

Pierce County, Thurston County, and associated cities will be updating their Comprehensive Plans within the next three years. SSMCP has recently completed the 2019 MAIO Report and 2020 Housing Study and the Washington Department of Commerce recently created a Comprehensive Plan Military Compatibility Checklist. It is not clear if these documents have been shared with the local agencies or the level of awareness of these military compatibility planning efforts. To ensure that the 2023 and 2024 Comprehensive Plan updates include the best available information and best military compatibility policies, SSMCP can participate in the upcoming planning processes. It is anticipated that SSMCP would e-mail the military compatibility planning documents along with potential draft policy language to the local agencies for consideration when they embark upon their Plan update. SSMCP would also monitor issuance of draft plans and provide comment during the formal comment periods.

B. Convene a forum to discuss potential adoption of the Behavioral Health Model Ordinance.

The SSMCP could leverage the expertise of, for example, the Health Care Working Group to help guide Pierce and Thurston Counties through an evaluation of whether adopting the model ordinance would help the region achieve behavioral health goals. Per the ordinance's toolkit, jurisdictions are not required to adopt the model ordinance, but are encouraged to consider the following questions when evaluating adoption:

- Does the community already have processes and codes that allow for behavioral health facilities?
- Are there already behavioral health treatment facilities in the community?
- Where do community members who need treatment go for help?
- Has the county or city passed the sales and use tax for chemical dependency or mental health treatment services or therapeutic courts?

These questions are intended to assist jurisdictions in evaluating which components of the model ordinance may benefit their communities. The SSMCP could facilitate this discussion to help Pierce and Thurston Counties determine the best path forward and whether there are considerations that impact both counties that could be addressed through coordination.

2.2 Advocate for occupational licensure reciprocity

It would be preferable to allow military spouses working in health care a six-month to one-year grace period in which they can continue working after a Permanent Change of Station to JBLM. Following the grace period, individuals would need to fulfill state-specific requirements to maintain their license. Licensure reciprocity would help military spouses as they transition to JBLM. It would also increase the number of providers in the region, including those in health care. The proposed 6-month to one-year grace period would allow military spouses to work while they gathered the information and documentation needed to fulfill state-specific requirements, process paperwork, pay fees, and meet any additional state-specific training requirements.

This is a recommendation that overlaps between multiple topics within the GCP and includes professions such as nursing, teaching, child care and other related industries. RCW 43.60A.245 recently established a military spouse liaison position which advocates on behalf of military spouses for occupational licensure reciprocity.

Resource Areas Affected: Education & Child Care, Health Care, Social Services

Recommendations

The following is a potential work plan action item for SSMCP to address the described needs:

A. Support the military spouse liaison in advocating for occupational licensure reciprocity for military spouses working in the child care and education industry, among other industries.

SSMCP can take a supporting role in advocating to the state legislature for occupational licensure reciprocity to give military spouses working in the child care and education industry an opportunity to

continue employment for a period of six months to one year of a Permanent Change of Station to JBLM. After the grace period, individuals would be required to obtain any state-specific requirements to maintain their license.

- B. As the SSMCP pursues occupational licensure reciprocity as part of its broader policy agenda, the Health Care Working Group should stay engaged and provide for health care-specific pursuits, as needed.**

Because occupational licensure reciprocity is a broader issue impacting many fields, the Health Care Working Group should focus on supporting the SSMCP's overall legislative advocacy in this space. Stakeholders with health care-related subject matter expertise can contribute to the SSMCP's advocacy approach and provide the subject matter expertise needed to ensure that licensure reciprocity in the health care sector remains a component of the advocacy.

2.3 Create a school-based health clinic model for school districts to utilize

In interviews for the existing conditions report, staff from multiple school districts referenced student health in general, and the idea of considering the placement of health care clinics at schools. A need was suggested for school districts to provide health clinics at secondary schools so that parents or family members would not have to remove their children from school and travel to a doctor's office. Clover Park and Bethel School Districts provide health clinics for students and the Madigan Army Medical Center indicated the clinics that exist were closed during the COVID-19 pandemic but agreed that continuing them in the future is beneficial. However, the school-based health clinics that are offered in the Clover Park and Bethel School Districts have not been shared as a working model that can be applied in other school districts with military children.

