



# **An Implementation Policy Brief on Multidisciplinary Response Teams**

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MEADOWS  
**MENTAL HEALTH**  
POLICY INSTITUTE



## OVERVIEW AND BACKGROUND ON MDRT

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In 2017, the Meadows Mental Health Policy Institute (Meadows Institute) worked with the City of Dallas to develop a multidisciplinary response team (MDRT) as part of collaborative efforts to transform the local mental health emergency response. MDRTs bring together a law enforcement officer, paramedic, and licensed mental health professional to respond to mental health emergencies. MDRT integrates a law enforcement co-responder model with a paramedic-led all-civilian approach.

The approach presented by an MDRT program, however, cannot occur in isolation. The Meadows Institute identified six key conditions that will promote the success of an MDRT program and strengthen a community's entire crisis continuum. Those conditions include providing licensed clinical support for the 911 call center; having same-day walk-in clinic and prescriber services; providing specialized mental health training for officers, clinicians, and paramedics; having 24/7 community hospital bed capacity; having crisis medical care capacity for people under the influence of intoxicants; and ensuring access to a referral housing network.<sup>1</sup>

This implementation policy brief provides insights on the accomplishments and challenges experienced as two communities established their MDRT programs. To learn more about the experience of implementing an MDRT, the Meadows Institute conducted interviews with city and agency leaders, as well as paramedics, law enforcement officers, and licensed mental health professionals assigned to MDRTs. In addition to offering insights from stakeholder interviews, this brief proposes recommendations for communities seeking to implement their own MDRT programs.

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<sup>1</sup>Meadows Mental Health Policy Institute. *Multi-disciplinary response teams: transforming emergency mental health response in Texas*. Dallas, TX. (May 2021).

## LEGISLATIVE POLICY SCAN

The traditional primary response to mental health crises in every community in Texas and across the U.S. is to send law enforcement.<sup>2</sup> Over time, emergency systems have viewed mental health crises differently than other health emergencies and often treat them primarily as public safety concerns. As a result, individuals in crisis too frequently find themselves either in jail or in a hospital emergency department.<sup>3</sup> This law enforcement-based response is codified in Texas law. Under the Texas Health and Safety Code, Chapter 573, for involuntary commitment or emergency detention, a person with a mental illness at substantial risk of serious harm to themselves or others may be detained either by a peace officer without a warrant (as stated in Section 573.001) or through an application for an emergency detention warrant through the court system (as provided in Section 573.012).<sup>4</sup> The MDRT co-response model aligns well with Texas law and practice because teams have the necessary staff to expedite the emergency detention process when needed.

When a traditional law enforcement response leads to a person experiencing a mental health crisis being taken to jail, an emergency department, or a psychiatric inpatient facility, there is a legal requirement for screening and assessment. The Texas Code of Criminal Procedure (CCP) outlines specific requirements for screening, assessing, and caring for individuals with mental health needs from the time of admission to a local jail and throughout criminal court

proceedings. Under CCP Article 16.22, criminal courts must order a mental health professional to conduct interviews and/or gather information to determine if the person:

- Is living with mental illness or an intellectual or developmental disability (IDD);
- Shows clinical evidence suggesting they may be incompetent to stand trial, warranting a formal competency examination under CCP Chapter 46B; and,
- Can be appropriately treated or supported with services that allow for their release pending the completion of court action.<sup>5</sup>

Under Texas law, specifically CCP 17.032, there is a mandate to release individuals diagnosed with a mental illness or an intellectual or developmental disability (IDD) on personal bond if suitable treatment is available. This is required unless there is a substantiated reason to believe that their release would pose a threat to public safety.

Aside from the provisions for emergency detentions mentioned earlier, there are no legal mandates for screening, assessment, and response to mental health and IDD needs prior to an arrest or transportation to a hospital. The MDRT co-response model was developed to ensure that assessments and connections to community services are available in community settings.

## METHODOLOGY

To gain insights into the process of implementing an MDRT program, the Meadows Institute conducted 19 semi-structured interviews with MDRT members — including law enforcement officers, paramedics, and behavioral health clinicians, as well as with organizational leaders and 911 call takers. The interviews explored the implementation of the MDRT model, adherence to its key conditions, and the achievements and challenges faced during the program's launch and expansion. The Meadows Institute selected two communities for these interviews: the inaugural Texas MDRT program in Dallas, and the most recent program in Galveston. Meadows Institute researchers obtained contact information through the MDRT leaders in each participating community. It should be noted that this approach may have excluded some perspectives, such as those from individuals served by the program, from the feedback on implementation.

