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## **How to Reduce Mental Health Crises by Improving Training and Education for Law Enforcement First Responders**

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HUMN-8785: Social Change in Action:  
Prevention, Consultation, and Advocacy

**Social Change Portfolio**

Ashley Shulski

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## OVERVIEW

**Keywords:** Mental health crisis, crisis response, first responders, law enforcement officers, trauma; Tucson, Arizona

**Title:** How to Reduce Mental Health Crises by Improving Training and Education for Law Enforcement First Responders

**Goal Statement:** This project aims to prevent adverse experiences for persons experiencing mental health crises when calling 911 for assistance by ensuring community members become connected to the correct level of care, which is the first defense line during the crisis.

**Significant Findings:** The research showed that most persons in a mental health crisis in Tucson, Arizona, are not taken to the appropriate level of care for crisis management. First responders on the scene without proper or inadequate training in crisis response and de-escalation skills for mental health crises often end up taking the persons to the emergency room or jail. Two in five persons who experience mental health crises have police involvement before any other intervention is offered (Crisis Response, 2013). The Tucson community's problem involves law enforcement officers inadequately trained in what a mental health crisis looks like, how the crisis impacts the individual experiencing it, and how revictimization occurs in those who have previously interacted or had negative experiences dealing with police. Key findings from this project showed there is still a gap in Tucson's community training programs for all first responders engaged in the city and charged with helping mental health crisis victims connect with appropriate mental health services (Balfour et al., n.d.; SAMHSA, 2014). From the research conducted, this writer recommends a task force to address the shortcomings and gaps in serving our community residents in their most significant time of need during a mental health crisis. The

task force's responsibility would include determining which interventions are working correctly and which need to be replaced or adjusted. The same would better support a person who calls 911 for a mental health emergency. The first contact a person needs after calling 911 is specially trained law enforcement officers and Masters-level mental health clinicians.

**Objectives/Strategies/Interventions/Next Steps:** Social justice theory recommends professionals help bring more significant support to our community by addressing incompetencies in law enforcement agencies. According to Walsh (2013), taking a social justice theoretical lens approach in an issue like this project, persons experience feeling more empowered when others work alongside them to increase healthy decision-making skills. The decision-making skills can help decrease the need for a person in a mental health crisis from having to call 911 in the first place if he or she has the tools available to self-determine their options. Second, another step stakeholders can work to reduce inappropriate outcomes for mental health crisis events is to partner with one another and reduce the gaps in care. Third, the Mental Health Support Team (MHST) acts at the entry point for mental health treatment and helps prevent future mental health crises by providing early intervention and case follow-up. Tucson is without a task force that specifically works to reduce the occurrences of mental health crises in Tucson. If community stakeholders worked more with the MHST, there might be greater chances of less frequent emergencies occurring with poor outcomes. Fourth, having significant stakeholders in the community partner with an agency such as the Community Prevention Coalition (CPC) of Pima County professionals will address the issues by closing the gaps in how to more effectively provide short and long-term mental health care during each incident. Lastly, incorporating the crisis mobile team into the response equation every time there is a call to 911 for a mental health crisis will further reduce adverse experiences with our residents. SAMHSA

(2020) stated the same is one best practice communities can utilize to ensure basic fundamental needs are met when receiving appropriate and time-efficient crisis care.

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## INTRODUCTION

### How to Reduce Mental Health Crises by Improving Training and Education for Law Enforcement First Responders

This writer chose to focus her social issue on creating an improved 911 system staffed with trained mental health emergency workers who respond to mental health emergencies, and crisis calls concurrently with law enforcement officers. This method will help law enforcement officers ascertain the correct level of care for a person experiencing a mental health crisis. The same would be considered a prevention effort to reduce persons being revictimized by being arrested by uniformed police officers or providing appropriate mental health services at the time of crisis. There are advanced trained law enforcement officers competent to deal with behavioral health crises and are part of what is known as a Mental Health Support Team (MHST) in southern Arizona.

In Pima County and the greater Tucson area of southern Arizona, law enforcement officers routinely respond to mental health crisis calls. Many law enforcement officers do not have adequate training to work through a trauma-informed lens when responding to mental health crises. Taking a trauma-informed approach includes responding with compassion, dignity, and empathy. The majority of law enforcement officers are overworked and focused on responding to crimes. Due to the high response to crimes, law enforcement officers take a person with a mental health crisis to jail instead of an appropriate crisis hospital (Balfour et al., n.d.).

