

Prevent-Avert-Respond (PAR) Mental Health Initiative

The Prevent-Avert-Respond (PAR) Initiative aims to reduce mental health crises in Pierce County, through a full population approach that benefits residents with all types of mental conditions, socioeconomic background, age, cultural needs, and insurance. The initiative's overall goals are to:

- Prevent mental health crises through early detection of emotional distress and mental illness, and supportive resources for people with high crisis risk.
- Avert emerging mental health crises through evidence-based recognition, referral, and intervention skills.
- Respond effectively to community members in serious mental distress to facilitate the best possible outcomes.

Built within the nationally utilized *Spectrum of Prevention* framework, the PAR Initiative's collaborative strategies were developed through over 200 stakeholder meetings, and designed to significantly and sustainably impact mental health in Pierce County. These strategies will build capacity among individuals, families, professionals, and organizations to recognize and manage mental health problems before they reach crisis stage; encourage and expedite help-seeking; and facilitate excellent assistance to persons in crisis. Broadly integrated throughout our community, this increased capacity will help reduce suicides, self-harm, violence, and other avoidable and traumatic consequences of mental health crises. It will also decrease our reliance on financially and emotionally high cost interventions like hospitalization, jail, police and EMS response, and emergency department use. The long-term vision of the PAR Initiative is to cultivate transformation in our collective capability and beliefs about mental disorders, and our responsibilities as citizens and as a community.

The PAR Initiative is funded by grants from the CHI Mission & Ministry Fund and the Franciscan Foundation, through June 2019. The contact person is Monet Craton, PAR Initiative Director, at (253) 539-6786 or monetcraton@chifranciscan.org.

STRENGTHEN INDIVIDUAL KNOWLEDGE & SKILLS

Strategy 1: Increase the availability of NAMI Pierce's Family-to-Family, Homefront, and Basics programs

NAMI Family-to-Family is an evidence-based, 12-session education program for family, partners, friends and significant others of adults living with mental illness. The program is designed to help family members understand and support their loved one living with mental illness and maintain their own well-being, and includes information on schizophrenia, bipolar disorder, major depression and other mental conditions. Thousands of families have described the program as life-changing. The program's trained teachers are family members who know what it's like to have a loved one living with mental illness.

NAMI Homefront is a six-session adaptation of the Family-to-Family Program that is focused on the unique needs of the families of military service members and veterans who are living with mental illness, and who often face post-deployment or post-discharge challenges. The program helps family members understand and support their loved one while maintaining their own well-being. The trained teachers of this course have experience with military culture and having a family member with symptoms of a mental health condition.

NAMI Basics is a 6-week education program for parents and family caregivers of children and teens who are experiencing symptoms of a mental illness, or whom have already been diagnosed. This program is also adapted from Family-to-Family. The group setting provides mutual support so participants receive compassion and reinforcement from people who understand, and can help others benefit from their own experiences. In 2014, 99% of participants said they would recommend the program to other parents. The course is taught by a trained team with lived experience who understand what families are going through. NAMI Basics covers:

- Managing crises, solving problems and communicating effectively
- How to take care of yourself and handle stress

- Developing the confidence and stamina to support your child with compassion
- Advocating for your child's rights at school and in health care settings
- Current treatments, including evidence-based therapies, medications and side effects
- Gaining an overview of the public mental health care, school, and juvenile justice systems

(See www.nami.org/Find-Support/NAMI-Programs for more program information.)

Strategy 2: Expand access to Wellness Recovery Action Plan® (WRAP) facilitation classes

The Wellness Recovery Action Plan® (WRAP) is a personalized wellness and recovery system that helps people: 1) decrease and prevent intrusive or troubling feelings and behaviors; 2) increase personal empowerment; 3) improve quality of life; and 4) achieve their own life goals and dreams. A WRAP also includes plans for responses from others when an individual cannot make decisions, take care of him/herself, or keep safe. WRAP has been studied extensively in rigorous research projects and is listed in SAMSHA's National Registry of Evidence-based Programs and Practices (NREPP). Individuals learn to use a WRAP through a peer-led and peer-engaged group process, via lectures, discussions, and individual and group exercises. Groups are led by two trained co-facilitators who use WRAP for their own recovery. WRAP concepts and values are illustrated through examples from the lives of the co-facilitators and participants. (For more information, see www.copelandcenter.com/wellness-recovery-action-plan-wrap.)