Resource Areas Affected: Education & Child Care, Health Care

Recommendations

The following is a potential work plan action item for SSMCP to address the described needs:

- A. Collaborate with districts and/or OSPI on creating a model of health clinics at schools.**

SSMCP would act in a supporting role to facilitate conversations and bring resources together in an effort to create a model for deploying in-school health clinics. SSMCP can serve a coordinating function for communication and information between school districts, JBLM, or the Office of the Superintendent of Public Instruction.

2.4 Prioritize initiatives that expand behavioral health services for military family members, including adults and children.

Stakeholders indicated that individuals and families living off-installation tend to prefer accessing medical services off-installation because it is less cumbersome to go to appointments near their homes off-installation than coming onto the installation for care. Stakeholders from Madigan Army Medical Center (MAMC) noted that the most pressing need is expanded behavioral health support for military family members, including adults and children. The SSMCP could model activities on similar efforts, such as:

- **The Connecticut Military Support Program (MSP).** Connecticut is unique in that no other state in the country has established a program that embeds civilian clinicians within the National Guard Units at the Company level. MSP provides an array of behavioral health services to Connecticut's veterans, citizen soldiers and their family members. MSP clinicians are embedded within Guard Units affected by deployments. Embedded MSP clinicians are civilian clinicians who serve our citizen soldiers in the National Guard and their families. Unit members receive confidential support and assistance from their embedded clinician in accessing community support services. Embedded Clinicians are all licensed Master's-level behavioral health professionals who are credentialed by, and sub-contract with, Advanced Behavioral

Health, Inc. ABH authorizes all embedded clinician services, pays claims, monitors contract performance, and engages in re-credentialing of clinicians.

- **Maryland Coalition of Families for Children’s Mental Health.** Maryland Coalition provides advocacy and support to families and caregivers of children and youth with behavioral health issues. They offer a range of support services such as, advocacy, information and referral, support groups, transition-age youth, military family supports, and more.

Resource Areas Affected: Social Services, Health Care

Recommendations

During the October 2021 Behavioral Health Care Forum, which brought together a wide range of stakeholders, including those representing civilian providers and those representing JBLM, there was extensive discussion regarding enhancing behavioral health support in the region.

The following are potential work plan action items for SSMCP to address the described needs:

A. Facilitate coordination among community organizations and JBLM to build a network of resources in the region.

Stakeholders suggested that the behavioral health support in the region should consider the full spectrum of factors that could be causing someone to seek behavioral health support. For example, sometimes the root of a crisis is not necessarily psychiatric, but related to other factors, such as social, financial, or spiritual challenges. The SSMCP could convene focus groups to facilitate discussions among community providers and the military seeking to build out a robust network of resources across the fenceline such as:

- **Comprehensive Referral Networks:** Stakeholders suggested that regionally, the approach should be “no wrong door, but any door you enter will take responsibility to get you to the right one.” To that end, referral and service networks should include support services that include behavioral health support, as well as social, financial, and spiritual support, so that individuals can be connected with the service that best addresses their needs. An ancillary benefit to this approach is that it could help alleviate some of the pressure on behavioral health services, which often have long wait times.
- **Peer-to-Peer Resources:** Similar to comprehensive referral networks, stakeholders noted that peer-to-peer resources can be an excellent approach for providing individuals with support, including as an interim option while waiting to connect with a behavioral health provider and as a primary means of support. Peer-to-peer resources can include group activities connected to the community, such as volunteer activities, to help provide a sense of community and purpose. For example, the Veterans Conservation Corps Program runs programs where Veterans can learn to farm or build trails. They have found that those kinds of volunteer opportunities can be therapeutic and helpful for some individuals. Another example format of a peer support group is Alcoholics Anonymous. Ultimately, 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.
- **Enhancing “access points” for care:** Stakeholders reiterated the need to have ample access points for accessing care networks, especially because so many service members and their families live in the community. In addition to the link between Military OneSource and Washington 211, ideas such as developing a mobile app to coordinate resources, increasing outreach to rural areas, and leveraging telehealth were suggested. Bridging access points “hands the individual over” to another provider by taking responsibility of their continuity of care, rather providers letting go of the patient to “go it alone.” Peer-to-peer resources, as described above, also help to bridge these access points.