This project aims to prevent adverse experiences for persons with mental health crises who call 911 for assistance by ensuring community members experiencing a mental health crisis connect to the right level of care, which is the first defense line during the crisis.

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## PART 1: SCOPE AND CONSEQUENCES

### How to Reduce Mental Health Crises by Improving Training and Education for Law Enforcement First Responders

In Tucson, Arizona, solutions to the disparity in trauma-informed trained emergency workers include determining how to connect people who call 911 during a mental health emergency with the right emergency response workers. Trained emergency response workers can appropriately connect the individuals to recovery and treatment options once their mental health crisis is over. Once a call comes into a 911 operator, the 911 operator dispatches the call to law enforcement officers who respond to the community. When persons call 911 due to a behavioral health crisis, law enforcement is still dispatched and still responds. The problem is that the 911 operators often fail to ensure they know which law enforcement officers or mental health co-responders are available for service calls (Justice Center, n.d.).

Tucson has one of the oldest MHSTs in the nation. The MHST has been in operation for more than 15 years; however, establishing mental health first aid training to Tucson's law enforcement officers did not begin until 2013. Its operating within the community did not start until 2014 (Justice Center, n.d.). The MHST collaborates with other criminal justice and behavioral health community partners to increase its efforts. The MHST helps to create and execute policies, procedures, and training to better support mental health crisis calls in the community. An MHST includes specially advanced-trained law enforcement officers who

respond to a mental health crisis call in plain clothes along with co-responders, i.e., masters-level licensed mental health clinicians (Justice Center, n.d.). Other communities such as the Arlington Police Department (VA); Gallia, Jackson, and Meigs Counties Sheriffs Offices (MS); Houston Police Department (TX); Los Angeles Police Department (CA); Madison County Sheriff's Office (TN); Madison Police Department (WI); Portland Police Department (OR); Salt Lake City Police Department (UT); and the University of Florida Police Department (FL) have also created MHSTs. Some of the trends occurring in other communities include developing a strategy to share information to support police mental health collaborations across the nation to improve police responses to persons actively experiencing a mental health crisis (Justice Center, 2020). One outcome from using the MHST in the Tucson community successfully is seeing an increase in focus on long-term care and medication for individuals who engage with 911 due to a mental health crisis via a mental health investigation. Conversely, those who engage with law enforcement via a criminal investigation may go to jail instead of an inpatient psychiatric hospital for crisis stabilization (Balfour et al., n.d.).

The consequences of the identified problem include, but are not limited to, the MHST and its failure to respond to a mental health crisis call without also preventing future crisis calls by individuals. The purpose of the MHST is to dispatch in an unmarked car with plain-clothed police officers and a Masters-level licensed mental health clinician. The MHST will then arrive at the crisis call to defuse the mental health crisis and possibly before involvement with law enforcement. When persons do not get the right type of emergency assistance, it leads to revictimization and gaps in crisis support services. Using the MHST each time there is a behavioral health crisis call, the MHST decreases the number of incarcerated mentally ill and addicted individuals by being the first contact for mental health treatment that supports early



intervention efforts for the individual. Also, the economic consequence is that more human resources are depleted in the community. Since 2010, there has been a steady increase in mental health transports due to 911 calls, from approximately 2900 calls in 2010 to almost 5000 calls in 2016 (Balfour et al., n.d.). When there are mental health emergencies and a person or loved one calls 911 for assistance, there is a consensus that there was a significant economic saving when persons utilized crisis services directly, e.g., going to a local inpatient crisis response facility (SAMHSA, 2014).

