NATIONAL RESOURCE ON
MILITARY-CONNECTED FAMILIES AND THE COURTS

BETTER TOGETHER

A Behavioral Health Services Mapping Guide for Courts and Military Installations

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NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES

This publication of the National Council of Juvenile and Family Court Judges (NCJFCJ) is made possible by the State Justice Institute (SJI). The toolkit publication was developed under grant award number SJI-23-P-040 from the State Justice Institute. The points of view expressed are those of the authors and do not necessarily represent the official position or policies of the State Justice Institute or the NCJFCJ.

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Suggested Citation:
Blomquist, M., Bowman, S., Brindisi, K., Ely, C., Johnson, C., List, A., Preston-Haynes, F., Romero, J. (2026). Better Together: A Behavioral Health Services Mapping Guide for Courts and Military Installations. Reno, NV: National Council of Juvenile and Family Court Judges.

Acknowledgments:
The NCJFCJ would also like to thank members of the NCJFCJ Military Committee for their support and assistance with the production of this toolkit. NCJFCJ staff are especially appreciative of the assistance provided by Military Committee members Judge Kathleen Quigley and Judge Jason Fleming for hosting NCJFCJ staff visits to communities and neighboring military installations in Pima County, Arizona, Christian County, Kentucky, and Montgomery County, Tennessee. Civilian personnel working with the Pima County, AZ Superior Court, the Tucson/Pima County Regional Veterans Treatment Court, the Tucson City Domestic Violence Court, the Tucson City Mental Health Court, the Christian County, KY Family Court, and the Montgomery County, TN Chancery and Circuit Court, civilian personnel with behavioral health services in Tucson, AZ, Hopkinsville, KY and Clarksville, TN, and military personnel with the Davis Monthan Airforce Base and Fort Campbell all generously contributed their time and expertise to assist project staff in learning about current practices as well as needs relating to behavioral health services for military-connected families living in their community. NCJFCJ is grateful for their candor and expertise. The staff team who authored this publication would like to acknowledge the 2021 NCJFCJ publication Targeted Resource Mapping Toolkit: Mapping Resources Along a Continuum of Services to Address Substance Use Disorders as the foundation for the resource mapping process used for this publication.

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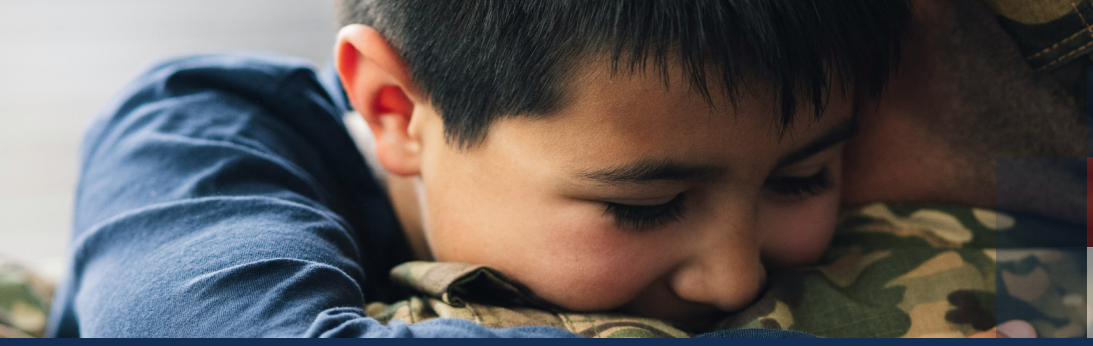
Foreword

There is a saying in military culture: "when one member joins the military, the whole family serves." Orders from military command to relocate to a new installation and community, to receive an assignment that involves danger or uncertainty, to be away from home for extended periods of time for training or duty in a conflict zone, or to prioritize service to country over personal or family goals or plans impact not just the service member but all of the family. Family members are affected when their loved one has behavioral changes from experiencing trauma and injury due to their military assignment. While all family members may experience stress, grief, and loss under these circumstances, each member may do so in different ways. Military-connected family members also face barriers to behavioral health services due to or exacerbated by the demands and culture of military life. When handling juvenile or family court matters that involve military-connected families, judges must discern the unique needs of each impacted family member and determine the best path to behavioral health resources for positive outcomes.

Juvenile and family court systems are generally familiar with behavioral health services available in their communities and with the steps for service access by court-involved civilian families. This guide is designed to assist courts to work with civilian treatment providers and military personnel to become familiar with the distinct behavioral health needs, services, and barriers affecting military-connected families and to minimize those barriers. Families benefit when judges exercise judicial leadership to convene stakeholders to promote collaboration between military systems, neighboring military installations and community groups. Working together develops opportunities for understanding each system and can promote better outcomes for service members and their families.



Introduction

While behavioral health crises and needs can occur within any family and in any community, military-connected families are more exposed to behavioral health risks by the very nature of military service and military culture. This includes frequent relocations, which disrupt education and social networks,[1] and deployment that causes stress and anxiety about safety and well-being for both service members and their families. The fluctuation in economic resources and constant adjustments involved with frequent moves may impact access to essential services and may also hinder requests for critical support, such as behavioral health services. Involvement in military life and its demands can often leave military families feeling isolated and overlooked. Although military families have access to various support services-such as counseling, financial aid, educational resources, and emergency assistance,[2] the stigma and fear they encounter when seeking these services often deter them from utilizing the help they desperately need.[3] Additional stressors occur when military-connected families become involved in a juvenile or family court system which does not always understand the impacts of military service on their behavioral health or treatment needs.

The National Council of Juvenile and Family Court Judges (NCJFCJ) has created this *Behavioral Health Services Mapping Guide for Courts and Military Installations* in an effort to bridge the gap between the military system, the civilian justice system, and behavioral health service providers regarding the behavioral health needs of military-connected families. As used in this guide, the term "military-connected families" refers to families that include service members, military spouses, military children, military dependents, military caregivers, and cohabitating partners of military service members.