A key part of expanding WRAP use in Pierce County will be engaging local mental health, social services, and possibly health care organizations to begin offering WRAP classes to their clients or patients. We will facilitate their ability to provide WRAP classes by training their staff as WRAP Facilitators. We will also recruit from our strong local community of Certified Peer Specialists. Our primary partner in this work is Optum BHO, whose Peer Support Specialist is a certified WRAP Facilitator Trainer.

Strategy 3: Promote use of Mental Health Advance Directives

A Mental Health Advance Directive (MHAD), or psychiatric advance directive, is a written document that expresses one's wishes in advance about what types of treatments, services, and other assistance the person wants during a mental health crisis. A MHAD can also grant legal decision-making authority to another person to be an advocate and agent until the crisis is over. Benefits of using a MHAD can include: 1) promote autonomy and empowerment; 2) enhance communications between self, doctor, treatment team, and family; 3) protect from ineffective, unwanted, or possibly harmful treatment or actions; and 4) help prevent crisis situations and reduce the use of involuntary treatment or safety interventions, such as restraint or seclusion.

PROMOTE COMMUNITY EDUCATION

Strategy 1: Partner with 2-1-1 to increase community knowledge of and connection to needed mental health resources and services

The new 2-1-1 Mental Health Resources Navigation Program has been developed in response to widespread lack of knowledge among Pierce County residents and professionals about how to access mental health services and resources. We determined that a mental health resources directory was impractical because there are too many services to fully list and keep updated, and there's no sustainable way to get a resource guide to everyone who might possibly need it. Instead, we are building on 2-1-1's strong call center infrastructure and expertise and existing community resources database. The 2-1-1 Mental Health Resources Navigation Program is a feasible and effective way to make it easy for community members to connect to mental health services and resources. Planned for launch in Fall 2016, core program elements include:

Promote 2-1-1 to Pierce County as the place to call to learn about and get help connecting to mental health resources and services. We're developing print and online promotional materials designed for broad and sustainable distribution throughout Pierce County. Materials will use simple, focused language that's appropriate for residents with low literacy and future translation.

Maximize 2-1-1's ability to provide excellent mental health resources navigation. We are currently hiring a Mental Health Resources Specialist at 2-1-1, who will:

- Acquire and maintain comprehensive knowledge of changing mental health resources and services
- Provide ongoing training to 2-1-1 phone answerers on mental health resources and services. (We have also arranged initial 2-1-1 staff training - Pierce County Mental Health Crisis training, and a specialized "Bringing Hope to Every Interaction" training designed for non-clinical staff.)
- Provide back-up for 2-1-1 phone answerers when callers have challenging mental health resource needs
- Keep the mental health resources section of 2-1-1's online database up-to-date and user friendly

Improve overall county knowledge of and utilization of all mental health resources and services. The Mental Health Resources Specialist will also:

- Serve as a knowledge resource to local social workers, case managers, therapists etc. when their clients or patients have unusual or challenging mental health resource needs
- Participate in Pierce County mental health planning meetings to share specialized knowledge of public and private mental health resources

Build coordination between local and state phone assistance lines (e.g. 2-1-1, Pierce County Crisis Line, Pierce County Recovery Support Line ("Warm Line"), WA Recovery Help Line, and Teen Link)

Strategy 2: Support suicide prevention efforts by building awareness of suicide as a public health issue that everyone can help address

We have three main partners in this strategy, to date: American Foundation for Suicide Prevention (AFSP) – WA Chapter, LivingWorks, and the WA Department of Health (DOH). The majority of suicide prevention community education work will begin in year 2 of the PAR Initiative, including:

