

2. Advocate for Occupational Licensure Portability

Strategy 2.1

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

Resource Area



Cross-Discipline

SSMCP Role



Support advocacy for occupational licensure portability.

SSMCP Working Group

Healthcare Working Group
Social Services Working Group

Implementing Partners

SSMCP Government Affairs Consultant, Military Spouse Liaison, and Local Universities with Healthcare Programs. Other partners are represented in the Healthcare and Social Services Working Groups.

Timeframe

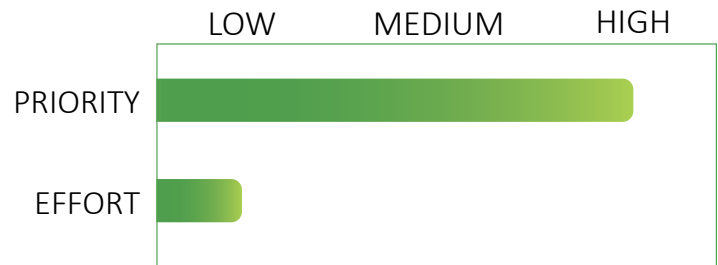
Near-term / Ongoing

Action Steps

- Maintain awareness of advocacy efforts.

Funding Opportunities

Not Applicable



Other Resources

American Occupational Therapy Association, Interstate Professional Licensing Compact: <https://www.aota.org/Advocacy-Policy/State-Policy/Licensure/Interstate-Professional-Licensing-Compact.aspx>

National Conference of State Legislatures, Universal Licensure Recognition: <https://www.ncsl.org/research/labor-and-employment/universal-licensure-recognition.aspx>

Federal Trade Commission, Options to Enhance Occupational License Portability: https://www.ftc.gov/system/files/documents/reports/options-enhance-occupational-license-portability/license_portability_policy_paper_0.pdf

SSMCP Legislative Agenda: <https://cityoflakewood.us/wp-content/uploads/2021/09/2022-State-Legislative-Agenda-front-page.jpeg>

NCSBN NLC Webinars: <https://www.ncsbn.org/nlc-meetings.htm>

NASDTEC: <https://www.nasdtec.net/>

Teach for America Licensing: <https://www.teachforamerica.org/life-in-the-corps/licensing-and-employment>

National Database of Child Care Licensing Regulations: <https://licensingregulations.acf.hhs.gov/>

Summary

Despite having the required education, training, and a valid license in another state, obtaining the appropriate occupational license for Washington State can create a significant barrier to military spouse employment and undue hardship on military families relocating to Washington. To ease the process of occupational licensure for military spouses moving to Washington following a Permanent Change of Station (PCS) to JBLM and to increase the number of providers (e.g., health care, social services, child care, etc.) in the region generally, the SSMCP should continue advocating for legislation related to enhanced spousal occupational licensure portability.

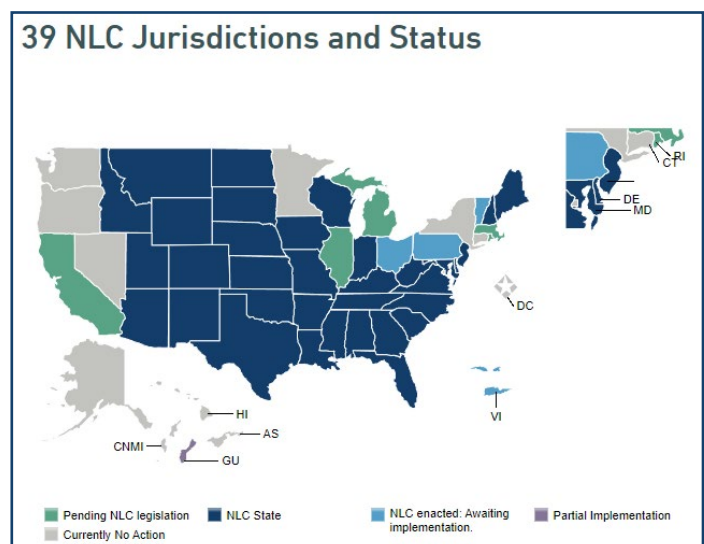
This strategy is a high priority because the SSMCP has already added occupational licensing improvements to its 2022 State Legislative Agenda and these improvements will support military families through improved employment opportunities and transition experience. Furthermore, the timely licensure of military spouses can help address the provider shortage in both the military and civilian communities in Washington for high-demand services, such as mental health counseling. The SSMCP should continue supporting the Military Spouse Liaison in advocating for occupational licensure portability for military spouses working in the child care and education industries, among other industries. The Healthcare Working Group and Social Services Working Group can contribute subject matter expertise as needed, and the SSMCP Government Affairs Consultant will continue to advise the SSMCP.

Specific action steps:

The SSMCP should pursue the following action steps:

- Maintain awareness of advocacy efforts and continue expressing support.
 - Add occupational licensure portability to the “Maintain Active State Support for Military Affairs in Washington” section for policy positions outlined on the SSMCP website.
- Additional activities may include:
 - Conduct research and seek engagement on existing initiatives and potential options for advocating for occupational licensure. This research may include:

- Research and reach out to professional organizations working on this topic.
- Engage directly with organizations that manage licensure and, therefore, may be interfacing with states on specific requirements and licensure portability.
 - The **Nurse Licensure Compact (NLC)**, for example, allows nurses to practice in other NLC states without having to obtain additional licenses. This increases access to care while maintaining public protection at the state level. The National Council of State Boards of Nursing (NCSBN) is an independent, not-for-profit organization through which nursing regulatory bodies act and counsel together on matters of common interest regarding public health and safety and welfare, including the development of nursing licensure examinations. The NCSBN offers free, topic-specific webinars about the NLC covering topics such as:
 - Overview of the Nurse Licensure Compact
 - Update regarding the status of pending legislation in various states
 - Explanation of Nursys®, the national nurse licensure database and E-Notify
 - Requirements when changing primary state of residence