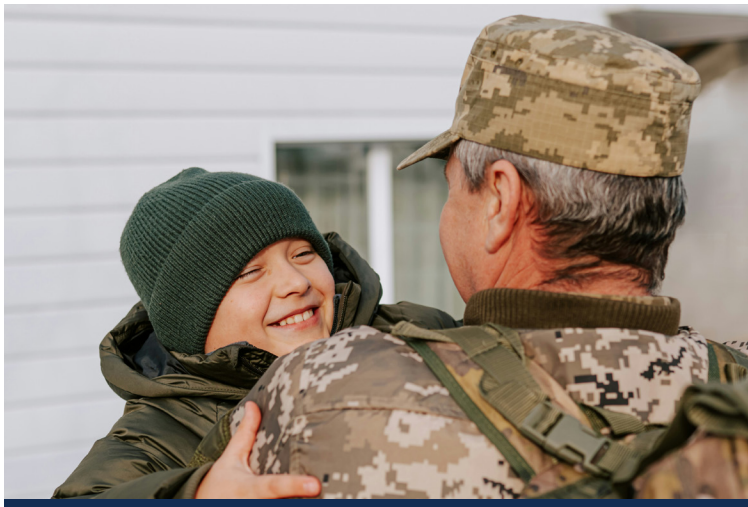
The guide is intended to bring together individuals from various systems to learn about and map out the behavioral health services available to service members and their families in their respective jurisdictions. It is hoped that engaging in resource mapping and developing and maintaining cross-system communication and collaboration will help increase support that military-connected families need and deserve and decrease barriers that undermine their ability to benefit from this support.

This guide is recommended to be utilized by judges, juvenile and family court professionals, military installations, and behavioral health providers to identify and map behavioral health resources accessible to military-connected families through their military service, the justice system, and local community programs. The mapping exercise will also provide an opportunity to identify gaps in services and discuss how these gaps could be addressed. The guide provides generally applicable guidance and steps for collaboration on resource mapping for behavioral health services. The culture, practices, and resources of every civilian community, court system and military installation vary. Courts and the judicial leadership in each jurisdiction are encouraged to learn about the specific services and culture of the specific installations they collaborate with and to pursue regular cross-communication and exchange.

Guide Background

For two decades, the NCJFCJ has focused attention on the complex needs of military families involved with juvenile and family court systems. In 2011, the NCJFCJ Board of Directors passed the resolution, *Regarding Judicial Education on Military Issues*. In the resolution, the NCJFCJ commits to collaborating with allied organizations to develop training and technical assistance materials to improve practice in cases involving military service members, returning veterans, and their families impacted by military service. As part of the resolution the NCJFCJ encourages the exercise of judicial leadership by convening local stakeholders and community groups to improve and enhance system responses to the specific needs of military service members and their families involved in civilian court proceedings. In 2018, the NCJFCJ received funding from the State Justice Institute for an initiative to increase the effectiveness of juvenile and family courts in cases involving military-connected families, increase collaboration between civilian and military personnel to resolve case processing issues, and promote judicial leadership to convene stakeholders to form collaborations. The NCJFCJ continues its commitment to providing resources for judges and courts handling cases involving military-connected families with the development of this *Behavioral Health Services Mapping Guide*.

In addition to the guide, the NCJFCJ has created several other resources that courts and the stakeholders they collaborate with may find useful to resource mapping. These resources can be found at the NCJFCJ's webpage, National Resource Center on Military-Connected Families and the Courts - NCJFCJ, and include *A Judicial Resource Guide on Military Families and the Courts*, 23NCH010-Judicial-Resource-Guide_FINAL.pdf, *A Template Guide for Developing a Memorandum of Understanding Between a Military Installation and a Court* Military-Families-Project-MOU_Final.pdf, and benchcards for handling military-connected family cases that involve protection orders, child abuse or neglect, or juvenile offending, Military Families and the Courts - Bench Card Resource Packet - NCJFCJ .



National Resource Center

Setting the Groundwork/Foundation

Behavioral health services are best known for addressing mental health issues, substance use disorders and promoting wellness. While the focus is mainly placed on preventative and point-in-time interventions to improve quality of life, behavioral health is also concerned with building connections. Connection is a highly effective intervention and is fundamental to well-being. Research shows that increased well-being is strongly related to connection with others.[4] The reverse is also true with a correlation between poor life satisfaction and disconnection.[5] The natural consequences of unmet behavioral health needs, isolation and disconnection, are rooted in fear of repercussions, stigma, and the loss of connections. This ironic phenomenon only compounds the stress of those in crisis or need and furthers their path into disconnection.

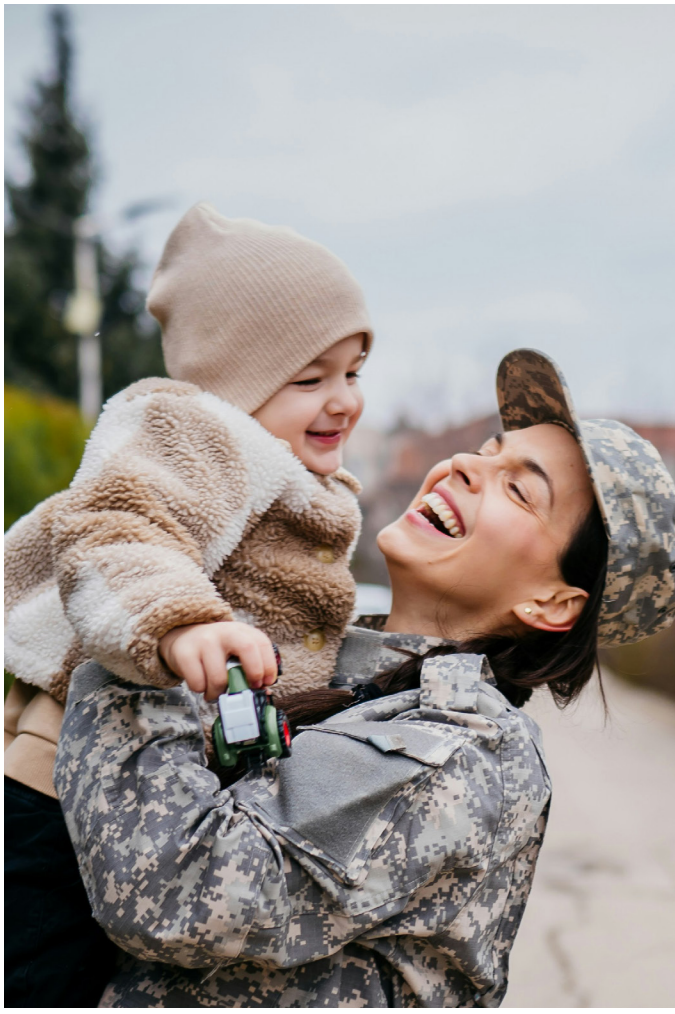
The concept of connection is not new to military families; in fact, communities for military service families are uniquely built for and around helping families create new connections and/or maintain connections once they are military involved.[6] Building resiliency through social support is the essential foundation for military family wellness and directly aligns with the premise for behavioral health interventions.