- 1) Widespread, local delivery of AFSP's new "Talk Saves Lives" lunch-and-learn presentations to community groups, by a cadre of AFSP-trained community volunteers.
- 2) Launch LivingWork's esuicideTALK, a 1-2 hour online, interactive learning experience that helps participants explore issues surrounding suicide, using adult learning principles. An organizational license provides access to an unlimited number of community members for one year, along with a custom home page. We will prepare for maximum community participation by securing commitments from many organizations to promote the course and make it readily available to their clients/employees/customers (e.g. libraries, unemployment office, coffee shops with free Wi-Fi, nonprofits, businesses, etc.). (See www.esuicidetalk.net for more information.)
- 3) The WA DOH released the WA State Suicide Prevention Plan in early 2016, identifying statewide community awareness and education strategies. The PAR Initiative will collaborate with DOH and Pierce County stakeholders to deploy outreach activities in our community, including through participation in the recently formed WA Mental Health Promotion Workgroup. This group's initial focus will be developing strategies for rolling out the State Plan. (See *the State Plan at* www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePreventionPlan)

Strategy 3: Promote mental health literacy and decrease stigma via educational/promotional materials and awareness campaigns

A county team to which the PAR Initiative belongs has been meeting to develop a Pierce County mental health anti-stigma campaign, which the PAR Initiative will help support. The PAR Initiative will also facilitate local use of the multitude of free and low-cost print and online materials currently available from national and state organizations to improve our community's mental health literacy, acceptance of mental illness, and belief in the importance of seeking help. One example is the "Campaign to Change Direction," which is endorsed by many national mental health advocacy leaders. We will use these materials to reach specific groups with targeted information, enhance other PAR Initiative strategies, and support partners' mental health awareness and stigma reduction efforts.

Strategy 4: Educate high school students in recognizing signs of mental health problems and the importance of getting help for self or others

The PAR Initiative is working with Project AWARE at WA OSPI (Office of the Superintendent of Public Instruction) and the Jordan Binion Project to implement an evidence-based, 10-12 hour Mental Health & High School Curriculum. Developed by

Dalhousie University / IWK Health Centre in Canada, the Curriculum has been broadly adopted in Canada and five other countries with documented increase in mental health literacy and decreased stigma – in both students and teachers. The Curriculum Guide (with teacher assessment, lesson plans, class activities, etc.) is free online, and has been downloaded or purchased in hard copy in the U.S. However, the Curriculum has not yet been formally implemented in the U.S, which involves training teachers to deliver the Curriculum and other technical assistance from Dalhousie University / IWK Health Centre. (See www.teenmentalhealth.org/curriculum/ to view the Curriculum Guide and research articles.)

WA OSPI revised WA's K-12 Learning Standards in early 2016, and excitingly, mental health education is now a high school Learning Standard for the very first time. Project AWARE is promoting and supporting the Curriculum in Washington so high schools can effectively meet the new mental health Learning Standard. The Jordan Binion Project separately identified the Mental Health & High School Curriculum as an outstanding resource; we then connected with Project AWARE and developed a collaborative approach to amplify implementation in Washington and Pierce County.

The Curriculum will be piloted in high schools throughout Washington in the 2016-2017 school year, with a formal evaluation conducted in partnership with Dalhousie University / IWK Health Centre. We expect the evaluation results to qualify the Mental Health & High School Curriculum for inclusion in the NREPP. A Train-the-Teacher Trainer event in July 2016 prepared 37 mental health and education professionals to train teachers to deliver the Curriculum. These individuals are now training teachers at 45 schools across the state to deliver the Mental Health & High School Curriculum, including 7 in Pierce County. We anticipate helping many additional schools implement the Curriculum over the next several years, including as many as possible of Pierce County's 30+ high schools.

Strategy 5: Educate college students in recognizing signs of mental health problems and the importance of getting help for self or others

We will work with The JED Foundation, a national leader in suicide prevention and emotional health on college campuses (see www.jedfoundation.org) to pilot the new JED Gatekeeper Program for Higher Education at Pierce County colleges and universities. The program includes Gatekeeper Training for college staff and student leaders, How to Help a Friend Training for students, plus toolkits, booster programs, and community building activities to sustain learning and awareness. The How to Help a Friend Training, booster programs and community building activities will expose students to mental health information, convey the importance of offering help to others in distress, and teach them how to offer help effectively.