Further, from August 2011 through September 2012, the Pima County Crisis Response Center (CRC) provided crisis stabilization services to just under 13,000 individuals (“Crisis Response,” 2013). Through this successful year of crisis stabilization, Pima County law enforcement agencies were able to experience a “significant decrease” in the amount of time it took to transfer a person being detained due to mental illness (“Crisis Response,” 2013). Despite the CRC providing services to thousands of individuals in Pima County each year, there is still an issue with persons who call 911 for a mental health crisis. Why are law enforcement officers not trained in mental health crises still the first responders on the scene when individuals are experiencing a mental health crisis? If the law enforcement officers have training in crisis intervention skills, why are the skills not used more frequently? The system appears to be good from face value; however, there is still a break in the design, as evidenced by the annual crisis response action report. Each month in 2013, the MHST responded to 200 crisis calls, half of the crisis calls law enforcement officers to respond to (Crisis Response, 2013). Despite having the CRC respond to more than 135,390 calls (Crisis Response, 2013), there is still a need to decrease how many improperly trained law enforcement officers respond to the crisis calls. One benefit of having a CRC in Pima County is that according to data from the 2013 report, “at least 95 percent

of all crisis calls were stabilized in the community rather than using more intense and costly resources” such as an inpatient psychiatric facility (Crisis Response, 2013).

Social, educational, and family consequences also impact an individual during a mental health crisis. Not connecting people with 911 operators trained in mental health crises may have contributed to additional time away from family members, school, or work. The same is due to law enforcement becoming involved and arresting the person instead of taking them to an appropriate inpatient crisis response facility. According to Mental Health America (2017), awareness increases for topics such as alternatives to calling 911, how to reduce revictimization and traumatization, and how to ensure “peaceful and therapeutic outcome,”; which decreases stigmatization.

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## PART 2: SOCIAL-ECOLOGICAL MODEL

### How to Reduce Mental Health Crises by Improving Training and Education for Law Enforcement First Responders

A mental health crisis looks different for each person who experiences the problem. Person A and person B may have the same symptoms that lead to the mental health crisis, but the way each person experiences the situation is different. This experience is in part to one’s protective factors and risk factors that are present. According to SAMHSA (2019), each individual has risk and protective factors. Risk factors will increase a person’s likelihood of not handling a mental health crisis well, e.g., specific diagnoses such as a mood disorder, schizophrenia, and cluster B personality disorders. The less protective factors a person has, the greater chance they will struggle in maintaining emotional well-being with any of the

aforementioned mental health diagnoses present. This section will address the four social-ecological model levels (individual, family, community, and society).

### **Individual**

Risk factors that impact individuals include genetics and whether they are predisposed to specific mental health issues, e.g., schizophrenia, cluster B personality disorders, bipolar disorder, and in-utero exposure to substances the mother used (SAMHSA, 2019). An individual may have protective factors (social and familial supports, positive images and beliefs of self [love, worth, and esteem] and the ability to engage appropriately in his or her community) that lower the likelihood he or she will experience a mental health crisis (SAMHSA, 2019).

According to the CDC, individual risk factors include having a history of depression, feelings of hopelessness, substance use, chronic health conditions, prior suicide attempts, victimization or perpetration, and biological determinants (Stone et al., 2017). A person's environment may increase risk factors if their environment is toxic (Helbich, 2018). Just as one's environment may increase the risk factor for mental health crises, a person's background may also be a protective factor if the individual is well-supported by emotionally healthy individuals (Helbich, 2018).

Prevention strategies that lower the likelihood of a person experiencing a mental health crisis include psychoeducation, therapy, and education support groups (Stone et al., 2017). Also, addressing within the police force who may need additional cultural competency training on mental health crisis response helps provide more significant protective factors for individuals.

Further, training on executing crisis response de-escalation skills is also a prevention strategy (Stone et al., 2017).

## **Family**

As part of the socio-ecological model, family influences play an essential role in helping people who experience a mental health crisis. It is often a family member or a close peer who reaches out for help. Usually, family members call 911 in an attempt to obtain quick assistance for their loved ones. Unfortunately, what many family members experience is a total loss of choice in the options available for their family members in crisis. There are several risk factors at the family level that contribute to decompensation during an emergency, such as high conflict within interpersonal relationships, having a sense of isolation and lack of healthy social supports, having a family history of suicide, and financial or work stress (Stone et al. 2017). In their publication, Borum and Franz (2011) shared that approximately 7-10% of US police contacts with community members involved persons experiencing a mental health crisis. Seven to ten percent of families are negatively impacted due to inadequately trained law enforcement officers responding to persons experiencing mental health crises (Borum & Franz, 2011). Within the family part of the social-ecological model, family members and close peers can be sources of positive support before and after the loved one's crisis by partnering with the mental health workers involved in providing care to the person. The family members within a police agency are the teams charged with ensuring individuals in the community obtain the right type of care and police support when engaged with mental health crises.