Establishing connections that align along a continuum of needs is of upmost importance during the onset of a behavioral health issue or crises. Whether it is linking families to compassionate providers or connecting individuals or families within their community for support, communication and relationships become the central link to positive outcomes. When court personnel, civilian treatment providers, and military installation personnel collaborate on resource mapping for behavioral health services, they create an important framework for cross-system infrastructure and connection that is needed to facilitate and enable military families and the individuals in those families to experience ready-made connections and supports. Cross-systems work to create the infrastructure and processes for connecting individual families to the supports that they need, when they need them, with enabling services (e.g., such as transportation, child care, health care insurance approvals), reduces the work of families themselves to overcome their own the isolation and alienation that may be part of the behavioral health crises they are needing help to address.

Communication

Communication in a system is critical in any form. It is an even more important tool when multiple complex systems are involved in an endeavor, such as connecting behavioral health services to individuals and families. Unfortunately, for many reasons, communication amongst systems is often lacking and information and knowledge often remain siloed within a specific system. Creating a process or tool, such as resource mapping, and including members from each system can help open those lines of communication. Individuals from each system can communicate about their respective services, processes, and roles in addressing the behavioral health needs of military connected families. When mapping behavioral health resources for military families, it is important to consider how the various systems intersect with one another: the family system, the military system, the behavioral health system, and the justice system.

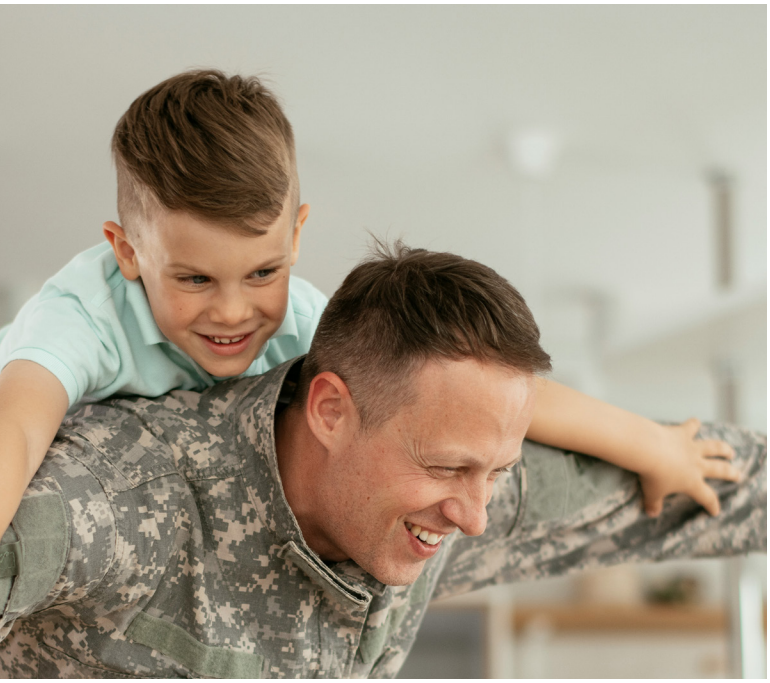
Efficient communication can lead to smooth transitions that allow military-connected individuals involved in the judicial system to move easily between services, keeping their treatment plan consistent, and setting them up for successful compliance of court orders by creating realistic timelines and expectations. Sharing information helps make the best use of resources during crises, leading to faster, more effective actions. Clear communication ensures that everyone involved is aware of an individual's mental health status, especially when legally relevant. Continuous communication allows for regular check-ins and support, which can help prevent future problems; joint training improves understanding of each system, leading to better cooperation and empathy; and resource awareness ensures that military-connected families know about available support and resources. Communication across these systems is imperative as it directly impacts safe, appropriate, and aligned services that inform and streamline goals, set expectations, create orders, and shape treatment plans. Effective communication is imperative for quality of care, safety, and success.



Military Family Behavioral Health Needs and Services in Context

Military Service and Family Life

Military-connected families, and families with members who serve in the National Guard and the Reserves, navigate two worlds filled with different activities, obligations, expectations, and opportunities: the civilian world that all families experience, including being court-involved, and the military world which can be more restrictive and proscriptive. Compared to 40 years ago, the number and percentage of the U.S. population with experience serving in the military or being military connected has dropped markedly. In 1980, about 18% of U.S. adults were veterans. This fell to 6% in 2022. In 1968, there were 3.5 million activity-duty service members. In 2026, there are about 1.3 million. Active-duty service members comprise less than 1% of all U.S. adults.[7] Many civilians, including those working in the court system and in behavioral health may know little, if anything, about the demands or culture of military service and life. Several military system requirements and activities affect the behavioral and mental health of military-connected families and may impact their treatment needs as well as their ability to access and benefit from treatment. What follows are aspects of military service and life that are important for court and civilian providers to know.



To ensure that active-duty service members, the Reserves, and the National Guard are able and ready to deploy at a moment's notice, the federal government has broad authority over the lives of service members and their dependents. Under this concept of "mission readiness," active-duty members are obligated to take assignments anywhere they are needed and often at short notice. Some assignments, such as deployment, may only require the service members to leave, while others may involve a more long-term relocation of the entire household. Further, national security concerns may limit how much family members even know where their active-duty parent/spouse is while deployed, or for how long.