- **Travel Nurses Across America** offers a licensing valet program for certain states allowing for expedited and simplified licensing. Such programs could provide helpful lessons learned and strategies.
- The **National Association of State Directors of Teacher Education and Certification (NASDTEC)** is an agreement for teaching reciprocity between states allowing compact agencies to check a teacher’s license status in other states. The interstate agreement, arranged by NASDTEC, is a collection of over 50 individual agreements by states and Canadian provinces. Each agreement is a statement by the respective state or jurisdiction outlining which other states’ educator certificates are accepted by that state. Specifically, the agreement outlines which types of educator certificates (teachers, administrators, service personnel, or career/technical) and which styles of certifications (titles, fields, etc.) are accepted.
- **Teach for America** assigns a region-specific staff member to teachers to ensure they are able to fulfill initial requirements and meet deadlines to become eligible for teaching positions in the region.
- The **National Database of Child Care Licensing Regulations** from the Administration for Children and Families is a tool for finding and searching national and state information about child care licensing regulations, agency policies, and requirements for licensed child care centers, family child care homes, and group child care homes.
- Examples from sectors outside of teaching, health care, and social services include the American Society of Landscape Architects, which creates and administers the landscape architecture exam. It offers a service that helps licensed landscape architects manage and document credentials to streamline the process of licensing across states. Architecture and engineering professionals generally maintain licenses in multiple states so they

can work on multiple projects in different geographic locations at the same time. While these sectors differ from health care and social services, they offer potential models that could be applied to health care and social services.

- The SSMCP could explore options to engage with students in healthcare programs at local universities to conduct this type of research as a class project.



How to Measure Success:

Near-term: Add occupational licensure portability to the SSMCP policy positions (within three months).

Long-term: Contribute support to ongoing advocacy efforts.



10. Prioritize Initiatives that Expand Behavioral Health Services for Military Family Members, Including Adults and Children

Strategy 10.1

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

Resource Area



Cross-Discipline

SSMCP Role



Support and convene focus groups to facilitate discussions among community providers and the military seeking to build out a robust network of resources.

SSMCP Working Group

Healthcare Working Group and Social Services Working Group

Implementing Partners

Partners are represented in the Healthcare and Social Services Working Groups

Timeframe

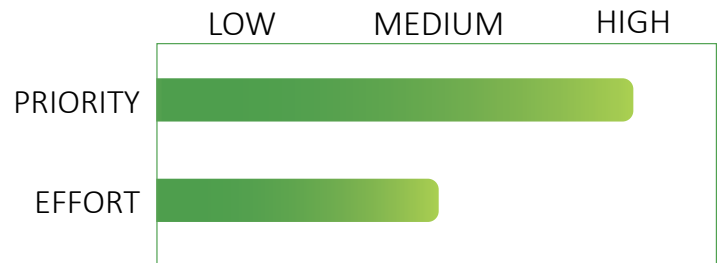
Mid-term

Action Steps

- Establish a focus group as a subset of the Healthcare and Social Services Working Groups to identify specific, concrete resources.
- Develop an action plan for building resources through a series of meetings.
 - Meeting #1, Evaluate Potential Resources
 - Meeting #2, Develop Plan of Action Framework
 - Meeting #3, Progress Check-in
 - Meeting #4, Final Check-in

Funding Opportunities

As resources are identified, explore availability of grants to support initiatives.



Other Resources

Connecticut Military Support Program: <https://portal.ct.gov/DMHAS/Programs-and-Services/Veterans-Services/Military-Support-Program>

Maryland Coalition of Families for Children’s Mental Health: <https://www.mdcoalition.org/>

Veterans Conservation Corps Program: <https://corpsnetwork.org/our-impact/programs-initiatives/veterans-conservation-corps/>

Summary

Improving and expanding behavioral health support has remained a top priority since the 2010 GCP. Stakeholders indicated that there are significant needs for additional resources and collaboration among existing providers of behavioral health care. 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 off-base homes than coming onto the installation for care. Stakeholders from Madigan Army Medical Center (MAMC) noted that the most pressing need is expanding behavioral health support for military family members, including adults and children. Since the SSMCP established the Healthcare and Social Services Working Groups following the 2010 GCP, these groups have been pursuing initiatives to improve behavioral health support in the region.

As a convener of civilian and military stakeholders, the SSMCP is uniquely positioned to facilitate coordination among community organizations and JBLM to build a network of resources in the region. Potential resources could include:

- **Other models of civilian/military support programs:** The Connecticut Military Support Program (MSP) and the Maryland Coalition of Families for Children’s Mental Health can serve as models for programs. The MSP is a one-of-a-kind program that embeds civilian clinicians within the National Guard Units at the Company level and provides an array of behavioral health services to Connecticut’s Veterans, Citizen Soldiers, and their families. Maryland Coalition provides advocacy and support to families and caregivers of children and youth with behavioral health issues.
- **Comprehensive referral networks:** Stakeholders suggested that regionally, the approach should be “[There is] 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 connect with the services that best address 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 of a peer support group is Alcoholics Anonymous, which uses an informal,

discussion-based meeting format to facilitate peer support among individuals seeking help. 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 tele-health were suggested. Bridging access points “hands individuals over” to another provider by taking responsibility for their continuity of care, rather than providers releasing the patient to “go it alone.” Peer-to-peer resources, as described above, also help to bridge these access points.