<sup>2</sup><https://www.nami.org/Advocacy/Policy-Priorities/Responding-to-Crises/Crisis-Response>

<sup>3</sup><https://mmhpi.org/project/right-care/>

<sup>4</sup><https://statutes.capitol.texas.gov/Docs/HS/htm/HS.573.htm>

<sup>5</sup><https://texasjcmh.gov/media/udrktngd/4th-ed-adult-bench-book-for-web.pdf>

## BACKGROUND ON MDRT SITES

### Dallas, Texas

Dallas, a diverse city with a population of 1.3 million (see Table 1.1), is the home to Texas’ first MDRT program, known as the Rapid Integrated Group Healthcare Team (RIGHT Care). In 2017, stakeholders from the City of Dallas, the Parkland Health and Hospital System (Parkland), the North Texas Behavioral Health Authority, Dallas Fire Rescue (DFR), Dallas Police Department (DPD), and other community agencies collaborated with the Meadows Institute to develop a practical solution for individuals with chronic behavioral health needs who frequently cycled between the county jail, emergency rooms, and inpatient care.

The RIGHT Care program was initially piloted in 2018 within a DPD division that recorded the highest number of 911 calls for mental health issues and had high arrest rates.<sup>6</sup> By October 2023, Dallas expanded the program to additional DPD divisions, with a total of 18 RIGHT Care teams operational 24/7. In 2022, these teams responded to an average of 1,068 calls and served an average of 661 clients each month.<sup>7</sup>

### Galveston, Texas

Galveston, a city with a population of 53,000 (see Table 1.1), is located on an island off the Texas coast. The city launched its MDRT program, Compassionate Open Access to Services and Treatment (COAST), in May 2023. Galveston is the county seat of Galveston County, which has a population of 357,117, and houses the jail and the county’s largest hospital. Galveston County also includes areas on the mainland. This large geographic area can make it challenging for people in more rural parts of the county to access care and services, and even to return home after being released from the jail or hospital on the island.<sup>8</sup> COAST was developed following recommendations from the Meadows Institute, which performed a large-scale, systemwide assessment of Galveston County’s behavioral health system.<sup>9</sup> In 2022, seven local foundations collaborated to leverage funding from a “challenge grant” by the Pew Charitable Trusts and to initiate the creation of an MDRT program in Galveston.

COAST is a partnership between the Galveston Fire Department (GFD), Galveston Police Department (GPD), and the Gulf Coast Center, the Local Mental Health Authority. While COAST officially launched in May 2023, two COAST teams were formed in March 2023 and began to pilot COAST procedures. As of October 2023, those two teams are available from 7 a.m. to 7 p.m., Monday through Saturday, and operate on an abbreviated schedule from 9 a.m. to 5 p.m. on Sundays. For the first seven weeks after the launch of COAST, from March 13 through April 30, 2023, COAST responded to 114 calls.<sup>10</sup>

**Table 1.1 Characteristics of MDRT Sites**

Characteristics	Dallas <sup>11</sup>	Galveston <sup>12</sup>
Population	1,299,544	53,089
White	29%	48%
Black	24%	16%
Hispanic	42%	31%
Asian	4%	3%
Pop. age 5+ speaking language other than English at home	42%	27%
Pop. under age 65 without health insurance	26%	23%
Pop. living in poverty	18%	19%
Median Household Income	\$58,231	\$52,899

### Findings

Although there are clear differences between the Dallas RIGHT Care and Galveston COAST MDRT programs, interviews with key stakeholders identified many commonalities regarding implementation. The common themes identified are discussed below.

<sup>6</sup>The Meadows Institute. *Multi-disciplinary response teams: transforming emergency mental health response in Texas*. (May 2021).

<sup>7</sup>Presentation by City of Dallas Office of Integrated Public Safety Solutions (August 2023).

<sup>8</sup><https://www.census.gov/quickfacts/fact/table/galvestoncountytexas,US/PST045222>

<sup>9</sup>Meadows Mental Health Policy Institute. *Redefining Crisis Response in Galveston County – Findings and Recommendations*. Dallas, TX. (May 2021).

