SSMCP Behavioral Healthcare Forum

Panel Discussion Notes

Military and Base Services Panel

Introductions to military and civilian mental healthcare providers that offer services to the military community.

Moderator: Nichole Ayres, PhD, DSW, CCTP, LMHC, LICSW, Clinic Director, Cohen Military Family Clinic

Elizabeth Allen, Health Policy Coordinator, Tacoma Pierce Councy Health Department
Angela Naylor, COO Inpatient and CNE-BHN, Wellfound Behavioral Health Hospital
Moises Lozacruz, MSW, LICSW, Lead Clinician, Cohen Military Family Clinic
Dawn Hylton, MSW, LSWAIC Infant Mental Health Therapist, HopeSparks
Heather Fairfax, BH Care Manger, Health Net Federal Services
Codie Garza, Suicide Prevention Coordinator, Washington Department of Veterans Affairs
LTC James MacDonald, PhD, LCSW, LTC, MS Madigan Chief of Behavioral Health
Karen Fox, MS, R2 Division Director of Personnel & Family Readiness (DPFR)
COL Shoffner, JBLM Garrison Chaplain & MAJ Osborn, JBLM Chaplain Family Life Center Site Director

On-Base Resources

JBLM Chaplain Family Life Center-JBLM has 83 chaplain teams comprised of a chaplain and a chaplain assistant, and they are the front line for soldiers that need help. Chaplains provide treatment for a wide range of issues anywhere from needing a sounding board to PTSD. Chaplaincy programs provide baseline counseling, and they act as a bridge connecting the SM, veterans, and their families until a BH clinician can see follow-up treatment.

The Chaplain Family Life Center (CFLC) provides counseling from a pastoral perspective that addresses the client's religious counseling needs. They offer 100% confidentiality in their counseling sessions, and they offer both in-person and virtual counseling for individuals, couples, and families.

The CFLC enhances behavioral health treatment by providing a systemic perspective in providing care for individuals and families. Following the COVID restrictions, more group counseling sessions and seminars are becoming available to attend. Chaplain services are available to all service members, spouses and children, veterans, retirees, DOD, NAF, and Madigan.
https://home.army.mil/lewis-mcchord/index.php/download_file/view/1946/298

JBLM Ready and Resilient Division (R2D) Prevention-JBLM R2D Prevention is one of four divisions in the Directorate of Personnel and Family Readiness and provides prevention and intervention services that support SM's, their families, DOD civilians, and retirees. Some of these programs include Financial

Readiness, Army Emergency Relief, Risk Reduction (focused on suicide prevention and substance abuse issues), the Employee Assistance Program, Family Advocacy (primarily focused on child and domestic abuse), and the Exceptional Family Member Program. In addition, under the Family Advocacy Program is the New Parent Support Program which is a home visitation program that provides services to active duty family members with within a 50-mile radius of JBLM. Eligible families must be expecting or have a child under the age of 3. Also, the Domestic Abuse Victim Advocacy program that works with victims of intimate partner violence https://home.army.mil/lewis-mcchord/index.php/my-Joint-Base-Lewis-Mcchord/all-services/FAP

Madigan Army Medical Center (MAMC) - LTC James MacDonald, Chief of Behavioral Health of MAMC, Installation Director of Psychological health for JBLM, and the Behavioral Health Consortium Lead for the Puget Sound Military Health System. MAMC's Department Of BH is one the largest in the US Military. They provide a full continuum of care, beginning the primary BH outpatient to intensive outpatient programs, inpatient unit within MAMC. They primarily serve active duty and serve some families. Most resources are focused on active military members; no veterans or retirees are seen at MAMC.

MAMC also overseas embedded behavioral health clinics imbedded in the footprint at the brigade level elements. The idea is that the service member should be within walking access to his duty assignment and his BH clinic. MAMC relies on chaplaincy for front-line counseling. https://madigan.tricare.mil/

Off-Base Resources

Cohen Clinic-The Cohen Clinic offers high-quality mental healthcare focusing on short evidence-based interventions. The focus of care is for individuals, children, couples, and family therapy. The Cohen Clinic treats depression, anxiety, substance abuse, insomnia, relational stress, PTSD, recent loss, and adjustment challenges. The Cohen Clinic also provides case management services for those that may be struggling to provide a provider or have other needs outside behavioral healrhcare.