## **Community**

There is empirical evidence that suggests police officers often feel inadequately trained to deal with mental health crises and are frequently frustrated by sluggish response times from mental health crisis teams (Borum & Franz, 2011). It is paramount that community stakeholders improve relationships with mental health agencies, mental health hospitals, and law enforcement

agencies. Stakeholders work together to update a streamlined training program for all law enforcement officers who learn the same ways to appropriately respond and interact with those experiencing a mental health crisis. Prevention strategies at the community level include addressing the community's economic impact due to tax dollars used and amending policies and procedures within the law enforcement agencies to better outline “rules of engagement” concerning responding to mental health crises.

### **Society**

Last, we look more expansive at the societal factors that may influence change within the law enforcement system at the societal level. Such societal factors include economic, educational, and social policies that further hinder successful police response to mental health crises. For instance, reviewing and amending local community crisis intervention team (CIT) models may offer a more effective manner in which police forces respond to and engage with persons experiencing mental health crises. According to Watson et al. (2008), many people are transported to jails instead of crisis centers or inpatient psychiatric hospitals. Further, Corder (2006) stated that “options for on-the-street decisions” are to 1) do nothing; 2) resolve the situation informally, 3) arrest the person, or 4) to take the person to a psychiatric hospital. Each time a law enforcement officer responds to a mental health crisis; the police unit should be required to have the MHST evaluate the individual to determine the appropriate care level. Unfortunately, this is not always the case. Watson et al. (2008) further stated that the link between mental health centers and law enforcement officers' availability is not high enough. Most law enforcement officers have to choose between taking the person to jail or taking them to a psychiatric hospital. One solution would be to have a more significant number of Masters-level

licensed clinicians available to provide therapeutic services as needed. The clinician would offer a few select spots available each week to see persons in crisis in an outpatient therapy setting.

In conclusion, there have been numerous risk and protective factors previously identified at each of the four levels within the social-ecological model and their impact on this writer's prevention project. Further, looking at one or two different prevention theories and their evidence-based practices will help prevent persons identified as having a mental health crisis from inadvertently being taken to jail or an emergency room. Both options can prolong the individual from getting the right level of care and interventions necessary to reduce the crisis. Further, by determining the appropriate care level, individuals successfully are diverted from jail to a mental health facility in the community more quickly.

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## PART 3: THEORIES OF PREVENTION

How to Reduce Mental Health Crises by Improving Training and Education for Law

Enforcement First Responders

One theory we look at in supporting reducing the number of crisis calls to 911 ending in persons taken to the wrong level of care is the self-efficacy theory. Self-efficacy theory would inform researchers how well persons, e.g., law enforcement officers on the MHST, perform the skills learned and how competent they believe regarding their skillset. The research could inform law enforcement officers on de-escalating the crisis more effectively through the data obtained. The person experiencing the problem can be part of the treatment planning and verbalize input about which crisis facility they are taken to. When law enforcement officers are the first to respond to a mental health crisis and lack the right mental health crisis intervention skills, the

person in crisis may become more agitated. Suppose a person has an existing fear of police or prior involvement with the police. In that case, their felt anxiety, fear, and possibly paranoia could escalate when a law enforcement officer is the first to respond. The same may lead the individual in crisis to believe they did something wrong or illegal.

In a quick response crisis, often even trained individuals responding to the situation may make assumptions or allow biases to interfere with ensuring the person in crisis is stabilized appropriately with follow up care. According to Budge et al. (2016), negative experiences include oppression connected with systematically influencing social representations. The same is based on one's cultural background, e.g., race, class, sexual identity, education, gender identification (Budge et al., 2016). Looking at how to reduce potential bias from occurring will occur if appropriately trained officers know how cultural competency supports a more positive outcome for those experiencing the mental health crisis.

The second prevention theory explored in this project is the social justice (or cognitive) theory. Social justice theory looks at how to incorporate empowerment in persons regarding problem-solving (Walsh, 2013). First responders such as 911 operators and law enforcement officers who work through this lens provide a way for community members to experience the mental health crisis more validated and supported. Although mental health crises do not discriminate among the socioeconomic statuses, cultures, or support networks, people with more disadvantaged or in the lowest socioeconomic groups often have a higher frequency of mental health issues. Conyne (2012) stated that working through a social justice lens to bring greater awareness within the prevention of mental health crises affects more significant change within the community. In an article from the City of New York's website written about preventing mental health crises in the state of New York, a Task Force worked to identify and implement

strategies that address long-term stabilization services (City of New York, 2018). Specifically, ensuring the individual in crisis is connected with ongoing support and treatment, assisted in enrolling with the state health insurances to provide health benefits are available to the individual, and connecting the person with housing and employment services if needed (City of New York, 2018). Implementing social justice theory into this prevention project would help community stakeholders ensure the Tucson community's welfare.