The behavioral health system was unanimously identified as a top priority for the JBLM region by medical and social services providers in the 2010 GCP and continues to be a top priority today. This strategy is high priority because it is in accordance with ongoing efforts in the JBLM region to address behavioral health service needs and enhance behavioral health support.

As a regional facilitator across JBLM and among civilian stakeholders, the SSMCP can support the coordination needed to expand the region’s behavioral health resource network. Leveraging the expertise of the Healthcare and Social Services Working Groups’ members, the SSMCP should convene focus groups to facilitate discussions among community providers and the military seeking to build a robust network of resources. Though the SSMCP may not take the helm in developing specific resources, the SSMCP provides a framework within which organizations can collaborate in building relationships and trust across the fence line, and ultimately, more seamless support for service members and their families.

The SSMCP should pursue the following action steps:

- Establish a focus group as a subset of the Healthcare and Social Services Working Groups. The purpose of the focus group will be to identify specific, concrete resources that consider the full spectrum of factors such as social, financial, or spiritual challenges that could cause someone to seek behavioral health support.
- Through a series of meetings, develop an action plan for building resources.
 - **Meeting #1, Evaluate Potential Resources:** determine which resources (e.g., support networks, referral programs, peer-to-peer resources, access points) the focus group is prepared to pursue. This may include discussing feasibility relative to utility.
 - **Meeting #2, Develop Plan of Action:**
Framework: for the resources the focus group decides to pursue, determine:
 - Resource Champion
 - Supporting Stakeholders/Organizations
 - Resources Required (funding, technology, etc.)
 - Action Steps to Complete (including additional resource-specific working meetings and stakeholder outreach if needed)
 - Target Date for Accomplishment
 - **Meeting #3, Progress Check-in:** at an interval that represents the general mid-point for accomplishing the resources being pursued, have a check-in where resource champions brief the focus group on progress to-date, expected next steps, and any identified needs.
 - **Meeting #4, Final Check-in:** resource champions should brief the focus group on outcomes. The focus group can then determine if it would like to dissolve or remain intact to pursue additional resources.

How to Measure Success

Near-term: Establish focus group (within six months).

Long-term: Conduct series of meetings.

10. *Prioritize Initiatives that Expand Behavioral Health Services for Military Family Members, Including Adults and Children*

Strategy 10.2

Continue assessing frequency of Behavioral Healthcare Forum events to share information and improve access to care for all service members and their families

Resource Area

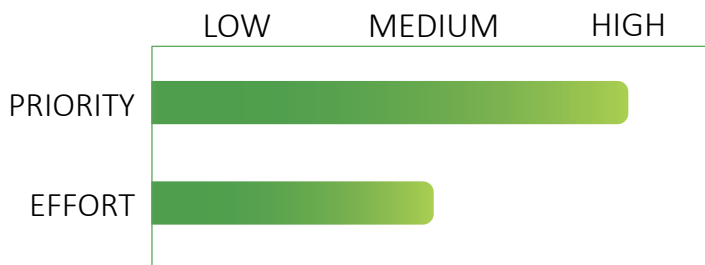


Cross-Discipline

SSMCP Role



Lead assessment of feedback from the 2021 Behavioral Health Care Forum.



SSMCP Working Group

Healthcare Working Group and Social Services Working Group

Funding Opportunities

If the forum continues, explore availability of sponsorship partners to support event.

Implementing Partners

Partners are represented in the Healthcare and Social Services Working Groups

Other Resources

Not Applicable

Timeframe

Near-term

Summary

A 2016 Healthcare Forum hosted by the SSMCP brought together civilian and Army doctors to discuss expanding access to TRICARE providers. Another forum was held on October 29, 2021. The priority for this strategy is medium because stakeholders repeatedly noted that the forum provides a venue for providers on and off base to meet and connect. The participants in the October 2021 forum indicated that they feel much more comfortable providing referrals when they are familiar with the organization with whom they are referring someone. This strategy is medium priority because the forum provides opportunities for networking and building working relationships. Consideration to make the forum an annual event would affect the frequency of these opportunities. In its role convening regional organizations and initiatives, the SSMCP is uniquely positioned to continue facilitating helpful discussions among civilian providers and JBLM.

Action Steps

- Compile survey feedback from the October 2021 Behavioral Healthcare Forum.
- Schedule a debrief with the Healthcare and Social Services Working Groups that would include:
 - Verifying referred frequency
 - Developing a running topic list
 - Creating a stakeholder list
 - Developing an outreach plan
- Consider developing a resources page on the SSMCP's website.
- Following each forum, distribute a survey to continue assessing the effectiveness and frequency of the forums.

The SSMCP should pursue the following action steps:

- Compile survey feedback from the October 2021 Behavioral Healthcare Forum.
- Schedule a debrief with the Healthcare and Social Services Working Groups to review the feedback; read and send compiled survey feedback at least three days before the debrief.
- The debrief should:
 - o Review survey feedback.
 - o Discuss additional feedback from debrief attendees.
 - o Verify preferred frequency of forums (annual, every six months, etc.).
 - o Develop a running topic list of focus areas for upcoming forums and preferred locations for these forums to maximize participation.
 - o Create a participant list documenting audiences that the forums should target.
 - o Develop an outreach plan that details key advertising milestones in the months leading up to the event(s).
 - o Consider developing a resources page on the SSMCP's website dedicated to the Behavioral Healthcare Forum. Resources may include:
 - A calendar with upcoming forums.
 - A link to register for upcoming forums.
 - A link to sign up for email information regarding upcoming forums.
 - Recordings of previous forums.
 - An option for visitors to leave feedback and suggestions.
- Following each forum, the SSMCP should distribute a survey to continue assessing the effectiveness of the forums.