Stressors of Military Service

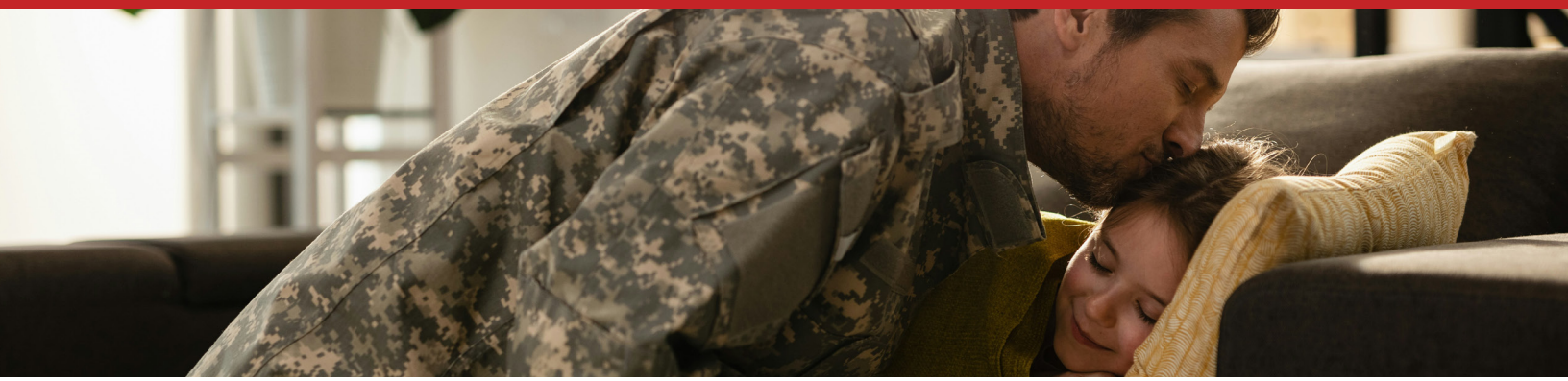
Mission readiness, the 24/7 authority of the military employer over the lives of service members and their families, and constant relocations create stressors that have consequences to the behavioral and mental health and needs of military-connected families that civilian families generally do not face. The military does provide families with a range of support for housing and managing the logistics of moves and settling into new assignments and locations. However, frequent moves impact a family's social support, financial resources, and interpersonal relationships.

▪ Disruptions

Moves due to changes in duty stations often involve finding housing off base in a new community (most military-connected families live off base)[8] and registering children in a school in their new location.[9] Each year, one-third of the active service member population moves.[10] Military children on average move six to nine times during their K-12 years.[11] This results in military children having to change schools three times more often than civilian peers.[12] This means on a routine basis, that children need to say goodbye to friends and schoolmates and make a whole new set of friends. If the move is during the school year, they may also need to navigate a learning curriculum that may not integrate well with that of their old school. Parents must find a new support network, including medical care providers, childcare providers, faith communities, and recreational programs and youth activities. Moves may also result in unemployment or underemployment for spouses who lack access to childcare or encounter employers looking to hire only those who they can count on for an extended period.[13] Spouses with occupational special training or licensing may face additional barriers.

▪ Separation from Loved Ones

Deployment has significant impacts on interpersonal relationships, attachments, family roles, and dynamics.[14] For two-parent families, the spouse takes on full-time parenting and full-time household responsibilities while the serving member is away. For single parent service-members, other family members or friends may have to step into the role of guardian during deployment which could require yet another relocation for children.

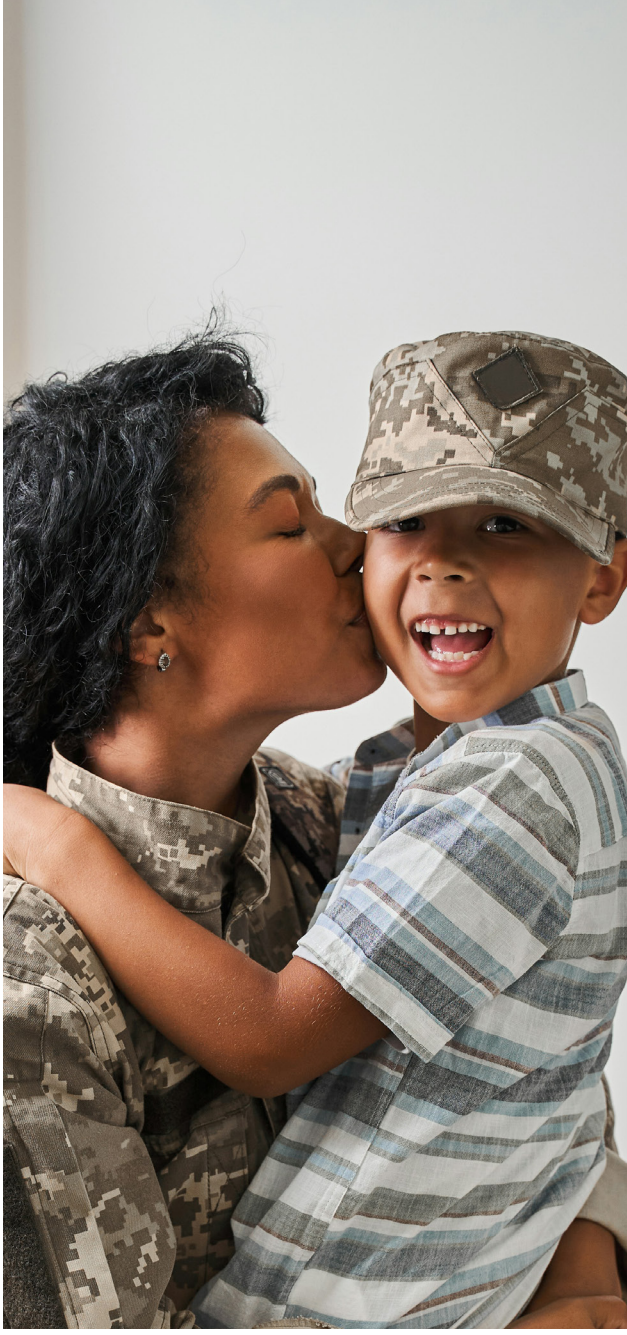


Behavioral and Mental Health Issues

Having a parent away for any amount of time may strain the child–parent bond and attachment. In addition, when a parent is deployed to a location and assignment that carries danger, children and spouses can experience anxiety, depression, and worry about the well-being of the service member. Spouses and children can develop new or intensified mental and behavioral health needs during deployment.[15] At the same time, they may have fewer practical/logistical resources (e.g., childcare, transportation, finances) that affect receiving proper diagnoses and treatment.

When a service member returns home, the family must make further adjustments in roles and relationships. If the service member's deployment involved physical or moral injury, their return may carry new demands and stresses relating to the medical and behavioral health needs of the service member.[16] Deployments that place service members in danger zones and require long or multiple stints away from home and loved ones may create acute stressors to their emotional, psychological, and physical well-being. Post Traumatic Stress Disorder (PTSD) and depression are prominent mental health conditions that affect service members.[17]

Families need comprehensive emotional support, educational resources, deployment support, peer support for both service members and their family, and counseling to cope with the constellation of stressors that can affect the behavioral health of each member.