The Cohen Clinic provides crisis management services via walk-in or by phone until the patient is stable. They will then follow on with a referral to the Cohen Clinic or case management. In the past, they have offered support groups and is working to start some in the near future. The Cohen Clinic specializes in MH care for service members, veterans, and their families. Most if not all of their staff is either a veteran, military spouses, or has some affiliation to the military, creating a unique military-friendly culture. https://www.valleycities.org/cohenclinic

HopeSparks is represented by Ms. Hylton who is both prior service Army and Air Force, and she and her colleagues provide care to patients in the clinic setting and at home, and on-base site visits. HopeSparks is an early intervention service in Pierce County, and they provide children's therapy from birth to three years of age. There services also include occupational therapy, physical therapy educators, speech therapists, pathologists, and resource coordinators. The current wait time for services is about 45 days. HopeSparks offers primarily virtual services due to COVID, and they are providing more hybrid therapy options now. The services that HS offers focuses on parent coaching and educating parents on the impacts of their untreated mental health conditions. Other services at HopeSparks address parental relationships, child-parent psychotherapy, automatic qualifying diagnosis to be treated at HopeSparks include trauma, neglect, and exposure to drugs in utero. HopeSparks is one of the largest infant and

child mental health providers in Pierce County. Anyone can refer kids to early intervention. *https://hopesparks.org/*

Wellfound Behavioral Health Hospital -Wellfound is a 120-bed inpatient facility in Tacoma offering individualized, comprehensive mental health care for all psychiatric disorders. Wellfound partners with Mulitcare and Virginia Mason Health and they serve patients 18 years of age and older and over for both for voluntary and involuntary treatment focusing on acute psychiatric services and working with dual diagnoses. Among their services, Wellfound offers an intake clinic that allows a patient to get a walk-in assessment to determine if inpatient treatment is needed. They offer individual therapy, group therapy, case management for continuity of care. https://www.wellfound.org/

WDVA The Suicide Prevention Program offered at the WDVA focus on training to identifing service members in crisis and ask the right questions to screen for potentional suicide risk. Training is centered around how to ask those questions about suicide and not just going by one's physical appearance to determine one's mental health. The WDVA's Suicide Prvention programs promote connectedness with mental health providers networks and peer counseling groups so that patients have avaialibilty to many options of stackable care.

Increasing education and safety planning to address access to firearms in crisis. Familiarity increases the risk of suicide by firearms. LEARN Training is another suicide prevention workshop with an emphasis on safety and access to lethal means. There are some programs on lethal means safety and safety planning that are provided by University of Washington Forefront Suicide prevention, SAFER Homes. They work with the VA, psychologists, and clinicians to provide training for clinicians about how to have conversations about safety planning and lethal means about firearms prevention. https://www.dva.wa.gov/veterans-their-families/counseling-and-wellness/suicide-prevention-and-support

Handling crisis patients both on and off base

Cohen Clinic --All walk-in crisis patients will be assessed by an onsite clinician who will work with a client in crisis to create a safety plan and de-escalate the crisis or connect to a higher level of care. The Cohen Clinic prioritizes client assignments to triage patients based on the various treatment plans needed. Cohen Clinic remains in contact with patients on a waiting list for the Cohen Clinic or another provider until that handoff has been made.

JBLM--The first line responders at the battalion level to handle a crisis are the battalion chaplain and the assigned PA. The next step up would be the BH person at the brigade level. The chaplain will initially stabilize the patient and connect the service member with a mental health professional. If you are experiencing suicidal ideations, find your closest emergency room or call 911.

Gaps in Care Panel

The following areas were addressed as major gaps in care to access to quality mental healthcare.

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Tracy Bomar, 211 Behavioral Health Navigator, United Way of Pierce County
Kathy Hagen, Chief Clinical Officer, Comprehensive Life Resources
Heather Fairfax, BH Care Manger, Health Net Federal Services
Codie Garza, Suicide Prevention Coordinator, Washington Department of Veterans Affairs

Gaps in care identified

- Patient confidentiality- some clients deliberately seek civilian treatment to avoid the military career consequences that a mental health condition could present.
- Availability of quality mental health services – the demand for mental health services far outway the supply. Across the board, wait times for clinical care have increased nationally. Current wait times due to staffing shortages present a challenge to provide immediate care. For the placement of youth in mental health services, Tricare does not have enough pediatric MH Specialists within its network of providers, forcing children to go out of the State of WA for care.
- Internet availability needs are not being met to facilitate the high demands of telehealth services that respond to rural and underserved communities.
- Pandemic creates further feelings of isolation.