How to Measure Success

Near-term: Review survey data (within two months).

Long-term: Determine frequency of future of Behavioral Healthcare Forum events.

10. *Prioritize Initiatives that Expand Behavioral Health Services for Military Family Members, Including Adults and Children*

Strategy 10.3

Assist Pierce and Thurston counties in evaluating adoption of Washington State’s Behavioral Health Model Ordinance

Resource Area

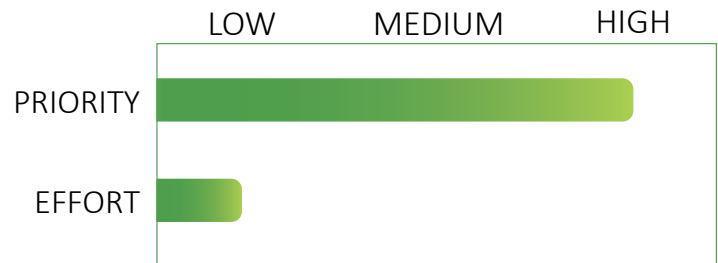


Cross-Discipline

SSMCP Role



Support and facilitate discussions with Pierce and Thurston counties.



SSMCP Working Group

Healthcare Working Group and Social Services Working Group

Implementing Partners

Pierce County, Thurston County, Thurston Regional Planning Council, and Pierce County Regional Council

Timeframe

Near-term

Action Steps

- Invite Pierce and Thurston counties to a facilitated discussion.
- Work through questions in the ordinance’s toolkit.
- Discuss which, if any, components of the ordinance the counties should adopt.
- Provide support, as appropriate, if the counties pursue adoption.

Funding Opportunities

Not Applicable

Other Resources

Washington Behavioral Health Model Ordinance Project: <https://www.commerce.wa.gov/building-infrastructure/capital-facilities/behavioral-health-model-ordinance-project/>

Summary

Washington’s Behavioral Health Model Ordinance Project Communications Toolkit was developed as a resource to support jurisdictions and providers in siting community-based behavioral health facilities. The toolkit and ordinance were developed in accordance with Revised Code of Washington (RCW) 71.24, Community Behavioral Health Services Act. Stakeholders indicated that it is not yet known how the model ordinance will be used by jurisdictions in Pierce and Thurston counties. Behavioral health was unanimously identified as a top priority for the JBLM region by medical and social services providers in the 2010 GCP and continues to be a top priority today. This strategy is medium priority because it could augment ongoing efforts in the JBLM region to address behavioral health service needs and enhance behavioral health support. The SSMCP could, for example, leverage the expertise of the Healthcare Working Group to help guide jurisdictions in Pierce and Thurston counties determine whether adopting the model ordinance would help achieve local behavioral health goals.

The SSMCP should pursue the following action steps:

- Invite jurisdictions in Pierce and Thurston counties to a facilitated discussion about integrating the Washington State’s Behavioral Health Model Ordinance into local codes.

- Leverage expertise within the Healthcare and Social Services Working Groups to work through the questions the ordinance’s toolkit suggests taking into consideration, including:
 - o Does the community already have processes and codes that allow for behavioral health facilities?
 - o Are there already behavioral health treatment facilities in the community?
 - o Where do community members who need treatment go for help?
 - o Has the county or city passed the sales and use tax for chemical dependency, mental health treatment services, or therapeutic courts?
- Discuss which, if any, components of the ordinance the jurisdictions should adopt.
- Provide support, as appropriate, for jurisdictions pursuing adoption.

How to Measure Success

Near-term: Contact jurisdictions in Pierce and Thurston counties (within four months).

Long-term: Conduct facilitated meeting with jurisdictions in Pierce and Thurston counties.


15. Create a School-Based Health Clinic Model for School Districts

Strategy 15.1

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

Resource Area   Education and Healthcare

SSMCP Role

 Provide **support** for, convene participants, and facilitate information distribution.

SSMCP Working Group

Healthcare Working Group and Government Affairs Consultant

Implementing Partners

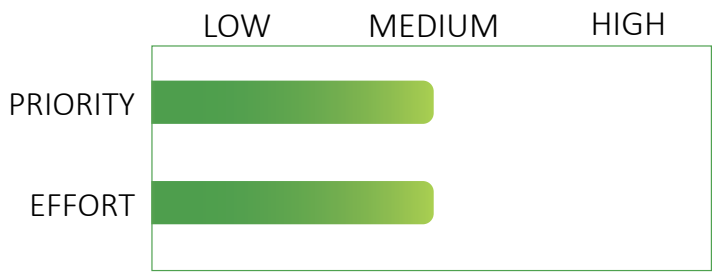
Regional School Districts, Madigan Army Medical Center (MAMC), and Office of Superintendent of Public Instruction (OSPI)

Timeframe

Long-term

Action Steps

- Identify a point of contact at the MAMC.
- Collaborate with schools that have, or had, clinics to identify what worked, and what did not.
- Identify school districts that are interested in providing this service.
- Reach out to OSPI to determine their interest in involvement and a potential representative.
- Facilitate a meeting between MAMC/JBLM and school district representatives.
- Coordinate with MAMC and school districts to create informational resources about establishing and maintaining a health clinic for military families at schools.