EDUCATE PROVIDERS

Strategy 1: Increase locally accessible and sustainable Mental Health First Aid (MHFA), Youth MHFA, and Military MHFA training

Provided in the U.S. by the National Council for Behavioral Health, Mental Health First Aid (MHFA) is an international program proven to be effective, with peer-reviewed studies showing that individuals trained in the program:

- Increase their knowledge of signs, symptoms and risk factors of mental illnesses and addictions
- Can identify multiple types of professional & self-help resources for people with mental illness or addiction
- Increase their confidence in and likelihood to help an individual in distress
- Show increased mental wellness themselves

Studies also show the program reduces the social distance created by negative attitudes and perceptions of individuals with mental illnesses. MHFA is included in the NREPP. (See www.mentalhealthfirstaid.org/cs/about/ to learn more.)

The PAR Initiative will substantially increase MHFA training in Pierce County by bringing the National Council here in October 2016 to provide MHFA Instructor Training to 30 individuals with professional or personal knowledge of mental health and substance use issues, and experience teaching/facilitating groups of adults. Priority for Instructor Training will be Pierce County organizations and individuals with long-term commitment to providing free/low cost MHFA trainings in our community. The PAR Initiative will have "Coordinator Level Access" with the National Council to track Instructors, classes held, and evaluation results. We will support and promote 3 types of MHFA training – adult, military/veterans, and youth. MHFA training participation will be maximized via proactive community promotion, training costs support, and maintaining a broadly publicized community training calendar (to include other mental health trainings) and active interest list.

Strategy 2: Provide suicide prevention and management education through ASIST and safeTALK programs

ASIST (Applied Suicide Intervention Skills Training) is an evidence-based, two-day interactive workshop that trains people to help prevent the immediate risk of suicide (see www.livingworks.net/programs/asist/). The first ASIST program is scheduled for January 2017, promoted in partnership with Optum BHO. SafeTALK is a half-day workshop that increases awareness about suicide risk, prepares participants to identify persons with thoughts of suicide, and shows how to connect them to help and resources. It is listed in the Suicide Prevention Resource Center's Best Practices Registry - USA (see www.livingworks.net/programs/safetalk/). AFSP-WA Chapter has local certified trainers for these programs and has agreed to provide four free SafeTALK trainings annually in Pierce County for the next three years. They will also provide two ASIST trainings annually, free in year one and covering half the costs in year 2 and 3. In alignment with AFSP's long-term goals, we will facilitate strong local connections for AFSP (such as Optum collaboration for the first ASIST training) and establish a plan for ongoing suicide prevention trainings in Pierce County after the PAR Initiative ends.

Strategy 3: Facilitate mental health education for EMS personnel

We have developed a mental health education plan with Pierce County EMS leaders and local organizations who will assist with training. The top two mental health training priorities EMS identified are: 1) Education about mental health crisis and treatment services for adults and children/youth in Pierce County, and effective coordination with and referral to these services; and 2) De-escalation training to improve outcomes when working with adults and children/youth experiencing a mental health crisis. Other mental health training interests include education about mental health diagnoses/symptoms, training specific to working with people who are suicidal, and advanced de-escalation training to equip EMS personnel for dangerous and high intensity mental health crisis situations. Training in the first two priority areas will be developed by small teams of EMS leaders and local experts. With over 1,000 EMS personnel in our county, and their personnel time and logistics challenges for training, it was decided these trainings will be delivered by the local experts to 1-2 live EMS audiences and filmed for later viewing by all EMS personnel.

Strategy 4: Build awareness and knowledge about the importance of early psychosis recognition and intervention

This is an emerging partnership with the WA Division of Behavioral Health and Recovery (DBHR), which developed its Early Psychosis Initiative in late 2015 per SAMSHA's mandated use of mental health block grant funds. The initiative is designed to "enhance the recognition of early signs and symptoms of psychosis so that effective treatment can be started promptly." (For more information, see www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/signs-early-psychosis). We are developing specific collaborative activities with DBHR to help disseminate their information in Pierce County. We started by introducing the Early Psychosis Initiative to community leaders and stakeholders at two April 2016 events: 1) presentation to the City of Tacoma's Mental Health/Substance Use Disorder Collaboration, 2) presentation to 100+ community leaders, co-hosted with the Tacoma-Pierce County Health Department. These events helped generate interest in creating an early psychosis treatment program in Pierce County, with initial planning underway.