Barriers to Mental and Behavioral Health Treatment and Services

Unfortunately, there are several barriers that may keep a service member or their family from seeking help. These include military culture and values, attitudes about behavioral health and treatment, career concerns, and treatment access.[18] Service members may interpret the military culture and values of being self-reliant, tough, loyal, and team orientated as meaning that they should be able to handle their stress and emotions on their own. They may fear that seeking and engaging in treatment will carry stigma along with it and reflect poorly on their ability to perform their duties in the military which may jeopardize promotions and career prospects in the military.[19]

Service members may perceive a "disconnect" between the military world and the civilian world and feel that civilian treatment providers, in particular, may not understand the obligations and expectations of military service where a top priority is placed on performance. They may also feel a civilian cannot truly appreciate the experiences of someone deployed to an active war zone.

Service members are required to undertake pre-and post- deployment assessments and must complete treatment, if needed, before a new assignment.[20] Because the results of these assessments can affect their "readiness to serve" status, service members may be less forth coming in reporting symptoms or needs. Military medical and behavioral health care providers, who are themselves aware of the importance of being "mission ready," may be reluctant to provide a diagnosis or treatment that reflects the true needs or conditions of the service member, worried that to do so would jeopardize the service member's military standing and promotion opportunities.[21]

On the other hand, service members may be open to receiving care but find that accessing appointments and treatment sessions, and/or medication is time consuming, does not fit with their assignment schedules or locations, or has undesirable side effects.[22] In the location of their deployments, service members may have no, or limited, access to behavioral or mental health treatment services or providers.

Protective Factors that Support Behavioral Health and Treatment

At the same time that military service and lifestyle may increase behavioral health issues, being military-connected does offer some protective factors for addressing behavioral health needs. Through serving one's country, service members and their families connect with a shared culture, values, life purpose, and identity that also can be seen as supportive of pursuing and maintaining mental and behavioral health. Being mission ready and able to fulfill commitments related to service, loyalty, perseverance, teamwork, and playing one's part in a larger enterprise requires wellness and being fully functioning, capable, and trustworthy. Undiagnosed and untreated depression, anxiety, and other trauma-related symptoms can be counterproductive to mission readiness. Such conditions and symptoms can impinge judgment, decision-making, and jeopardizing the mission readiness of an individual service member and the safety of other service members who rely on them.

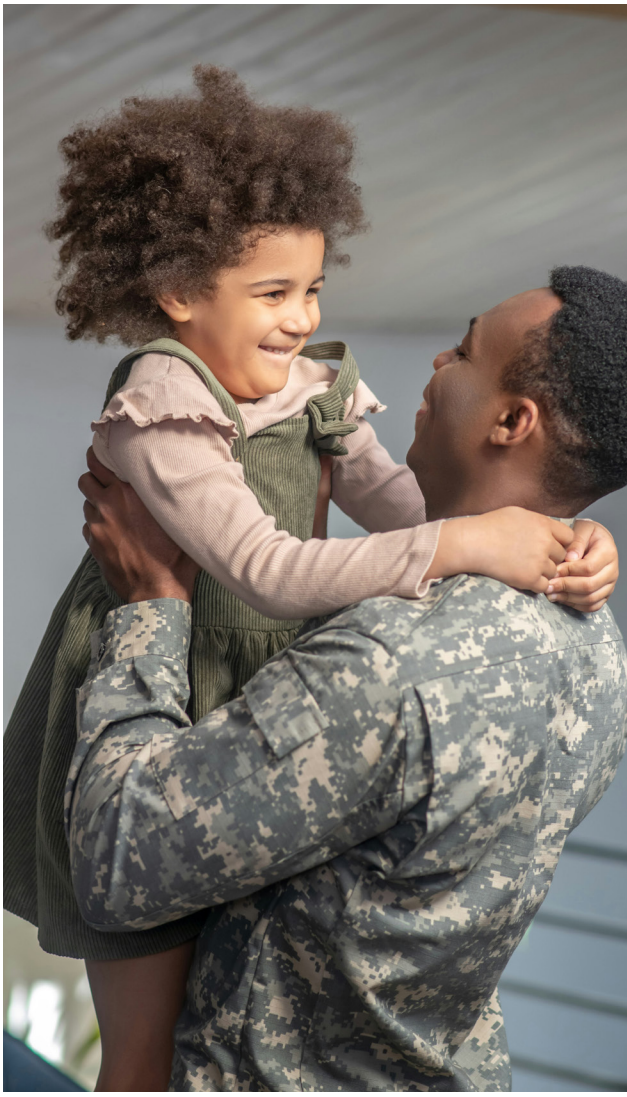
Concerns over the mental and behavioral health of family members can also distract service members from being fully present and focused on their mission and job performance. Conversely, knowing that appropriate services and support are available and being provided to their family members can contribute to a service member's clarity of mind and ability to perform their duties.

Another protective factor that may support military service members and their families seeking out and using behavioral health supports is the premium that the military culture places on respecting and looking up to individuals with practical expertise and tested credentials. Training, skill, and expertise are valued in the military. Individuals with expertise and training in mental and behavioral health and treatment are a category of professional individuals that service members can learn and benefit from as well. These skills may not have visible manifestations like the other skills service members use in performing mission-related tasks and logistics. However, they make possible the thinking, demeanor, and focus that service members need to serve their unit, their country, and their family. Knowing of and appreciating the unique stressors, as well as the protective factors affecting military-connected families, can help courts and behavioral health providers better relate to these families and provide support and recognition that will resonate with them.

The Importance of Including Voices of Military-Connected Families

Individuals with firsthand experience have practical insights that are important to include in advocacy efforts for mental health practices and improvements in laws and policy reform.[23] They bring contextual understanding, various nuances of experiences, and effective and relevant solutions to the issues. When individuals with firsthand experience are included in efforts to identify and address matters affecting them, they empower themselves as well. They become important agents of change and control in their own lives and in their experiences interfacing with systems that exert control over their lives as well.

Stakeholders can elevate the needs of military-connected families and ensure their voices are heard by engaging them regularly. Engagement should extend beyond the military-connected families themselves; it should also include military leadership and command, healthcare providers, educational institutions, employers and business communities, faith-based organizations, advocacy groups, nonprofit organizations, research, and academic institutions in the discussion. Such discussions foster a more inclusive and comprehensive understanding of each sector, ultimately enhancing the support and success of military-connected families' needs.