Funding Opportunities

DoD; Washington State Department of Health; Community Health Grants; Department of Defense Education Activity (DoDEA) Grant

Other Resources

<https://madigan.tricare.mil/Health-Services/Pediatrics/School-Based-Health-Clinics>

Summary

In interviews conducted for the Growth Coordination Plan update, staff from multiple school districts stated that there was a desire 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. Over half of the school districts interviewed mentioned healthcare as an issue requiring coordination with JBLM. Finding primary care physicians can be difficult for military families and this can aid these families in getting healthcare appointments in a timely fashion. Clover Park School District provides health clinics for students on-base. The MAMC conceptualized health clinics at secondary schools for military-connected students. The Bethel School District, which reports that about 10 percent of their student body is military-connected, has previously had MAMC-provided healthcare services. These school districts who have successfully

implemented a model in the past could take on a leadership role in outlining a model for other districts to emulate and meet with other school districts who are interested and bring them to the table.

This would be a cross-discipline strategy for SSMCP involving both healthcare and education. SSMCP would act as the convener bringing resources together and facilitating conversations between schools for which this has been successful and for districts that have a desire to learn more about this. SSMCP could also serve a coordinating function with both JBLM (in particular the MAMC that previously spearheaded clinics) and the OSPI. SSMCP should also work with lobbyists and the state and federal legislature to obtain funding for school districts serving military populations.

How to Measure Success:

Near-term: By 3rd quarter of 2022, SSMCP and JBLM shall identify a point of contact at MAMC, representatives from school districts that have operated a clinic previously (or currently), districts interested in providing this service, and make contact with OSPI to gauge interest in involvement in creating a model. Prepare a master contact list for ongoing use.

Mid-term: By the 2nd quarter of 2023, SSMCP should facilitate a meeting with MAMC, school districts, and OSPI (if interested) to discuss the health clinic model. Informational resources are created out of this meeting of what works/doesn't, steps to take, etc.

Long-term/Ongoing: Health clinics are established at various school districts that serve military-connected families and continue to operate. SSMCP acts as a facilitator for any questions/issues and potentially conducts check-in meetings with those schools that operate clinics outside of MAMC/JBLM.


16. Determine SSMCP's Level of Advocacy for Representing JBLM and the Region in National Discussions about TRICARE Issues

Strategy 16.1

Focus on collecting regional data that can be used to advocate for the region during higher-level, national discussions about TRICARE issues

Resource Area  Health Care

SSMCP Role

 Provide **support** by writing a letter to the Northwest Regional Liaison, Defense-State Liaison Office.

SSMCP Working Group

Health Care Working Group

Implementing Partners

SSMCP Government Affairs Consultant, Federal Lobbyist, Northwest Regional Liaison, and Defense-State Liaison Office

Timeframe

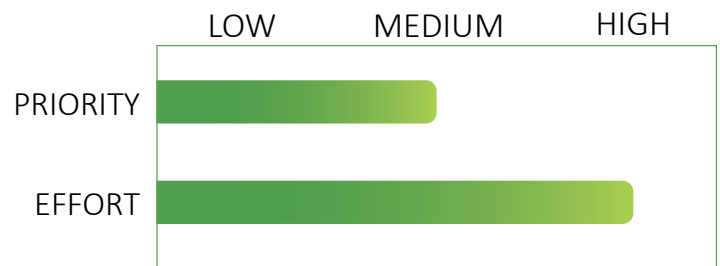
Mid-term

Action Steps

- Quantify and document the average lengths of time service members and their families spend on TRICARE provider waitlists.
- Evaluate opportunities to further advocate and/or contribute to existing advocacy.

Funding Opportunities

Not Applicable



Other Resources

American Psychological Association, Military & Veterans: <https://www.apa.org/advocacy/military-veterans>

Northeast Arkansas Military Officers of America (MOAA) Chapter: <https://www.moaa.org/chapter/northeastarkansas/>

Summary

Stakeholders noted a continued shortage of network providers locally, largely due to low reimbursement rates and a cumbersome credentialing process, as detailed in the 2010 GCP. Because TRICARE issues are not unique to the JBLM region, and broad changes to TRICARE credentialing and reimbursements would need to occur at a national policy level, the SSMCP should focus on ensuring that the region is adequately represented during higher-level, national discussions about TRICARE issues. This may include advocacy and representation related to TRICARE requirements that impact the provision of services (such as a TRICARE requirement for a Licensed Mental Health Counselor to be supervised by a medical doctor despite the fact that they practice independently in Washington state – limiting the number of local providers who meet this TRICARE requirement).

This strategy is medium priority because the SSMCP has an opportunity to collect regional data that can be used to ensure the JBLM region is advocated for and represented. Working within the Healthcare Working Group, the SSMCP should partner with TRICARE-related entities from JBLM (e.g., MAMC) and civilian providers to collect data.

SSMCP should pursue the following action steps:

- Write a letter to the Northwest Regional Liaison, Defense-State Liaison Office requesting an update on the TRICARE situation in the region and request referrals to contacts administering TRICARE in the region.
- Additional activities may include:
 - Quantify and document the average lengths of time service members and their families spend on TRICARE provider waitlists due to provider shortages. Accomplishing this will require the Healthcare Working Group to:
 - Consult with the SSMCP Government Affairs Consultant to discuss proposed approach, including:
 - Identifying preferred metrics to capture, the desired time for data collection, and civilian medical providers to solicit data from.
 - Leveraging working group members' expertise, determine the best format for data collection (e.g., online survey, hardcopy survey, verbal interviews, emails, etc.).
 - Collating the collected data into a debrief, including a summary slide with key highlights/findings.
 - Setting-up a debrief with JBLM leadership and others (as advised by the SSMCP Government Affairs Consultant) to share the findings.