Strategies to Reduce Gaps in Care

Occupational licensure enhancement through legislative advocacy- SSMCP has elevated the need for licensure compacts, reciprocity, and enhanced spousal licensure in its 2022 Legislative Agenda. These laws and policies will assist military spouses in filling the large vacancies in mental health and social service professions and provide better access to care in the State of Washington.

Removing Stigmas from military mental health conditions- MAMC addressed possible misperceptions of civilian providers who feel ill-equipped to treat a service member's combat-related PTSD due to a lack of experience necessary military or combat exposure.

Education on alternative forms of mental health treatment- Participation in mental health programs is growing, but the need overwhelms the currently available resources. Military commanders often think that a mental health crisis should be seen by a mental health professional when a **Military Family Life Counselor** can assist in supporting and connecting the SM to appropriate care.   MH triaging education is necessary not overly to burden the mental health clinics. In addition, addressing milder mental health

conditions does not always require a clinician, or these providers can be utilized until further treatment can be accessed.

Continuing education is needed for providers and regarding all the other avenues of support available to serve their mental health challenges. They are also becoming familiar with the many different ways available to get help. There are many ways that a patient can address often address some conditions through attending church or becoming active in peer support groups. These other avenues of assistance often bring a sense of purpose and connectivity into the picture that is very therapeutic for those struggling with less severe issues or can be used in conjunction with medication and therapy.

Expanding telehealth opportunities- Rural areas of the US have traditionally suffered the most due to limited access to certified BH clinicians. Still, through the advancement of telehealth, rural patients are slowly starting to utilize this service to increase access to care for this segment of the population.

Conquering stigmas to improve early intervention strategies- People often wait too long before asking for any help. Often, a crisis could be averted with the proper education on recognizing the early onset symptoms and providing alternative means of support. Marriage counseling is used to tackle big and small issues and should not be considered only as a final means to save the relationship. The other misconception is that people will often undermine the need to pursue treatment because it pails compared to the severity of other mental health conditions. The emphasis should be that everyone should have access to some level of care.

Increase information available on mental health and social service programs. **South Sound 211** connects individuals and families with programs and services to help them navigate the barriers preventing them from becoming self-sufficient. Instead of multiple calls, this free helpline connects people in need with trained specialists to get matched with the right services. South Sound 211 provides access to hundreds of services and programs from Pierce, Thurston, and Lewis Counties, including finding behavioral healthcare services for those in need. Updated information is needed in real-time to keep these databases current. Please provide documentation information on your organization to share with callers. www.wa211.org

Expanding telehealth opportunities- **Healthnet Federal Services** has recently expanded mental health supplements to increase access to care to telehealth services. Telemynd and Dr. on Demand are both applications that have recently been launched through the Tricare website to find mental health providers in the state and streamline getting Tricare beneficiaries connected with MH providers providing telehealth services. https://www.hnfs.com/

Improving connectivity-There should be no wrong door approach, and any door you enter will get you to the proper support services and care.

The **MAMC Chief of Behavioral Health** emphasized the importance of connectivity to get people involved in identifying the onset of a mental health condition. Once identified, the connectivity will allow a community to take an active part in guiding that service member, veteran, or family member to get the proper assistance and not allow the patient in crisis to fall through the cracks. One way to achieve this as an active service member is by getting to know the soldier personally to identify signs of early-onset mental health conditions.

To reduce wait times, thinking outside the box is required to make more referrals to peer support groups and community health workers. This front-line support needs to be trained to assist in making initial assessments of a person's mental condition and directing them for follow-up medical care, peer support, or a community health worker until that person can get seen by a provider. Expanding the network of providers, peer groups, and community health workers to facilitate more utilization of these resources ensures better continuity of care and referrals. Also many senior military leaders may not want to come to BH on the installation—a way to coordinate information sharing with a unified message about BH care can reduce barriers to care.