Stakeholders underscored the importance of venues, like the Behavioral Health Care Forum, as an opportunity for providers in the community and military to get to know one another and build trust across the fence line, which ultimately leads to more seamless referrals and support for service members and their families. Though the SSMCP may not take the helm in developing specific resources, the SSMCP provides a framework within which organizations can collaborate in pursuit of these goals.

2.5 Apply an Equity Lens to Future SSMCP Efforts

Direction from the SSMCP Steering Committee indicates that QoL-specific work plan actions or actions focused solely on recreation and leisure amenities are not seen as priorities for future SSMCP effort. However, the need to address issues of socioeconomic equity has been expressed by key stakeholders. The recommendation to apply an equity lens to future SSMCP efforts is a cross-discipline recommendation. This likely takes the form of incorporating the need for this analysis as a component in the scopes of work of future efforts, but may also include the SSMCP playing a supporting role in ongoing efforts more focused on equity. As an example of the former, future housing studies may seek to gather socioeconomic data to assess the extent to which differences in access to attainable and high-quality housing is affected by inequitable socioeconomic conditions. An example of the latter may be finding opportunities to support the Association of Defense Communities' (ADC) One Military, One Community Initiative.

Resource Areas Affected: All

Recommendations

The following are potential work plan action items for SSMCP to address the described needs:

A. Incorporate an Equity Lens in Future SSMCP Efforts

Incorporate the requirement for an analysis of socioeconomic equity factors in future scopes of work. SSMCP would act in a lead role in establishing such requirements.

B. Support ADC's One Military, One Community Initiative

Support the ADC's One Military, One Community Initiative. SSMCP would play a supporting role in this effort.

2.6 Establish a permanent point-of-contact for JBLM coordination

There is a demonstrated need for a long-term civilian liaison (or team) to facilitate timely, meaningful information-sharing between JBLM and the surrounding communities. A dedicated liaison (or team) would fill the gaps and serve as a preliminary connection point between the installation and the communities on a variety of topics.

The SSMCP was established ten years ago to "improve and formalize collaboration and coordination between the installation leadership and community executives." In response to this demonstrated need, the community mobilized and developed a formal membership structure (including a dues-paying system to fund staff). Today the SSMCP has about 50 member organizations, including the local cities, counties, and agencies that surround JBLM, and two personnel on staff. The SSMCP and its members continue to rely heavily on coordination with uniformed members of the military who rotate to other billets every 2-3 years.

At some installations throughout the Department of Defense infrastructure, civilian staff have been appointed as liaisons between their community and the installation to build institutional knowledge and provide a one-stop-shop for community inquiries. At these installations, it has been recognized that the coordination required with the host communities often transcends the boundaries of the installation and the silos on an organizational chart. For that reason, these staff members typically report directly to the installation commander while working closely with installation departments, divisions, directorates, tenants, etc.

The ideal appointee to such a position would be well-versed in local government and the operation of local non-governmental agencies. Ideally the liaison would be well-connected in the community or able to quickly build such networks for the installation's benefit. These liaisons may have a background in urban planning, engineering,

geography, landscape architecture, or political science (or any related field), or they may have a background in military operations.

Resource Areas Affected: All

Recommendations

The following is a potential work plan action item for SSMCP to address the described needs:

A. Advocate for and assist JBLM in creating a civilian Community Planning Liaison Officer (CPLO) position.

Following the precedent set by the Navy and Air Force at other joint installations, JBLM should consider the creation of and/or appointment of a dedicated civilian liaison officer to assist with issues related to community coordination, mission sustainment, and intergovernmental/interagency coordination. SSMCP would play a supporting role in this effort.

2.7 Transportation Demand Management Program Expansion

Expand the number and scale of transportation demand management programs available at JBLM to reduce the need for service personnel to rely on single-occupant vehicles to travel to and from base.