- Evaluate opportunities to further advocate for and/or contribute to existing advocacy (consulting with the SSMCP Government Affairs Consultant, as needed). This may include looking to other organizations working in the TRICARE advocacy space for ideas on how to approach advocacy and/or opportunities to contribute to existing advocacy, such as:

- The American Psychological Association (APA) which has led a multi-pronged, intense advocacy effort to shift the Department of Defense's management and oversight of its TRICARE program. Recent efforts have included a survey of all practicing APA members, which found that psychologists raised concern over factors such as confusing contract negotiations or lack of any negotiations and criteria by which contractors would be renewed or selected in the next round.
- At the regional level, the Northeast Arkansas Military Officers Association of America (MOAA) Chapter publishes a monthly newsletter with the latest information on events affecting members, including TRICARE updates.



How to Measure Success

Near-term: Write a letter to the Northwest Regional Liaison, Defense-State Liaison Office (within six months).

Long-term: Conduct additional advocacy activities, as appropriate.



18. Ensure that New Organizations and Initiatives are Invited to Participate in Relevant SSMCP Working Groups

Strategy 18.1

Inventory the existing working group roster, identify gaps in representation, and invite identified organizations to join the working group and conduct an annual review of the working group roster

Resource Area



Cross-Discipline

SSMCP Role



Lead routinely refreshing working group membership.

SSMCP Working Group

All working groups

Implementing Partners

Not Applicable

Timeframe

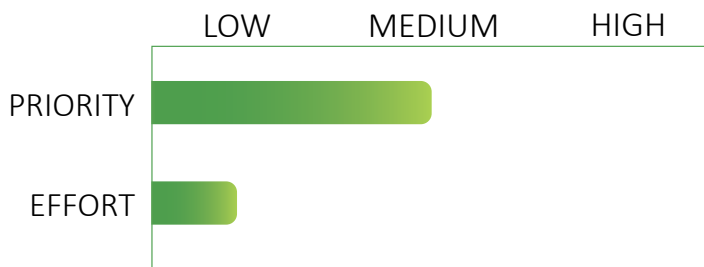
Near-term / Ongoing

Action Steps

- Move the SSMCP stakeholder spreadsheet into a collaborative environment that allows multiple users to view and edit.
- Engage the working groups to:
 - Review the list.
 - Provide suggestions.
- Determine if each working group has an optimal capacity; vet suggested additions.
- Invite suggested new members or organizations.
- Repeat the process annually.

Funding Opportunities

Not Applicable



Other Resources

Not Applicable

Summary

Since the SSMCP's Working Groups were established following publication of the 2010 GCP, SSMCP has continued to build relationships and make connections within the region. SSMCP should formalize its approach to maintaining and updating working group members to ensure that new organizations and contacts become a part of the existing SSMCP network, which serves as a regional knowledge base and network of professionals. By expanding its network to new organizations and contacts, SSMCP will continue to optimize its influence and resources to support a robust military and civilian network.

This strategy is medium priority because stakeholders agreed that it is beneficial to keep the working groups current. The existing process for updating working group membership is ad hoc; formalizing the process will allow the SSMCP to routinely refresh working group membership. The SSMCP can leverage existing working group members to reach out to and engage with new contacts and organizations.

SSMCP should pursue the following action steps:

- Move the SSMCP stakeholder spreadsheet into a collaborative environment that allows multiple users to view and edit. Options include:
 - Collaborative software that supports spreadsheets, such as Microsoft Teams or Google Sheets.
 - Customer relationship management (CRM) software. Many CRM platforms offer free versions with stakeholder management tools that the SSMCP could use to seamlessly track contacts. These platforms are optimized to store data like contact information and track communications.
- Engage the working groups to:
 - Review the list to ensure existing information is accurate for current members and contacts.
 - Provide suggestions for organizations or individuals who should be added; include contact information.
- Determine if each working group has an optimal capacity; vet suggested additions, as needed.
- Invite suggested new members or organizations to join.
- Repeat the process annually.

How to Measure Success

Near-term:

- Compile stakeholder spreadsheet into a collaborative environment (within two months).
- Revise spreadsheet (within six months).

Long-term:

- Review and update spreadsheet annually.

21. Continue Educating Civilian Medical Providers on TRICARE Benefits and Advocate for Their Participation as a TRICARE Provider

Strategy 21.1

Help civilian providers gain new cultural competency by understanding the TRICARE system, process of transition, issues with TRICARE, and military culture

Resource Area



Health Care

SSMCP Role



Lead and host a series of focused, educational forums with military and civilian health care providers.

SSMCP Working Group

Health Care Working Group

Implementing Partners

Madigan Army Medical Center (MAMC). Other partners are represented in the Healthcare Working Group.

Timeframe

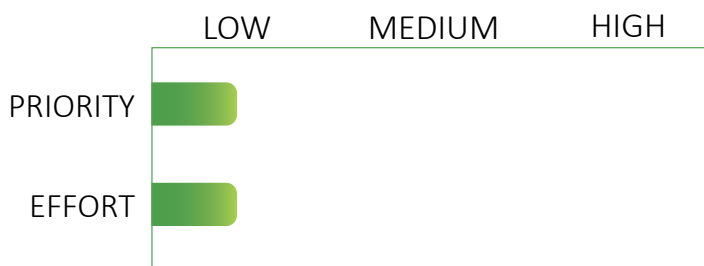
Mid-term

Action Steps

- Working within the Healthcare Working Group:
 - Reach out to MAMC.
 - Identify discussion topics.
 - Develop a schedule and format.
 - Build a stakeholder list.
 - Develop an outreach plan.
 - Record and publish forums on the SSMCP website.
- Continue assessing frequency of Behavioral Healthcare Forum events (refer to Strategy 10.B).