Strategy 5: Support NEAR/ACES education in Pierce County

In Summer 2015, the Foundation for Healthy Generations began a statewide, long-term initiative to disseminate NEAR education and support trauma-informed services (NEAR stands for Neuroscience, Epigenetics, ACEs, and Resiliency). The PAR Initiative has convened a planning group including the Foundation for Healthy Generations, two local Master NEAR Trainers they have trained, and the Tacoma-Pierce County Health Department, to explore best options for NEAR/ACES education and other ACEs work in Pierce County. (To learn more about NEAR and Washington State, see the 2014-2015 report at: http://www.healthygcn.org/sites/default/files/Online%20Version%202014-2015%20Statewide_4-21-15.pdf)

Strategy 6: Partner with Tacoma-Pierce County Health Department and UW in Triple P Intervention Training for mental health providers

Launched in 2015, the Triple P Urban Initiative is a partnership between the Tacoma-Pierce County Health Department (TPCHD) and the University of Washington (UW), funded by WA DBHR. Triple P is an evidence-based, public health approach to promoting positive parenting that includes five intervention levels - from universal prevention, to indicated prevention, to intervention levels 4 and 5 (see www.triplep.net/glo-en/home/). The Triple P Urban Initiative is training three groups of pediatric primary care providers in Pierce County in Triple P level 2 interventions. Once trained and accredited,

the providers can access a streamlined referral process to connect their highest-need families to TPCHD's Family Support Centers, which provide comprehensive services and home visits.

In partnership with the PAR Initiative, the Triple P Urban Initiative is also training a cohort of children/youth mental health providers in Triple P Level 4 intervention. This is a 10-session intervention that includes thorough assessment of parent-child interaction, applying parenting skills to a broad range of target behaviors, and using generalization enhancement strategies to promote parental autonomy. In addition to gaining advanced, best practice skills to help parents, these mental health providers will also be able to directly access Family Support Center services for the families they work with.

Strategy 7: Increase mental health knowledge among high school and college staff

High school teachers will learn how to deliver the previously described Mental Health & High School Curriculum through a 1-day Teacher Training and a self-study guide. Research has demonstrated this training increases teachers' mental health literacy and decreases self-reported stigma. College staff will increase their mental health knowledge and intervention skills through the previously described JED Gatekeeper Program training, which is designed to: 1) Inspire Gatekeepers to see their important role for campus safety and student well-being; 2) Educate different groups of Gatekeepers (faculty, staff, student leaders) about the specific warning signs they can cue to - including behavioral, emotional, and problematic thinking; and 3) Equip Gatekeepers with specific skills to ensure they feel confident to intervene. We will work with local colleges and universities to implement The JED Foundation's new Gatekeeper Program on their campuses. The JED Foundation will come to Pierce County in 2017 and 2018 to provide Gatekeeper Program Instructor training to local college staff. These Instructors will then be qualified to provide Gatekeeper Training to other college staff, How to Help a Friend Training to students, and can also train other college staff and student leaders to provide How to Help a Friend Training.

FOSTER COALITIONS & NETWORKS

Strategy: Support current & forming behavioral health coalitions & groups

The PAR Initiative and/or CHI Franciscan Health actively participates in the following coalitions and groups: City of Tacoma Mental Health/Substance Use Disorder Collaboration; Community Health Improvement Plan - Mental Health Work Group; Physical and Behavioral Health Integration Committee (under the Accountable Community of Health Group; Community Mental Health Oversight Committee (focused on ED/crisis services improvement); WA DBHR's Mental Health Promotion Work Group (statewide); and a new group convened by the PAR Initiative – local organizations serving family members of loved ones with mental health challenges. There is some interest in creating a Pierce County behavioral health prevention coalition or group; the PAR Initiative would play an active role in such a coalition when and if this develops.

CHANGE ORGANIZATIONAL PRACTICES

Strategy 1: Implement the Zero Suicide Initiative at CHI Franciscan Health

Zero Suicide is a key concept of the 2012 National Strategy for Suicide Prevention, a priority of the National Action Alliance for Suicide Prevention, and a project of the Suicide Prevention Resource Center. The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. It presents both a bold goal and an aspirational challenge. For health care systems, this approach represents a commitment to: 1) Patient safety, the most fundamental responsibility of health care; and 2) The safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients. The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through cracks in a fragmented, and sometimes distracted, health care system. The challenge and implementation of a Zero Suicide approach cannot be borne solely by the practitioners providing clinical care; Zero Suicide requires a system approach to improve outcomes and close gaps (*from: www.zerosuicide.sprc.org*).