<sup>10</sup>[https://www.galvnews.com/news/police/galvestons-mental-health-unit-making-a-difference-officials-say/article\\_41779b22-0ef2-5eb3-8afd-4b44d44d7852.html](https://www.galvnews.com/news/police/galvestons-mental-health-unit-making-a-difference-officials-say/article_41779b22-0ef2-5eb3-8afd-4b44d44d7852.html)

<sup>11</sup><https://www.census.gov/quickfacts/fact/table/dallascitytexas,US/PST045222>

<sup>12</sup><https://www.census.gov/quickfacts/fact/table/galvestoncitytexas,US/PST045222>

## PLANNING FOR AN MDRT PROGRAM

The two MDRT sites examined for this policy brief were started in response to ongoing challenges in providing care for people with mental illness who were encountering law enforcement and local crisis systems. Dallas had previously participated in the Smart Justice Project, which sought to reduce the number of people with mental illness who obtained treatment in jail or only after an arrest by law enforcement.<sup>13</sup> The RIGHT Care team was developed following a countywide needs assessment funded by the W. W. Caruth, Jr. Fund at the Communities Foundation of Texas, and associated planning for long-term system improvements, with the collaboration of DFR and DPD leadership. Galveston's COAST program grew out of a countywide assessment of the crisis response system and recommendations for long-term, systemwide improvements, including expansion of the crisis continuum through the creation of an MDRT program.<sup>14</sup> Two key findings emerged from the interviews about the planning process that led to the creation of MDRT programs:

- **Having a third party to provide technical assistance or a strong project leader is beneficial.** Meadows Institute staff members played a crucial role in the creation of both MDRT programs. In Dallas, they shared best practices in co-response that shaped the MDRT's development and provided two years of intensive technical assistance that included program design, policy development, risk mitigation, operational assessment, curriculum development, launch scheduling and planning, and convening relevant stakeholders. The City of Dallas' Office of Integrated Public Safety Solutions now oversees the RIGHT Care teams. In Galveston, when county leaders were unable to consolidate plans for an MDRT across multiple first response agencies, and the city was prepared to move forward with its own MDRT program, the Meadows Institute provided intensive technical assistance. This included analyzing baseline data, recommending policies and procedures, and convening weekly leadership meetings. The Meadows Institute also will continue to monitor data from the COAST program to determine if the project is operating as designed.
- **It is important to understand the specific community the MDRT will serve.** Dallas' RIGHT Care program started as a pilot in one DPD division and expanded to other divisions in summer 2020. Given Dallas' large size, different areas have varying needs. While some DPD divisions may see homelessness as a prominent issue, others may find drug use to be the most pressing concern. Respondents in Galveston noted that substance-use issues in the community were more extensive than anticipated, and locating appropriate services has been challenging. They recognize the need to expand MDRT hours and connections to service providers in ways that most efficiently serve the community. MDRT members at both sites reflect the diversity of their communities, and both programs have staff members fluent in both English and Spanish. Additionally, staff members at both locations have access to language line translation services.

## BREAKING DOWN BARRIERS

Given the multidisciplinary approach of MDRTs, developing such a program can help break down barriers and silos between agencies. Respondents shared that they were unaware of the range of resources available in the community until partnering so closely with other agencies. In Dallas, expanding MDRTs into more DPD divisions enabled RIGHT Care team members and their agencies to collaborate with a broader range of culturally responsive services that were new to them. In Galveston, one respondent noted that, before COAST, he was not aware of the extent of work the Gulf Coast Center was doing in the community. There were four common takeaways from interviews:

- **It is helpful to define roles within the MDRT program.** Both leaders and team members noted the need to clearly define roles of MDRT members. When both programs were in development phases, questions ranged from who drives the MDRT vehicle to how best to communicate and collaborate during calls.

<sup>13</sup><https://mmhpi.org/casestudy/dallas-smart-justice-project/>

<sup>14</sup>The Meadows Institute. *Redefining crisis response in Galveston County: findings and recommendations.* (May 2021).