Funding Opportunities

Explore potential to leverage MAMC programs.



Other Resources

MAMC programs:

- <https://madigan.tricare.mil/About-Us/Graduate-Medical-Education>
- <https://madigan.tricare.mil/About-Us/Graduate-Medical-Education/Faculty-Development>
- <https://madigan.tricare.mil/About-Us/Department-of-Clinical-Investigation/Business-Cell>

Summary

Services for TRICARE beneficiaries provided at MAMC occur on a priority and availability basis, with active-duty service members receiving first priority, followed by family members, retirees, and retiree dependents. For specialty services not provided at MAMC, beneficiaries are referred to community services. Stakeholders noted a continued need to help civilian providers understand the TRICARE system and military culture to help improve referral follow-through and access. A 2016 Healthcare Forum hosted by the SSMCP brought together civilian and Army doctors to discuss expanding access to TRICARE providers. Participants in the forum reiterated that TRICARE reimbursement rates are comparatively low, and TRICARE requirements do not provide sufficient incentives for civilian providers.

Discussions during a Behavioral Healthcare Forum hosted by the SSMCP in October 2021 reiterated the need to continue educating civilian medical

providers on TRICARE benefits and advocate for their participation as a TRICARE provider. Expanding outreach and education related to TRICARE will help civilian providers gain new cultural competency by understanding the TRICARE system, process of transition, issues with TRICARE, and military culture.

One of the sessions during the 2021 Behavioral Healthcare Forum focused on common myths about serving the military community. Stakeholders indicated that many civilian providers feel that if they do not have a military background or experience treating conditions like Post Traumatic Stress Disorder (PTSD), they are not equipped to treat service members or their families; however, many of the issues experienced by service members and their families are universal and share commonalities with civilians. Open discussion spaces that bring together military and civilian providers, like the Behavioral Healthcare Forum, provide a space for such misconceptions to be corrected. The SSMCP should consider hosting a series of focused, educational forums in which military and civilian providers can come together to discuss specific topics, such as TRICARE or military culture. The Healthcare Working Group's expertise can be leveraged to determine the most effective format and scope for the series and should consider broadening participation to include leaders of organizations and individuals within those organizations who may benefit from gaining additional cultural competency.

The SSMCP should pursue the following action steps:

- Work within the Healthcare Working Group:
 - Reach out to MAMC to determine if representatives would like to jointly host forums with the SSMCP.
 - Identify discussion topics related to the TRICARE system, process of transition, issues with TRICARE, and military culture.
 - Develop a schedule and format for topic-focused forums to discuss each topic identified.
 - Build out a stakeholder list to ensure a broad audience of civilian medical providers are invited to the events.

- Develop an outreach plan that details key milestones for advertising the forums in the lead up to an event.
- Record and publish forums on the SSMCP website as a reference hub; consider including:
 - A calendar with upcoming forums
 - A link to register for upcoming forums
 - A link to sign up for email information regarding upcoming forums
 - Recordings of previous forums
 - An option for visitors to leave feedback and suggestions
- Determine if the Behavioral Healthcare Forum should be an annual event (please refer to Strategy 12).

How to Measure Success

Near-term:

- Approach MAMC (within two months).
- Program educational events for next calendar year (within six months).

Long-term: Conduct first year of educational events.

22. Apply an Equity Lens to Future SSMCP Efforts

Strategy 22.1

Pursue equity-focused initiatives

Resource Area



Cross-Discipline

SSMCP Role



Lead by incorporating equity considerations into SSMCP decision-making and initiatives by engaging with key community members and stakeholders and creating a plan to identify opportunities for future action.

SSMCP Working Group

All working groups

Implementing Partners

Association of Defense Communities (ADC) and JBLM

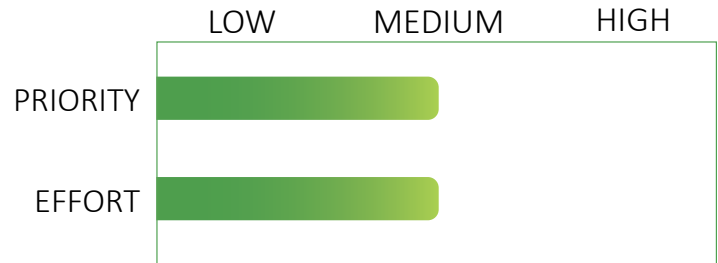
Timeframe

Near-term / Ongoing

Action Steps

Task 1: Incorporate equity considerations in community decision-making

- Invite members of equity-focused organizations to serve on SSMCP committees.
- Invite active-duty service members, Veterans, and military spouses/domestic partners to serve on SSMCP committees.
- Develop language for future scopes of work/RFPs to require consideration of equity issues in future SSMCP studies.



Task 2: Consider conducting local surveys and listening sessions

- Reach out to ADC for more information about how to plan and execute local surveys and/or listening sessions.
- Identify funding sources that could help support outside consultants to conduct the surveys or lead the sessions, if needed.
- Consider how to integrate feedback from surveys and listening sessions into future SSMCP initiatives.

Task 3: Develop a strategic roadmap for diversity, equity, and inclusion (DEI) initiatives

- Consider hiring an outside consultant experienced with DEI initiatives to lead discussions that would inform a strategic roadmap for SSMCP.
- Develop the strategic roadmap for DEI initiatives with the assistance of key stakeholders.

Funding Opportunities

There are several grant opportunities available to support racial equity. The Washington State Office of Equity may be aware of additional funding resources available at the state level, such as the Washington Equity Relief Fund for Nonprofits and others.