Resource Areas Affected: All

Recommendations

The following are potential work plan action items for SSMCP to address the described needs:

A. Support expansion of vanpool programs

SSMCP should support local transit agency and JBLM efforts to expand vanpool offerings both on and off-base. Expanding the vanpool offerings may help reduce the daily demand for vehicle access to JBLM. SSMCP would play a support role, assisting JBLM and local transit agencies with outreach and identifying funding sources.

B. Continue to enhance on-base shuttle system

SSMCP support the work of the JBLM Public Works staff to better understand how personnel are using the existing on-base shuttle system. Improving connectivity with off-base transportation hubs (including transit stops and TNC pickup/drop-off locations) could be explored for the existing shuttle system. SSMCP would likely play a support role, assisting JBLM and local transit agencies with outreach and coordination.

C. Relocation of Services Off-base

SSMCP should work with JBLM staff to take advantage of opportunities as they arise to locate certain services (such as health care, veterans' services, etc.) off-base or outside the secure perimeter to reduce transportation demand to and from base. This could also include leveraging new services such as tele-health that would reduce the need to travel. SSMCP would likely play a support role, assisting JBLM personnel and dependents, and the various service providers in the region.

Recommendations

The following are potential work plan action items for SSMCP to address the described needs:

A. Facilitate connections between JBLM and off-base child care providers.

SSMCP can take a leadership role in facilitating meetings between JBLM's Child and Youth Services (CYS) office and off-base child care providers. While Child Care Aware (CCA) maintains a list of child care providers in the area and can act as a referral service, creating these relationships can help in multiple areas, such as: potentially expediting military families to receive child care, helping ensure that fee assistance is maintained at the local facilities, and maintaining an up-to-date list of available providers in the area. SSMCP could take on a supporting role in aiding CYS in updating their off base child care referral list which could be provided as a more refined list than the 100+ list of facilities provided by CCA.

B. Support JBLM in increasing communication to military families regarding available child care providers and how to utilize fee assistance.

SSMCP can take a supporting role in improving communication with military families about the child care options on- and off-base and the fee assistance programs. Information is available on CCA; however, the site can be difficult to navigate and operates at a national level. The increase in communication could also include informational sheets and/or instructions about the resources available through CCA and how to navigate the website.

C. Assist JBLM with recruitment of off-base personnel to staff on-base child care facilities.

SSMCP can take a supporting role in aiding JBLM in communication to off-base individuals regarding employment opportunities available at on-base child care facilities. Individuals who are not affiliated with the military and/or JBLM may not be aware of the opportunities that exist on base; SSMCP could play a role in the recruitment of qualified individuals.

2.2 Advocate for occupational licensure portability

This is a recommendation that overlaps among multiple topics within the GCP and includes professions such as nursing, teaching, child care and other related industries. RCW 43.60A.245 recently established a military spouse liaison position which amongst other duties, advocates on behalf of military spouses for occupational licensure reciprocity.

Recommendations

The following is a potential work plan action item for SSMCP to address the described needs:

A. Support the military spouse liaison in advocating for occupational licensure portability for military spouses working in the child care and education industry, among other industries.

SSMCP can take a supporting role in advocating to the state legislature for occupational licensure portability to give military spouses working in the child care and education industry an opportunity to continue employment for a period of six months to one year of a Permanent Change of Station to JBLM. After the grace period, individuals would be required to obtain any state-specific requirements to maintain their license.

2.3 Create a school-based health clinic model for school districts to utilize

In interviews for the existing conditions report, staff from multiple school districts referenced student health in general and the idea of considering the placement of health care clinics at schools. A need was suggested for school districts to provide health clinics at secondary schools so that parents or family members would not have to remove their children from school and travel to a doctor's office. Clover Park and Bethel School Districts provide health clinics for students and the Madigan Army Medical Center indicated the clinics that exist were closed during the COVID-19 pandemic but agreed that continuing them in the future is beneficial. However, the

school-based health clinics that are offered in the Clover Park and Bethel School Districts have not been shared as a working model that can be applied in other school districts with military children.

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SSMCP would act in a supporting role to facilitate conversations and bring resources together in an effort to create a model for deploying in-school health clinics. SSMCP can serve a coordinating function for communication and information among school districts, and JBLM and/or the Office of the Superintendent of Public Instruction.