- **Teams need adequate staffing and trust.** Building trust among team members can take time. Given the nature of calls that MDRTs respond to, trust is important for the safety of team members and clients. Teams need time to develop rapport in the field and learn more about each other’s strengths and weaknesses; however, in a world where many local agencies are understaffed, scheduling time for teams to work together can be difficult. Respondents in Dallas noted that police staffing shortages<sup>15</sup> can lead to times when a non-RIGHT Care officer will be assigned to a shift as part of a team. These officers may not have the same mental health training as a RIGHT Care officer or may not be familiar with community resources available to people in mental health crisis.
- **It is helpful to define the role of the MDRT program for fellow practitioners.** Several respondents expressed a desire for fellow law enforcement officers or paramedics to know more about the MDRT program. This would include agencies sharing more information about which calls should request MDRT assistance or follow up, as well as how MDRTs can assist with connections to care.
- **It is important to share information about the MDRT program with members of the community.** Respondents noted that more information for community members could be helpful in defining the role of MDRTs. While RIGHT Care has become a well-known program in Dallas, there are community members who do not have a clear understanding of how the program can help. In Galveston, one stakeholder mentioned that there have been calls where concerned family members may expect the team to make an involuntary commitment when a person’s actions do not rise to that legal threshold.

## ANALYZING DATA AND TRACKING OUTCOMES

Program evaluation is an important component of any new program. Program evaluation includes monitoring data on a regular, ongoing basis to determine if the program is operating as intended. It also allows for informed recommendations for program alterations and demonstrates accomplishments.<sup>16</sup> For every MDRT call, 911 call center staff, behavioral health providers, paramedics, and law enforcement officers gather multiple data points that can inform day-to-day operations, as well as overall program evaluation. An evaluation plan must start with identifying the data that is readily available and that can be extracted from its source system. Programs should identify process measures that track the program activities, such as the number of people served, or number of formal assessments completed. Programs should also identify outcome measures that show the impact of the program, such as fewer people admitted to jail. Meadows Institute researchers identified three core challenges with data collection and monitoring:

- **Data systems are not well-equipped to provide the information a multidisciplinary effort requires.** Although each team member is collecting incident number, call type, call outcomes, and some demographic data in their respective databases or data collection tools, data cannot be easily matched across systems. For this reason, MDRT members must also complete a field survey to track certain client metrics. Dallas’ Office of Integrated Public Safety is working to improve automated data collection and use survey information to populate a live dashboard that could potentially include data from external partners, in addition to calls for service, response rates, and follow-up metrics.<sup>17</sup> Galveston is in the process of obtaining a new computer aided dispatch (CAD) system that will allow them to better collect and analyze law enforcement data, including COAST team information.
- **Each agency tracks information but may not be fully sharing and analyzing it.** Some respondents observed that after entering data about calls, they seldom receive feedback or see the outcomes of the metrics being tracked. Dallas utilizes its CAD system for most of the metrics it measures and reports, but metrics tracked from Parkland do not always match DPD figures. DFR paramedics said they receive monthly updates with metrics related to their

<sup>15</sup><https://www.wfaa.com/article/news/local/dallas-texas-push-retain-police-officers/287-c2b217b6-163c-4573-bf4e-bedb9e6734fc>

<sup>16</sup><https://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-initiatives/monitor-progress/main>

<sup>17</sup>Email correspondence from Tabitha Castillo (October 23, 2023).

division, as well as metrics specific to them, such as the number of MDRT calls that result in the need for ambulance transport.

- **Teams are invested and want to learn more about long-term outcomes for clients.** Interview participants at both sites indicated that the ability to follow up with clients provided greater meaning to their work and helped to cultivate trust between community members and the MDRT. Respondents noted that they wished they could track the long-term outcomes of clients who have been served by MDRT programs.

## KEY ELEMENTS OF COMMUNITIES WITH AN MDRT

MDRT is just one part of the crisis continuum. Teams are trained to provide the rapid identification of mental health issues and connect people with appropriate assessments, treatment, and resources outside of the emergency room or jail. To help MDRTs complete those tasks, many communities must transform their emergency medical response and treatment systems. The Meadows Institute identified six key elements that contribute to the success of an MDRT program:<sup>18</sup>

- **911 call centers should have mental health clinicians embedded to provide real-time mental health triage capability.** Mental health clinicians in 911 call centers, either in person or virtually connected, can help emergency call takers to identify and manage calls involving a mental health crisis and dispatch the appropriate response, including deployment of an MDRT. Although mental health clinicians have been embedded in the Dallas call centers, respondents said there are not enough of them, and there is a notable difference in the data they can access versus the RIGHT Care team clinician. The call-center mental health clinicians have access to records from the county's Mental Health Authority, the North Texas Behavioral Health Authority (NTBHA), and can access relevant mental health information across its many providers. The role of the RIGHT Care clinician is typically filled by a Parkland employee who only has access to Parkland electronic health records, thereby limiting the information available to the team. The disconnect in access to data systems can sometimes complicate continuity of care for NTBHA clients.