Another theory that may reduce the number of persons taken to an inappropriate level of care is the ecological model theoretical approach. At the intrapersonal level, law enforcement officers and members of the MHST must understand how their factors may influence the level of care during the crisis response that impacts the individual in crisis. For example, suppose a person has personal attitudes, beliefs, and biases that “overtake” their professional attitudes and beliefs. In that case, the person may inadvertently bring “harm” to the individual experiencing a crisis by not having their immediate needs met.

Prior data discussed here show a need for adjustments to the process involving when law enforcement officers are the first responders. According to SAMHSA (2020), one best practice to ensure the basic fundamental need to receive appropriate and time-efficient crisis care is by utilizing the crisis mobile response team each time there is a mental health crisis. Unfortunately, this writer is aware of anecdotal stories being shared by persons who previously experienced a mental health crisis and did not have a mobile response team present to reach them where they were at during their crisis. A lack of crisis stabilization in the person’s community where they are at and experiencing the problem prohibits the individual from timely crisis stabilization services. It contributes to the need for an increased or higher level of care. SAMHSA’s National Guidelines for Crisis Care also expects a “no-wrong-door” integrated crisis system (SAMHSA,



2020). As a result, each person who experiences a mental health crisis is connected with the most appropriate patient care level.

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## PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

### How to Reduce Mental Health Crises by Improving Training and Education for Law Enforcement First Responders

In conducting online research to find various subgroups within this writer's general population of adults, this writer identified subgroups that spoke to her regarding the military community in Pima County, e.g., military members, military veterans, military family members, and male military spouses. Because so much of the research completed looked at suicide rates within the active duty and veteran populations are plentiful, this writer chose to focus on the subgroup of male military spouses. According to an Arizona article, there are approximately 496,239 military veterans (Live Stories, n.d.; US Census Bureau, 2018). Pima County is home to roughly 11.4 percent of the state's veterans (Live Stories, n.d.). Male veterans contribute to one of the highest sub-groups of persons who experience mental health crises leading to suicide attempts or completed suicides (Department of Defense, 2020). Surprisingly, this writer learned that male military spouses account for the highest number of completed suicides and mental health crises in our nation (40.9 per 100,000) (Department of Defense, 2020). This writer's impression is that there is a need within Pima County to take a closer look at prevention programs for male military spouses. According to the CY2019 Annual Suicide Report, mental health crises leading to suicide for male military spouses have a rate equal to or slightly lower than the US Population (Department of Defense, 2020). Military family members (spouses) who died by suicide account for approximately 12.1 (per 100,000) deaths by suicide per day

compared to 24.9 (per 100,000) deaths per day for active-duty military members (Department of Defense, 2020) and 1000 deaths per year for civilian adults over the age of 18 in Pima County (Stone et al., 2017). Further, the United States' male spouse suicide rate was 40.9 per 100,000 in CY 2018, almost twice the rate of active duty military members who died by suicide in CY 2018, ranging from 21.5 to 29.8 per 100,000 active duty members (Department of Defense, 2020).

Considering the need for continued improvements addressing how law enforcement responds to mental health crisis calls, there should be a component that addresses how Pima County will reduce attempted and completed suicides within the military community. There is a large military community in Pima County. One method that would increase the cultural competency of prevention programs offered in Pima County would be to target the educational programs more closely within the military sub-groups in Pima County. According to the Department of Defense's annual suicide report, strengthening access and delivery of suicide care, e.g., crisis response services to the male military spouse sub-group, would increase this population's chance of being connected with the right level of mental health services during their crisis (2020). Identifying the community stakeholders without adequate training in providing mental health and crisis response services to the military community is another way to increase cultural competency within the sub-group of male military spouses (Department of Defense, 2020). Lastly, the stakeholders who work with the military population would connect other community stakeholders to bring more significant Tucson prevention efforts. The same would help those who are the first responders and follow-up mental health providers assisting the persons in crisis and stabilization services to be more informed on various methods of helping the victims cope and make decisions during and after the crisis event (Department of Defense, 2020).