Addressing connectivity in primary education There is a high demand for a larger community of connective support in the Clover Park School District to provide students who have grown to feel increasingly isolated during this pandemic. While in-person education has resumed, the **Clover Park School District** (CPSD) still sees many students struggling to reconnect with their peers after 18 months of isolation. The CPSD has partnered with JBLM, Cohen Clinic, and Greater Lakes Mental Health (GLMH) to get much-needed mental health services to military children within its school district. CPSD has used its district levy money and district federal resources to expand its GLMH resources and increase its schools' services. CPSD has also partnered with JBLM to have a **Military Family Life Counselor (MFLC)** work with their six elementary schools. CPSD recently launched a Social-Emotional Screener Program to identify the early signs of a developing mental condition. The school district increased training for suicide risk assessment for all school counselors onsite at each school.

More available and less centralized access for mental health care-

Having a counselor who is not a mandatory reporter at JBLM and the schools will provide the necessary MH front-line support needed to address conditions before they escalate. This initiative also demonstrates a commitment to these service members expanding the network of providers, peer groups, and community health workers to facilitate more utilization of these resources, ensuring better continuity of care and referrals.

The **Vet Center** sends staff to Yelm and the WA Veteran's Home in Port Orchard, where services are needed in rural areas. A large Vet Center Winnebago pulls into a rural area. It provides local traveling therapists and better access to peer support groups as clients wait for a clinician. Offering these types of resources onsite takes the stigma out of getting help as it signifies this support is essential as service members are encouraged to use it.

Education and advocacy for peer support groups

What does a peer support group look like? Alcoholics Anonymous is a perfect example of a support group. These social groups give participants a sense of exercising control over the quality and direction of their lives as they draw on lived experiences or shared characteristics to provide knowledge, experience, emotional assistance, practical help, and social interaction to help each other.

WDVA, Veterans Peer Corps Program (VPCP), addresses the need for support services, including peer-to-peer interaction and connections. A VPC Member is a veteran, or a veteran's dependent, who receives training and certification and then serves as a peer mentor by facilitating meetings and

activities. The VPC gives veterans places to gather, share experiences and stories, heal together, and ultimately create a sense of a veteran community within their community.

The **CFLC** aslo facilitates many peer support groups through its many auxiliary organizations. The support groups are considered to be some of the chaplaincy's hidden gems as they often resolve an issue before it rises to an elevated need.

Vet Center Readjustment Counseling offers peer support, and the VA American Lake also offers peer support training to lead these support sessions.

Thinking outside of the box

Throughout this forum, various panelists presented unconventional approaches to decrease barriers to care

The Cohen Clinic addresses the need in a very real way The need above all else does not let a lack of insurance coverage or discharge orders get in the way of treatment and uses grant funding to cover most to all of the out-of-pocket costs to treat the uninsured.

The Clover Park School District partners with the YMCA to improve students connectivity Y staff is now on campus full time for their three middle schools to encourage students' connectivity by coordinating activities. The CPSD also provides 1500 hotspots to address student households with limited or no internet connectivity to remain connected.

WDVA's ETS Sponsorship Program centers on a personal relationship between the service member, who is leaving the military, and a sponsor, who is trained and certified, and perhaps equally important, empathetic and dedicated to helping the service members and family members integrate the new veteran into the civilian world.

WDVA's Military Spouse Liaison, Olivia Burley RCW 43.60A.245 was created in response to input provided by military spouses during the listening sessions. The Washington State Legislature passed SB 6626 during the 2020 legislation creating the Military Spouse Liaison position within the Washington State Department of Veterans Affairs to conduct outreach and advocacy for military spouses, provide assistance and information on professional licenses, credentials, and employment, conduct research and create informational materials, examine barriers and provide recommendations to help access child care, coordinate with the Department of Children, Youth, and Families to develop child care resources; and coordinate with the Employment Security Department to develop a common form to help find meaningful employment.

The Tacoma Vet Center reaches out to remote patients as it sends staff to Yelm and the WA Veteran's Home in Port Orchard, where services are needed in rural areas. A large Vet Center Winnebago pulls into rural areas and provides local traveling therapists when transportation to a clinic is a barrier to care. Offering these types of resources onsite takes the stigma out of getting help as it signifies this support is essential as service members are encouraged to use it. https://www.va.gov/tacoma-vet-center/

WDVA's ETS Sponsorship Program centers on helping exiting SMs integrate into the civilian sector by facilitating a personal relationship between the service member, who is leaving the military, and a sponsor, who is a trained and certified member of that community to integrate the new veteran into the civilian world. https://etssponsorship.com/

JBLM Readiness Day is when all service members stand down, and junior leaders work with their SM to develop relationships deeper than the scope of the mission and better connection through training and team-building exercises. Leaders take the time to counsel their Soldiers individually to verify accuracy of their information while developing individualized career goals.