Understanding the needs of military-connected families is vital to developing effective support services. Engaging these families in the decision-making process ensures that their unique challenges are recognized, understood, and addressed. Military-connected families need and deserve individualized tailored services. But beyond advocating for themselves, military family participation is vital to the identification of gaps in services and support. Key stakeholder involvement alongside the incorporation of military-connected voices not only enhances the relevance and effectiveness of services but ensures a comprehensive approach to addressing their needs.

Five-Step Behavioral Health Services Mapping Process

What follows are concrete steps and actions for judges, military command personnel, and civilian community leaders involved in behavioral health care to employ together to map behavioral health services that are accessible and needed by military-connected families in their jurisdiction.

▪ Step 1 – Build a Targeted Resource Mapping Team

Building a collaborative team is the first and most important step to successfully mapping the existing services in your community, both on installation and off, and developing a plan to sustain the companion resource directory. Therefore, it is very important to begin with a multi-disciplinary, committed team. The team should be judicially led and composed of various court and military stakeholder agencies, service providers, and others who are familiar with the landscape of behavioral health services for service members, their spouses, and their children.

To ensure that the workload is not placed on just a few shoulders, the ideal team should be composed of five to seven members including:

- Judicial officer(s)
- Juvenile and family court professionals who serve justice-involved families
- Leadership from the military installation(s)
- Family Advocacy Program staff from the military installation
- Behavioral health services staff from the military installation and from community-based programs
- People with lived experience in the military system, either as a team member or in an advisory capacity to the team

When working with military-connected families, it is important to consider not just services for service members themselves, but also services for their adult and minor dependents. Consider adding members to your team who might help identify services appropriate for dependents as well as for the diverse populations that make up your community based on race, ethnicity, culture, spoken languages, sexual orientation, etc.

When recruiting team members, be upfront and realistic about the amount of time, effort, and commitment each person will be expected to contribute as a member of the team. Developing and sustaining a resource map and directory is an ongoing process that will take continued innovation, work, and dedication which requires additional time to complete tasks outside of scheduled meetings. Setting expectations early will help team members manage their existing work commitments.

▪ Step 2 – Develop a Targeted Map

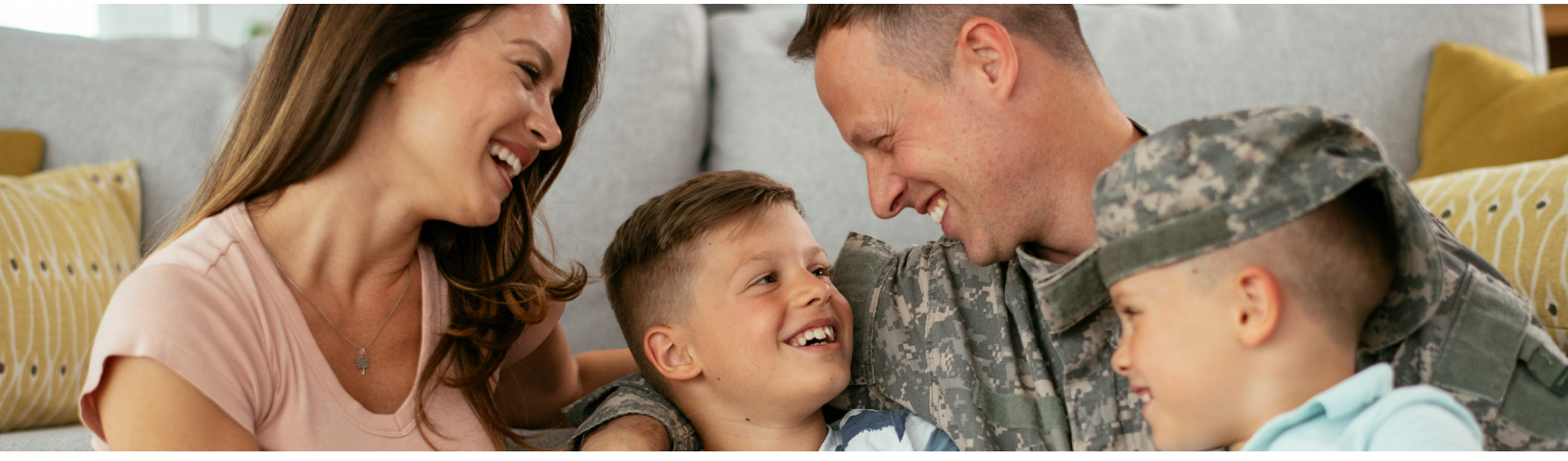
The resource map is designed to engage team members in conversations about the availability of services for service members, their spouses, and their children to address their behavioral health needs. As used in this guide, the term "services" refers to providers, programs, and interventions to which service members, their spouses, and their children can be referred. Resources include programs or practices that are available on a broader community level. The service categories include adult and youth behavioral health services, military-specific behavioral health services, substance use treatment, parent and family support programs, and domestic violence. Each category will include many different service types. These types help identify specific services within each category. For example, under substance use treatment, service types may range from inpatient to outpatient therapy programs. It is also important to consider types of services, such as transportation and childcare, that may be necessary to enable individuals to access behavioral health services. For the purposes of this guide, categories of services include, but are not limited to:

- **Adult Behavioral Health Services**
  These services support individuals with behavioral health disorders to manage their symptoms and includes assessments, therapy, and medication management.
- **Domestic Violence**
  These services should address safety concerns and therapeutic programs and services.
- **Military Specific Behavioral Health Services**
  These should include treatment and intervention strategies for service members who want to receive services on base. Additionally, these behavioral health services should also focus on concerns specific to service members, which can include deployment-related services.
- **Parent and Family Support Programs**
  These supports and services should focus on the needs of the family as a whole.
- **Substance Use Treatment**
  These should include an array of treatment services and interventions with a primary focus on treating substance use disorders, providing both acute stabilization and ongoing treatment. It is important to identify services for both adult and youth populations.
- **Youth Behavioral Health Services**
  These services should focus on the behavioral health needs of children and youth both on and off base. This can include services through school, behavioral health assessments, and individual therapy. Considerations should be given for services for youth with neurological disorders and learning disabilities.

