiting room which was crowded with adults experiencing a variety of mental health disorders. In speaking to some of the patients in the waiting room, she learned that there were people there who had already been waiting for 3 days for an evaluation and that there were approximately 40 patients ahead of her waiting to be seen. At the time of her arrival she learned that there was only one doctor on staff attending to all of the pediatric and adult patients in the unit. [REDACTED] experienced the following in the CPEP waiting room: the windows were locked and blinded, there was not a clock to be able to keep track of time, patients were screaming, fighting and shouting obscenities at each other, one woman removed her clothing and urinated on the floor, and there were bed bugs present in the room. [REDACTED] limited her trips to the bathroom for fear that she would lose her chair and be forced to sit or sleep on the floor. Her only means of contact with us was via a "community" phone in the waiting room which was in frequent use. After learning of the conditions in the waiting area, we became extremely concerned about the prospect of our daughter spending days in that room just waiting to see a doctor. We were told that there was no time limit on how long they could keep her to be evaluated and that her only chance of an early release was through a mental health court that did not convene for 3 days. Over the next 24hrs we made frequent phone calls to various staff members in regards to getting her evaluated and released as soon as possible.

Late evening on Monday 5/30, approximately 30hrs after her admission, [REDACTED] was seen by the doctor on staff. He asked her how she felt. She replied that she felt terrible and

hated where she was. He asked her how she would feel if she was released, to which she replied that she would be happy to leave. This was the extent of her evaluation and she was released about an hour later. Please understand that we are very grateful for any staff interventions that occurred to allow [REDACTED] to leave the CPEP unit sooner than later. However, the fact remains that after experiencing over 24hrs of mental and physical duress, our daughter did not receive any medical intervention or counseling for her depression, anxiety or eating disorder.

Holiday weekend or not, we cannot imagine that anyone in the medical profession would consider this an acceptable standard of care for those seeking urgent help for a mental health condition. We do not know how often individual patient experiences reach the eyes and ears of those on an administrative, legislative or executive level. The intent of this letter is not to lay blame upon or disparage a staff of extremely overwhelmed doctors or nurses. Our intention is to bring awareness to the depth of the problems in a mental health care system that failed to provide appropriate care for our daughter. Our hope is that someone reading this letter will take [REDACTED] experience to heart and feel the need to take action to institute some meaningful changes. Any changes, however small, would be better than none at all. Thank you for your time and attention.

Sincerely,

Melissa [REDACTED]

Christopher [REDACTED]

Melissa [REDACTED] Christopher [REDACTED]