Other Resources

ADC's One Military, One Community Initiative website: <https://defensecommunities.org/onecommunity/>

Understanding Diversity, Equity, and Inclusion in Defense Communities Report (ADC): <https://defensecommunities.org/wp-content/uploads/2021/03/Understanding-Diversity-Equity-and-Inclusion-in-Defense-Communities.pdf>

Video on Northern Virginia Listening Sessions, conducted in collaboration with ADC: <https://www.youtube.com/watch?v=2rT3VaWgYao>

Northern Virginia draft DEI roadmap: <https://www.novaregion.org/DocumentCenter/View/13131>

Summary

While many SSMCP initiatives either directly or indirectly support racial and socioeconomic equity, there is a desire by many SSMCP stakeholders to promote equity more explicitly throughout all SSMCP efforts. There are tangible and concrete ways to apply an equity lens to future SSMCP efforts, but it will require collaboration among many partners working in various focus areas: education, housing, healthcare, transportation, and environmental sustainability, among others.

Fortunately, the ADC has a host of resources available for community organizations who want to promote diversity, equity, and inclusion within defense communities. Its "One Military, One Community Initiative" aims to identify and remove structural barriers to equity in defense communities. A study completed in March 2021 reported the results of a survey of active-duty service members, Veterans, and military spouse/domestic partners that asked about their perceptions of belonging, acceptance, support, racial and ethnic inclusiveness, and safety

within their communities. The study found that, on the whole, non-white respondents felt less safe and less supported than white respondents in off-base communities.

The study also identified strategies for defense communities to address structural barriers to equity, including conducting local surveys and listening sessions, developing a strategic roadmap for DEI initiatives, and incorporating equity considerations in community decision-making. The sections below outline how the SSMCP could adopt these strategies in the context of its existing initiatives. At this time, the SSMCP has made the decision to delay implementation of ADC initiatives that include surveys and listening sessions until such time as the Department of Defense and JBLM provide full support to these steps. However, there are other general equity measures that SSMCP can implement with low effort while continuing to work with JBLM on any future specific engagement efforts.

Task 1: Incorporate equity considerations in community decision-making

ADC recommends that community organizations consider the following factors in their decision-making processes:

- The diversity of individuals serving in decision-making roles in the community
- The way in which resources and services are promoted and offered in proximity to those who need them most
- The populations that are adversely impacted by racial/ethnic disparities in the community
- The extent to which community programs and policies are intentionally transformative and equitable

Inviting members of equity-focused organizations, active-duty service members, Veterans, and military spouses/domestic partners to serve on SSMCP committees will help inform committee efforts by taking advantage of their unique perspectives, experiences, and connections to diverse populations. SSMCP can work with JBLM and other key stakeholders to help identify potential committee members.

Including language in future SSMCP scopes of work/RFPs is another way to ensure that future SSMCP decision-making considers issues related to DEI, and that the resulting actions meet DEI goals. The directives could include a requirement to examine the impact of a study's recommendations on historically underserved populations or neighborhoods.

Action Items:

- Invite members of equity-focused organizations to serve on SSMCP committees.
- Invite active-duty service members, Veterans, and military spouses/domestic partners to serve on SSMCP committees.
- Develop language for future scopes of work/RFPs to require consideration of equity issues in future SSMCP studies.

Task 2: Consider conducting local surveys and listening sessions

Conducting surveys and listening sessions at the local level would allow SSMCP a greater understanding of any unique structural barriers to equity within the region. This information could illuminate opportunities for action of which SSMCP was not yet aware or help focus current SSMCP initiatives. ADC will be a key partner for this work, as it has resources to share and can help SSMCP determine the amount of cost and effort needed for both the surveys and listening sessions.

Action Items:

- Reach out to ADC for more information about planning and executing local surveys and/or listening sessions.
- Identify funding sources that could help support outside consultants to conduct the surveys or lead the sessions, if needed.
- Consider how to integrate feedback from surveys and listening sessions into future SSMCP initiatives.

Task 3: Develop a strategic roadmap for DEI initiatives

After engaging in Tasks 1 and 2, SSMCP will be well-equipped to consider how to continue engaging in DEI efforts throughout the region. SSMCP should consider the South Sound region's unique characteristics and needs, the results of any surveys and/or listening sessions, and feedback from key stakeholders when considering its path forward. An outside consultant may be desired to help serve as an unbiased moderator for discussions.

Given that the SSMCP is already committed to initiatives that support equity, the roadmap may simply help identify ways to promote equity within existing initiatives. It could also serve as an addendum to the GCP.

Action Items:

- Consider hiring an outside consultant experienced with DEI initiatives to lead discussions that would inform a strategic roadmap for SSMCP.
- Develop the strategic roadmap for DEI initiatives with the assistance of key stakeholders.

It will be helpful to identify opportunities to promote equity early on in working towards other SSMCP goals. The level of effort required is medium because while the SSMCP would be leading the majority of efforts associated with this task, the action items do not require an excessive amount of effort or cost. Most action items could be accomplished within the short term, but implementation will continue into the long-term.



How to Measure Success:

Near-term: SSMCP will target members of relevant equity-centric organizations to fill committee positions.

Mid-term: Using precise and replicable methodology, SSMCP will identify disenfranchised communities and target implementation to increase impact of programming across all working group actions. Other regions can provide resources for evaluation of regional success, such as the City of Tacoma's Office of Equity and Human Rights or Northern Virginia's DEI Roadmap.

Long-term/Ongoing: As JBLM and the DoD roll out their own equity plans and programs, the SSMCP will endorse and support these efforts. Ongoing data evaluation and community surveys will be advocated for as a means of monitoring success.

Equity will also be a lens through which every working group can identify how their actions align with SSMCP's equity work.