Military Cultural Competency Panel Discussion

Addressing common myths about serving the military community.

Moderator: Nichole Ayres, PhD, DSW, CCTP, LMHC, LICSW, Clinic Director, Cohen Military Family Clinic

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Myth: Many civilian providers don't understand the military experience aspect and therefore are unable to provide quality care.

While you don't need to have served in the military to treat a service member, understanding the military culture and creating a treatment plan conducive to their military readiness. Also, if a mental condition is a distraction to their mission, patients should be encouraged to reach out to MAMC to address that. All civilian providers have the skill set to help our military members, veterans, and their families.

Myth: Everyone in the military needs services for PTSD
Civilian BH providers may assume that all military issues are PTSD-related. PTSD is not the only diagnosis afflicting service members with more than 400K TBI injuries reported from 2001-2019.

Myth: The service member will get chaptered out if they seek mental health treatment
While severe mental disorders would naturally challenge readiness, all clinical diagnoses do not qualify a servicemember for discharge considerations. These decisions are based on a level of impairment by the condition and not necessarily the diagnosis itself.

Myth: Seeking mental health treatment results in loss of gun rights
The misperceived notion that citizens will get their gun rights taken away if they seek professional mental health has been presented as a barrier to mental health care and is entirely untrue.
HIPPA Regulations strictly prohibit the sharing of a patient's mental health records, while they do

require mandatory reporting for the intention of self-harm and harm to others. The State of Washington does restrict firearm ownership to any person who has been involuntarily committed or has domestic violence charges.

Myth: A successful servicemember will flourish in the civilian sector
This is important to address because some of the more successful Battlefield attributes transfer over negatively into the civilian sector. The WDVA Suicide Prevention Programs conduct training that discusses the difference between Battlemind and Homemind and teaches the service member how to transition back either from a deployment or out of the military and into the civilian world. In addition, they address the loss of the veteran's battle buddies addressing social withdrawal and isolation as personal connections have yet to be formed at the veteran's new location. The WDVA training also discusses the Battlemind attributes: Trust Buddies, Targeted aggression, while welcomed on the battlefield, but may often be interpreted as volatile. Lethally armed veterans in the community could also experience pushback by local communities that see this display of arms as intimidating to the general public. These issues often present barriers to care as civilians may not understand our military culture.

Addressing differences in working with service members, veterans, and the civilian population.

A distinct difference made at this forum was pointed out that the mission for military BH providers has been and will remain the military's #1 top priority, and, reasonably so, military mental health providers understand the deterrent to getting treatment on-base. This is very different from the mindset in the civilian mental health sector, where nothing is more important than a life. Veterans are already pre-wired and gain continued exposure to a military culture that values the ideals of service before self. Finally, by the nature of being willing to sacrifice one's life for their country, alternatively, living is not rendered as the top priority for these service members and should be recognized when providing treatment.

Counseling a service member concerned about the career impacts of a diagnosis or treatment

Civilian providers, the Vet Center, Cohen Clinic, and the CFLC (chaplain) offer patient confidentiality of care, except in the extreme cases of self-harm or harm to others.

Other last notes and ideas presented:

Educating communities on how to provide some protective factors for military families-
Military Families are tough, and they know endurance, but they still need help. Military communities providing these protective factors of cohesion, structure, and financial stability will reduce the stress on already burdened households due to low wages and constant relocation. When it comes to suicide prevention, three things factor into that path of suicide: A perceived burden on other people, Belongingness, Lethal Means Safety. Focusing on these areas can prevent suicide. -WDVA

The military must address conflicts with culture vs. good mental health care-
Dawn Hylton of HopeSparks addressed that the military culture at the battalion and company levels

does not always focus on quality mental health care and places emphasis on service before self, reshifting the proper focus of thier life being the top priority prevent suicide.