Galveston does not have clinicians embedded in the 911 call center; however, they use a virtual connection to the Gulf Coast Center's crisis services for real-time call assistance and triage. Additionally, in 2022, the City of Galveston implemented a person-directed call option for mental health services that allows callers to choose "mental health" as an immediate need. For callers who

do not choose this option, call takers ask a series of questions to determine if the call is related to a mental health crisis. Call takers also undergo specialized training to identify mental health related calls when the mental health component is not chosen. For calls with a mental health crisis, call takers will determine if the call should be referred to the mental health services hotline or have the COAST team dispatched.

- **MDRTs should have access to same-day walk-in clinic and prescriber services.** One role of MDRT programs is to connect people to services — including the medication they may need to remain in the community — as soon as possible. Ideally, an MDRT will be able to take a client to a walk-in clinic that has access to prescribers or prescription services. Dallas recently expanded its ability to provide same-day walk-in clinic and prescriber services by strengthening its collaboration with Metrocare, the largest provider of mental health, intellectual and developmental disability care, and permanent supportive housing in Dallas County.<sup>19</sup> Some Metrocare clinics have space allocated for RIGHT Care where physicians can see a client quickly. In-clinic pharmacies also allow the client to leave the visit with medication in hand.
- **Officers, clinicians, and paramedics should receive specialized training in mental health and training for care of unhoused populations.** All members of an MDRT should have extensive mental health identification

<sup>18</sup>The Meadows Institute. Multi-disciplinary response teams: transforming emergency mental health response in Texas. (May 2021).

<sup>19</sup><https://www.metrocareservices.org/about-us/>

and de-escalation training to better serve clients in the community. Teams should also receive specialized training in care and special needs for long-term unhoused populations. In addition to this training, the entire team should be simultaneously cross trained in a team-building environment to learn more about the policies and procedures of their teammates. In Dallas, teams have received specialized mental health training and training in Satori Alternatives to Managing Aggression (SAMA). In addition to other protective skills, SAMA training focuses on de-escalation of volatile situations.<sup>20</sup> Dallas respondents mentioned the value of participating in reality-based training that prepares the entire team for real-life situations.<sup>21</sup> Paramedics spoke highly of the mental health training they received, stating that it emphasizes the importance of empathy and patience when encountering a mental health call. In Galveston, COAST team members have received training based on the Dallas foundational model. In part, this is due to the relative youth of the program, as well as short staffing at the program's kick off. As of the interviews, not everyone on the team had received SAMA training, and a few people expressed the hope of receiving more mental health training as new training is being developed after the recent passage of federal legislation. Additional training is scheduled for early 2024.

- **24/7 community hospital bed capacity is also needed.** To best divert people from jail, MDRTs require access to an array of appropriate hospital beds that can help stabilize people experiencing a mental health crisis, such as short-term inpatient or extended observation services. As part of the development of RIGHT Care, the Parkland Health and Hospital System and the City of Dallas partnered to increase capacity at an extended observation unit. Parkland Hospitals also expanded inpatient care capacity to 25 beds in December 2019. While Parkland Hospital may have the capacity to admit people from RIGHT Care teams, there are times when that facility is not the geographically closest to a client. RIGHT Care

team members note that other psychiatric facilities in Dallas will sometimes go on “divert status” and will not accept additional emergency patients, which can leave teams scrambling for an alternative solution. Respondents noted that there is a lack of psychiatric inpatient facilities on Galveston Island. This often requires teams to either drive at least 45 minutes to the nearest facility on the mainland for psychiatric patients or to transfer custody to the Galveston County Sheriff's Office for transportation.