According to the CY 2019 Annual Suicide Report, seven evidence-informed strategies are used when developing suicide prevention programs and initiatives that positively impact risk and protective factors related to suicide. They include strengthening economic support, strengthening access and delivery of suicide care, creating protective environments, promoting connectedness, teaching coping and problem-solving skills, identifying and supporting people at risk, and lessening harms and preventing future risk (Department of Defense, 2020). It is important to consider community members and other stakeholders tasked with ensuring the community's military population is being served with wrap-around services as much as our civilian population. This writer is a clinical social worker charged with practicing from the lens of the National Association for Social Workers (NASW). Since most clinicians on the MHST are social workers, it is prudent to utilize NASW's code of ethics when discussing other ways to prevent mental health crises from occurring within the male military spouse community.

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## PART 5: ADVOCACY

### How to Reduce Mental Health Crises by Improving Training and Education for Law Enforcement First Responders

According to the National Guidelines for Behavioral Health Crisis Care- A Best Practice Toolkit, communities and stakeholders that work from a trauma-informed lens approach instill a greater sense of safety, trustworthiness, transparency, peer support, mutual self-help, collaboration with others in the community, empowerment, and greater cultural competency (SAMHSA, 2020). Addressing barriers to stigma within the mental health system supports reducing negative beliefs people hold true regarding police involvement during mental health

crises. People inherently form their own set of ideas that sometimes impact cognition. Advocates must address attitudes and beliefs within a prevention program designed to reduce the negative impact felt when people experience mental health crises. For example, the American Counseling Association's Governing Council addressed individuals' worldviews' attitudes and beliefs. When changemakers work directly with people with mental health issues, there is a greater need to make sure the professionals have multicultural and social justice competencies (Multicultural Counseling Competencies Revisions Committee, 2015).

As a clinical social worker, this writer identifies with the expectation that a helping professional shall intervene with and on behalf of marginalized persons. Changemakers in the mental health field are charged with ensuring those without the capability to use their voice have advocates in their corners to help. Changemakers can address cultural incompetency, bias, and prejudice by offering law enforcement agencies training. The training would speak to each issue that frequently occurs due to a lack of sufficient training and continuing education. Residents of Tucson previously struggling with mental health crises may find greater empowerment within themselves if they see our stakeholders supporting further advanced training and education to the agencies who first encounter a person in crisis.

The first mental health court was not established until 1996 (Conyne, 2012). Mental health courts came into existence by advocating for policy change due to communities recognizing a gap in service for persons amid a mental health crisis with little options back then available to them. In 1946, the National Mental Health Act was established (Conyne, 2012) to further support mental health courts, provide funding for new research, train professionals, and provide funding at the state level to create state-level initiatives. Mental health courts are a primary way to provide an alternative to incarceration for persons experiencing a mental health

crisis (Conyne, 2012). When law enforcement officers, mental health centers, and other community stakeholders work with mental health courts to support the individual's need during an emergency, our society's mental health policies affect more change within the local communities. Community stakeholders in Tucson, Arizona, continue to support and advocate for its residents who struggle with mental health by being the voice for marginalized individuals who might not otherwise effect change for themselves concerning choices available during a mental health crisis. Budge et al. (2016) discussed that when there is a negative experience, e.g., marginalization or oppression, it is often the same as systemic societal influence. Further, the data also showed that discrimination and prejudice impact individuals' overall mental well-being in minority classes (Budge et al., 2016).

Within Tucson, Arizona, the Community Prevention Coalition (CPC) of Pima County works with community organizations charged with providing short and long-term mental health services. CPC also works alongside the police agencies in bringing greater awareness, advanced training, and advocacy support to help the agencies' employees be more educated and influential in the field. Another way of advocating positive change impacts persons with mental disorders is by ensuring all professionals who work with or come in contact with persons with mental illnesses are trained and know how to utilize crisis de-escalation skills properly. Regardless of whether the advocacy is at the institutional, community, or policy level, when individuals and organizations work together to advocate and be the voice for those unable to communicate their wishes, there is a more impactful advocacy effort occurring.

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