CHI Franciscan Health was accepted to the May 2015 Zero Suicide Academy, after completing a comprehensive Organizational Self Study. We launched our Zero Suicide Initiative pilot in September 2015, with Phase 1 including regional emergency departments, the inpatient mental health unit, outpatient behavioral health therapists, and the inpatient Psychiatric Assessment Team.

Strategy 2: Expand Peer Bridger services for patients leaving the St. Joseph Medical Center Mental Health Unit

Administered by Recovery International via a contract with Optum BHO, the Peer Bridger Program is a short-term, community-based program that bridges the gap between inpatient care and community services through transition services and support provided by a Certified Peer Specialist. People who have just been discharged from psychiatric hospitalization, or evaluation and treatment centers are very vulnerable to decompensation, risk of harming themselves or others, and re-hospitalization. Currently, program services are limited to patients in the public mental health system (e.g. have Medicaid and/or hospitalized via Crisis Services), and we want these valuable services to expand to discharging mental health unit patients with private insurance, Medicare, and no insurance. There are two major areas of work to accomplish this goal: 1) establish reliable, long-term funding, and 2) develop shared referral, tracking/reporting, and evaluation processes.

Strategy 3: Support the ED Mental Health Team Program at CHI Franciscan Health emergency departments

The ED Mental Health Team Program involves a Certified Peer Specialist and a Therapist working onsite in the emergency department to provide supportive counseling, community resource assistance, and follow-up calls to patients presenting with mental health concerns. The goal is to help ED patients get the services they need to stabilize and keep safe, instead of being hospitalized. The program has now been implemented in the emergency departments at St. Joseph Medical Center and St. Clare Hospital, and served 515 patients at the two facilities from January-July 2016. Greater Lakes Mental Healthcare provides the program via a contract with Optum BHO.

Strategy 4: Help improve coordination between EMS, mental health crisis services, law enforcement, and emergency departments

The PAR Initiative and CHI Franciscan Health are collaborating in several efforts and groups to improve coordination among mental health crisis response and service-providing organizations, such as the Community Mental Health Oversight Committee. The mental health education we are facilitating for EMS personnel will also help improve coordination.

Strategy 5: Implement depression and anxiety screening at CHI Franciscan Health WIC clinics

CHI Franciscan Health has two WIC clinics in Pierce County that currently serve a combined population of about 7,000 low-income women who are pregnant, new mothers, or who have young children qualified for WIC. This is a very large population of women at risk of developing mental disorders, especially perinatal depression and anxiety (from 2004-2008, 10% of new mothers in Pierce County developed post-partum depression – *PRAMS*). This socioeconomic group also typically has low mental health literacy and fewer social supports and resources to help them deal with mental disorders. In August 2016, the U.S. Preventive Services Task Force (USPSTF) issued a new recommendation regarding depression screening for adults: “The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.” Screening and referring WIC clients for depression and anxiety is sanctioned by the federal WIC program and has been implemented by other WIC programs in the U.S.

WIC leaders and the PAR Initiative are developing processes for WIC staff to screen their clients for depression and anxiety using the Edinburgh Depression Scale, a validated tool commonly used for perinatal depression and anxiety screening (including by WIC’s co-located partner organization, Step-by-Step, which provides Maternity Support Services). A score of 10 or higher on the Edinburgh Scale will result in: 1) referral for counseling to Step-by-Step (and/or other community mental health providers); 2) guidance for the client to tell their primary care provider about their screening results; and 3) follow-up on referrals to check that the client connected.

We have also arranged mental health training for WIC staff to help them be well-prepared for mental health crises and problems their clients may experience, including Pierce County Mental Health Crisis Training in August 2016 and Perinatal Depression and Anxiety training in December 2016 that will also reinforce the new screening and referral processes.

OBJECTIVE 6: INFLUENCE POLICY & LEGISLATION

Strategy: Coordinate with local and state organizations to advocate for policy changes and legislation aligned with PAR goals