- **Crisis medical care capacity for people under the influence of intoxicants is also key.** In 2017, approximately 7.7 million adults were estimated to have co-occurring mental health and substance use disorders.<sup>22</sup> To effectively address the needs of individuals experiencing a mental health crisis while under the influence, MDRTs require access to crisis care facilities equipped to handle these complex situations. Dallas has dedicated facilities for people under the influence of intoxicants, but there are medical clearance hurdles to using these facilities on a regular basis. In Galveston, respondents noted that it would be helpful to have facilities to admit people who do not reach the threshold of hospitalization but are not able to remain in the community due to their use of intoxicants.
- **A housing referral network is also necessary.** Some people experiencing a mental health crisis may also be unhoused or in search of respite from their current housing arrangement.<sup>23</sup> It is vital for MDRTs to be connected to the housing network to both address a client's acute housing needs and then provide a warm handoff to service providers who can assist with long-term housing solutions. Respondents in Dallas praised the housing networks within their community. Both sites, however, acknowledged the need for additional housing resources. Some respondents suggested that having detailed information about the operating hours and admission requirements — for instance, services dedicated to families or policies on accepting individuals with convictions — of local shelter facilities would be beneficial.

<sup>20</sup><https://satorilearning.com/courses/>

<sup>21</sup>Fitchett, E. (2016, August). Reality based training and its importance to law enforcement. San Antonio, TX: Alamo Heights Police Department.

<sup>22</sup><https://nida.nih.gov/research-topics/comorbidity/comorbidity-substance-use-other-mental-disorders-infographic>

<sup>23</sup>The Meadows Institute. Multi-disciplinary response teams: transforming emergency mental health response in Texas. (May 2021).





## KEYS TO IMPLEMENTATION

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The Meadows Institute has also identified five important themes for successful implementation of an MDRT program:

### **Identify Community Needs**

It is important to understand the needs of the community before launching an MDRT program. This information will help MDRTs identify the service providers necessary to help stabilize clients in the community.

### **Assess and Invest in Community Resources**

To fully implement MDRT models, communities must also strengthen the entire crisis continuum. This means strengthening many parts of the key elements for an MDRT program — from embedding clinicians (in person or virtually) at 911 call centers to bolstering the community’s same-day walk-in clinic and prescriber services.

### **Invest in Teams**

Communities that want to implement the MDRT model should invest in time to build and strengthen teams. This includes providing the training that teams need.

### **Define and Amplify the Role of MDRT**

It is important that the role of an MDRT is not only well-defined for all community members, including law enforcement, clinicians, and paramedics who are not part of the MDRT program, but also amplified across service providers and the community at large. This amplification will help to increase agency and community buy in.

### **Analyze Data Frequently and Prepare for a Future Evaluation**

Data analysis is key to the design and implementation of any program. It is no different for MDRT. Sites should analyze relevant law enforcement, behavioral health, and emergency medical services data to set baseline metrics for their MDRT program. They should then continue to monitor data to perform continuous process improvements but also to help prepare for a future evaluation. Sites should consider undertaking both process evaluations and outcome evaluations. Process evaluations will allow sites to determine if the MDRT program has been implemented to fidelity and if it is reaching its intended population. It will also help sites to identify opportunities for improvement or expansion. An outcome evaluation will help sites to determine what impact their MDRT program is having in the community.<sup>24</sup>

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<sup>24</sup><https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf>



## CONCLUSION

The MDRT models implemented in Dallas and Galveston provide a law enforcement response that recognizes the comprehensive needs of people who are experiencing a mental health crisis. This multidisciplinary response seeks to connect people in crisis to the services they need in the community by leveraging the strengths of MDRT members and building connections with walk-in clinic and prescriber services, community hospitals, medical care for people under the influence of intoxicants, and the community's housing network. The Dallas and Galveston MDRT implementation processes provide valuable guidance to other communities seeking to implement MDRT programs.

### **Acknowledgment**

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### **About Meadows Mental Health Policy Institute**

Launched in 2014, the Meadows Institute helps Texas legislators, state officials, members of the judiciary, and local, state, and national leaders identify equitable systemic solutions to mental health needs and has become Texas's most trusted source for data-driven mental health policy. The Meadows Institute is making a significant impact in multiple areas, helping Texas and national leaders shift the focus of new investments toward early intervention, addressing the mental health crisis in our jails and emergency rooms, and helping all people with mental health needs recover and be well. Learn more at [mmhpi.org](https://mmhpi.org).

### **Recommended Citation**

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