The Way Forward

The forum panelists summarized some possible action items for SSMCP to consider supporting:

- Thinking outside the box –consider more avenues to increase care through a better network of stacking resources to cover a patient's need during long wait times.
- Networking, information sharing, and collaboration opportunities
  This forum presented an interest to increase networking opportunities to identify other providers in different sessions for more accessible care.
    - JBLM Chaplain Family Life Center suggested that this forum consider an opportunity to have a class to network and provide training for civilian providers to understand the military culture better and assist military members in this transition.
    - MAMC echoed support for such transitioning programs. Making connections and continuing the conversation so that the civilian providers and military providers can break down some language and cultural barriers while networking and increasing the pool of possible referrals providers off base.
    - Provides pathways to alternative immediate treatment programs to connect patients to other community resources in the meantime while they wait for another BH provider or alongside treatment under a clinician. These include mission-oriented and service-based peer support groups to provide that person with a sense of community and purpose.

- Providing military cultural competency- Helping to increase the military cultural competency for civilian providers to increase that confidence in treating military-affiliated patients.
- Targeting a unified message supporting service members, veterans, and their families in increasing access to care through promoting all possible means of available quality health care and social services is highly encouraged. CC- SM should know that seeking a provider who has been there or done that is not necessary. The demand stresses providers, but they still care very much.

The Forum Outcome

At this forum, the first step was achieved here to collect data. SSMCP and the JBLM Growth Coordination Plan Consultant Team will review the discussions presented at this forum. Our Healthcare and Social Services Working Groups will take this information and decide SSMCP's role in addressing any of these strategies. There are definite opportunities demonstrated at this forum for us to expand our network of referrals and continue to maintain a solid relationship to provide that continuity of care.

After a review of the information provided here today, assistance from this group will be needed to prioritize and work on these initiatives that SSMCP chooses to take on. SSMCP is not a BH organization, so we will most likely assume a support role in information sharing and networking opportunities presented at this forum. The real value to SSMCP's partnership is its networking capability.

Thank you to all of our panelists and participants who participated in this event. We hope that you considered this forum a valuable contribution to ongoing discussions to break down barriers to mental healthcare.

Notes & Comments Shared during this Forum:

Representative Mari Leavitt- has a section in a bill she is introducing that has a section requiring licensing boards to take a training on military and spouse culture. Look for that when it is dropped this upcoming legislative session. If you are interested in tracking the bill, please send your contact to my legislative email at mari.leavitt@leg.wa.gov, and we will add you to the interested/participant list.

Olivia Burley- The Society for Human Resource Management Foundation offers at free certificate program called "Veterans at Work". The certificate takes about 10 hours to fully complete and offers a section on military cultural competency. I recommend it for anyone working with, serving, and/or hiring veterans and military spouses.

Links provided by attendees:

Food insecurity

https://www.thenewstribune.com/opinion/article255039757.html

Veterans Training Support Center (VTSC)

https://www.dva.wa.gov/veterans-their-families/counseling-and-wellness/veterans-training-support-center-vtsc/vtsc-events

Veterans at Work Certificate Program

https://store.shrm.org/SHRM-Foundation-Veterans-at-Work-Certificate-Program

Become an ETS/EAS Sponsor

https://www.dva.wa.gov/news/2021/become-etseas-sponsor

War Trauma Counseling Program

https://www.dva.wa.gov/veterans-their-families/counseling-and-wellness/post-traumatic-stress-disorder-ptsd/war-trauma-counseling-program-faq

Veterans Peer Corps Mentor Program

https://www.dva.wa.gov/veterans-their-families/counseling-and-wellness/veterans-conservation-corps-program/veterans-peer-corps

CPSD uses a Stuent Universal Wellness Screener

CPSD - currently conducting a Student Universal Wellness Screener. See more about the survey at: https://static1.squarespace.com/static/6050e383f7f4047a291609c8/t/6123ba057e2040250c2fa714/1629731334453/EES

Counseling and Wellness Programs:

Counseling and Wellness Programs website: https://dva.wa.gov/veterans-their-families/counseling-and-wellness/post-traumatic-stress-disorder-ptsd/find-ptsd-counselors

Homeless Veterans

WDVA has the Homeless Veterans Reintegration Program and several other programs for unhoused veterans. https://www.dva.wa.gov/veterans-their-families/veterans-benefits/housing-resources/services-veterans-wi

Acronyms used in this document:

Clover Park School District (CPSD)
Madigan Army Medical Center (MAMC)
BH (Behavioral Health)
CFLC (Chaplain Family Life Counseling)
SM (service member)
WDVA (Washingtion Department of Veterans Affairs)