Meeting Planning

The team should develop a schedule of meetings to ensure progress is made in a timely manner. In the initial meeting, the team should review the tools and ensure members are aware of the purpose and intended use of the tools. It is also a great time to make sure the team has sufficient representation from the military and civilian communities to identify the service types in each column of the resource map and any barriers that may exist to accessing them. During the initial meeting, it is also important to define the geographical boundaries within which you will identify services. This may be based on county boundaries depending on the number and size of the jurisdictions surrounding the military installation or based on what is a reasonable amount of time that children and families can be expected to travel for the services needed.

MEETING	FOCUS
Meeting 1	Team member introductions; review previous resource maps, resource directory, and action plan tools; identify community and military culture considerations; and identify existing directories that may be helpful. Develop a sustainability plan.
Meeting 2–3	Document existing resources on the resource map. Use existing directories as a starting place.
Meeting 4–5	Gather program and provider details to complete the resource directory.
Meeting 6	Finalize the resource directory. Develop versions for posting on website (Excel) and sharing with stakeholders (PDF).
Ongoing Meetings	Discuss gaps in services and strategies to address gaps. Monitor progress on action plan and sustainability efforts. Implement and monitor the sustainability plan to ensure routine updates of the resource map and resource directory.



Over the course of several meetings, the team should engage in conversations around the availability of service types within each service category and document the name of the provider in each row. It is important to focus on the actual service provider name while completing the map, as many providers offer numerous separate programs. The companion resource directory will help distinguish between providers and specific programs. The above meeting schedule may be helpful to your team in making progress and is flexible based upon the size of your community (i.e., you may need more or fewer meetings to complete tasks).

While developing the resource map, it is common for the team to be unsure if a service type exists in their community or what the name of a provider is. When there are uncertainties, it is best to assign follow-up tasks to team members to answer these questions. During the next meeting, team members can report on their findings and fill in areas of the resource map as appropriate.

It is likely that your team will identify gaps where no services could be identified in the community for certain service types. This is one of the purposes of engaging in Targeted Resource Mapping. It is useful to be aware of service gaps and develop a plan on how to respond. Once your team has completed the resource map, it is time to develop the resource directory.

■ Step 3 – Develop a Resource Directory

The resource directory is the final product of the team's effort to map and identify behavioral health services for military-connected families involved in juvenile and family courts. It provides more useful information about each of the service providers identified on the resource map and includes contact information for each service provider and other important information to help select the most appropriate service(s) for youth and families such as eligibility. The resource directory template provided is flexible. Your team can add additional details for each program that may be helpful and informative to users of the resource directory. It may be helpful to have two forms of the final resource directory: an internal version in an Excel spreadsheet that makes it easy to sort and find particular services; and a version for disseminating that is completed in word or PDF format.
Helpful information may include:

- type of service, referral process
- whether services are provided in person or virtually
- whether they are available on base, off base, or both
- what level of confidentiality clients can expect and any limitations or exceptions
- forms of payment or insurance accepted, including TRICARE
- whether providers are willing to submit reports or testify in court
- any session or service limitations
- whether civilian providers are knowledgeable of military culture.

Most of the work to complete the resource directory will be done outside of the team meetings as it requires a lot of searching for and documenting provider and program details. The most common way to gather this information is through a combination of existing information, internet searches, and phone calls to the providers. In many cases, team members have access to, or are aware of, other types of directories that may include information on existing behavioral health services in the community and through the military installation, which can help save time completing the directory.

Simple internet searches often reveal important contact and program details that are helpful, and a brief phone call to the provider can help collect additional information. Other innovative approaches to gathering this information include creating a survey that asks all the questions from the resource directory and sending it to each provider to fill out. The survey responses can quickly be exported to create a resource directory. This task could be assigned to a college student intern if available.

▪ Step 4 – Identify and Target Service Gaps

One of the goals of engaging in Targeted Resource Mapping is to identify service gaps to address the behavioral health needs of service members, their spouses, and their children. Service gaps are common as most courts and communities struggle with a lack of behavioral health services or resources. Gaps may exist because the service type does not exist at all or there are not enough providers in that space to adequately meet the needs of service members, their spouses, and their children. As you work to complete the resource map, pay attention to areas that are left blank or that have few resources identified. In addition, engage your team in conversations about service gaps from their perspective or additional barriers to accessing existing services. To help identify service gaps and barriers to existing services, consider the following questions:

- Are there any blanks in the resource map indicating a missing service?
- Does eligibility criteria limit services to those in need of services in the community or through the installation?
- Are there off-base/community services available to service members who would prefer to seek help outside of the military community because of perceived military stigma?
- Are there sufficient services for a particular high need (e.g., inpatient substance abuse treatment or evaluative services)?
- Are there services to respond to the needs of service members, their spouses, and their children individually? (e.g., are there substance abuse treatment options for dependents?)
- Are there services to respond to the unique needs of the population based on race, ethnicity, sexual orientation and gender identity, abilities, etc.?
- Are there long waiting times to access a service? What is the current capacity of services?
- Are there barriers to receiving services due to transportation, costs, types of payment accepted, TRICARE acceptance, etc.?
- Are the services evidence-based and trauma-informed?

- Can the service or program provide outcome data?
- If services or treatment are court ordered, does the provider meet statutory or court requirements?

Once gaps have been identified during the mapping process, it is important to begin efforts to address and attempt to fill them. Your team can use the template provided in this guide (Resource Mapping Tool) to develop an action plan that identifies clear goals and action steps to help reduce service gaps and includes meeting regularly to monitor progress of the plan. For example, if the team is uncertain of whether an identified program is still providing certain services in a particular area, an action item may be assigned to a team member to follow up with the program to check on the accuracy of the information. Depending on the number of gaps identified, you may need to prioritize which gaps to target first based on achievability, amount of effort necessary, and community needs. Common goals or strategies that may help address service gaps include:

- Expanding your search efforts beyond the team members to double-check for specific service types; It is possible they exist, but your team is not familiar with them
- Exploring funding opportunities that may expand current services or help start new services
- Engaging current service providers to see if they can fill identified gaps

▪ Step 5 – Use and Sustain the Resource Directory

Engaging in Targeted Resource Mapping and developing a companion resource directory helps take valuable knowledge on military and civilian community resources and services from individual silos and documents and places them into a centralized resource. This information can be viewed, shared, and used by the court and stakeholders to improve the lives of children and families connected to the military. The resource directory is a valuable tool to help judges, attorneys, social workers, probation, family advocacy program staff, victim advocates, and other stakeholders become more aware and knowledgeable of the nature and types of services and resources available for those with behavioral health needs. The resource directory is also a valuable tool to help identify appropriate services to refer service members, their spouses, and their children. Below are some roles for individual stakeholders during the development of the directory.

Judicial Officers

- Convene stakeholders and providers to build relationships
- Advocate for necessary services in the community to address gaps
- Advocate for use of evidence-based programs and practices

Parent and Child Attorneys

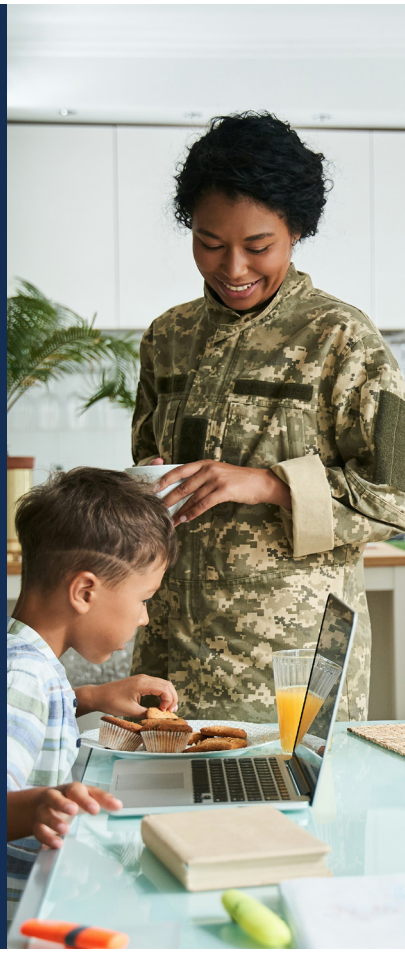
- Engage children and families regarding available services to encourage voice and choice in services
- Advocate for treatment and rehabilitative options for clients

Caseworkers (e.g., social workers, probation, victim advocates, etc.)

- Identify services and resources to include in case plans that meet the unique needs of youth and families
- Build awareness of all services and resources that support children and families to support effective case planning

The possibilities of the potential use and effectiveness of the resource map and directory are nearly endless. For example, using the address and zip codes of service providers, resources can be mapped geographically to identify their proximity to clients, courts, the military installation, public transportation options. Information on geographic location can help identify underserved areas of the community. When combined with other community data sources on crime, housing, education, poverty, etc., the resource map and resource directory can be used to help paint a bigger picture of the community as a whole.

Creating these tools is not the end of the team's work. Rather it is the beginning of a process to build valuable relationships and partnerships and develop systemic ways to sustain the quality and accuracy of the information contained in the map and directory. One of the challenges with creating resource directories is that it can become outdated very quickly, especially considering the transient nature of military service. Therefore, it is important to use and share the directory broadly as this will help sustain the team's efforts and keep the directory up to date. The more the directory is used, the more likely it will be updated regularly. **The team should develop a plan to help sustain the resource directory that focuses on:**



- Identifying champions on the team to lead dissemination and sustainment efforts. It may be helpful to identify a champion in the civilian community and one from the military community (preferably a civilian position that has continuity in personnel) to sustain the directory from both communities;
- Identifying a website (i.e., court website) to house the resource directory and make it easily sharable, such as through a QR code;
- Disseminating a printed version of the resource directory broadly to court and military stakeholders and service providers in the community. For this version, it may be more appropriate not to include names of individuals associated with programs and instead keep contact information to broader organizational or program contact information to avoid disruption in responses due to staff turnover;
- Holding semi-annual provider meetings to encourage networking, awareness, and collaboration across service providers, the military installation, and the courts; and
- Developing a protocol for regularly updating the resources map and resource directory. Consider enlisting the help of the providers to update their service information.

What Judges and Others Can Do

- Be familiar with behavioral health service treatment options both on and off the military installation for service members, their spouses, and families. Be aware of the barriers that may prevent service members from accessing certain services in the timeframe ordered by the court.
- Reach out to the military installation to initiate/reinforce relationship building, community, and collaboration. Building these relationships helps to identify gaps in services offered on and off the installation and promotes better coordination of services for service members and their families.
- Convene stakeholders and providers to build relationships and work together to ensure service members and their families have a robust continuum of behavioral health services. Holding these meetings on a regular basis, such as quarterly, also helps to keep stakeholders informed of changes in programs or services provided, their eligibility requirements, and staffing.
- Advocate for necessary services in the community to address gaps.
- Establish a courtroom atmosphere and tone conducive to supporting service members and/or their family members with behavioral health needs while still addressing the underlying behaviors, and when appropriate, holding individuals accountable for their actions. Use person-first language, treat everyone in the courtroom with respect, be trauma-responsive, and understand the basics of behavioral health services treatment and military culture.
- Ensure the voices of service members and their families are included in the creation of the resource directory. Support the development of mechanisms and processes for service members and their families to provide feedback about what they need in terms of behavioral health services.
- Create a resource binder for each court that includes military resources. Ensure that the binder specifies which services are available to the service members and which are available to spouses and other family members.
- Support the creation of an online version of the directory that can be housed on a stakeholder's website where military-connected families can access the most up-to-date version when they need it. The military often provides information about resources to families when they first arrive at the installation. So much information is provided that families may only absorb information on what they need at that moment. QR codes or links that are included on flyers or handouts provide a centralized place for families to access when they need the information in the future.
- Ensure cross-training on systems and processes for court/judicial officers and military installation personnel. When service members and/or their families are in crisis and/or in need of behavioral health services, having to explain the military, its language, processes, and procedures to the court or vice versa can further complicate an already difficult experience.

Additional Resources

Included with this guide is a resource mapping tool to document the programs and services that are identified during the mapping process. The mapping tool can be shared broadly once completed or transitioned into a resource directory using a format of the jurisdiction's choosing. The NCJFCJ has additional resources available on its National Resource Center on Military-Connected Families and the Courts website. (QR code below). Military OneSource is a gateway to information, resources, and confidential counseling. It gives service members and military families tools to stay well and thrive. Military OneSource 24/7 can be reached at (800) 342-9647 or through their website here: (QR code below).

Resource Mapping Tool

National Resource Center

Military OneSource

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