Appendix E

JOINT BASE LEWIS-MCCHORD
GROWTH COORDINATION PLAN
★2022★

NEEDS & RECOMMENDATIONS

TO:	SSMCP Steering Committee	**DATE:**	November 12, 2021
PREPARED BY:	Geoff Appel, AICP The Schreifer Group	**PROJECT NAME:**	JBLM Growth Coordination Plan
SUBJECT:	Cross-Discipline Needs & Recommendations		

Cross-Discipline

This memo will summarize the needs and recommendations that affect multiple resources areas and will require cross-discipline coordination. These recommendations are summarized for Steering Committee consideration for the 2022 JBLM Growth Coordination Plan Update. For additional cross-discipline recommendations that specifically relate to climate change impacts, see the climate change recommendations memo.

1.0 Introduction

In preparing the Needs and Recommendations memos for all resource areas, a number of cross-discipline recommendations have emerged. This memo consolidates those recommendations in order to highlight the areas of overlap and coordination needed between various disciplines and work groups.

2.0 Needs and Recommendations

2.1 Provide land use compatibility information to local planning agencies and assist Pierce and Thurston Counties in evaluating adoption of the Washington State's Behavioral Health Model Ordinance

The findings of the land use existing conditions demonstrated that SSMCP has completed a lot of work addressing land use compatibility issues to date; and this conclusion was further supported at the Steering Committee retreat land use breakout session. The land use breakout group concluded that land use compatibility was a lower priority for SSMCP. Although, with Pierce County, Thurston County, and associated cities updating their Comprehensive Plans within the next three years, SSMCP has a great opportunity to further the support of land use compatibility in the region by support Comprehensive Plan Updates that won't be available again for another eight years. Due to this opportunity, it is recommended that SSMCP partake in small action items to improve land use compatibility in the region.

Washington State'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 Pierce and Thurston Counties have yet to determine if the model ordinance will be adopted.

Resource Areas Affected: Land Use & Housing, Health Care, Social Services

Recommendations

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

A. Support Local Communities in Updating their Comprehensive Plan Updates

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

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

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

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

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

2.2 Advocate for occupational licensure reciprocity

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

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

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

Recommendations

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

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

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

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

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

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

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

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

Resource Areas Affected: Education & Child Care, Health Care

Recommendations

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

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

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

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

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

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

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

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

Resource Areas Affected: Social Services, Health Care

Recommendations

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

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

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

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

- **Comprehensive Referral Networks:** Stakeholders suggested that regionally, the approach should be "no wrong door, but any door you enter will take responsibility to get you to the right one." To that end, referral and service networks should include support services that include behavioral health support, as well as social, financial, and spiritual support, so that individuals can be connected with the service that best addresses their needs. An ancillary benefit to this approach is that it could help alleviate some of the pressure on behavioral health services, which often have long wait times.

- **Peer-to-Peer Resources:** Similar to comprehensive referral networks, stakeholders noted that peer-to-peer resources can be an excellent approach for providing individuals with support, including as an interim option while waiting to connect with a behavioral health provider and as a primary means of support. Peer-to-peer resources can include group activities connected to the community, such as volunteer activities, to help provide a sense of community and purpose. For example, the Veterans Conservation Corps Program runs programs where Veterans can learn to farm or build trails. They have found that those kinds of volunteer opportunities can be therapeutic and helpful for some individuals. Another example format of a peer support group is Alcoholics Anonymous. Ultimately, these social groups give participants a sense of exercising control over the quality and direction of their lives as they draw on lived experiences or shared characteristics to provide knowledge, experience, emotional assistance, practical help, and social interaction to help each other.

- **Enhancing "access points" for care:** Stakeholders reiterated the need to have ample access points for accessing care networks, especially because so many service members and their families live in the community. In addition to the link between Military OneSource and Washington 211, ideas such as developing a mobile app to coordinate resources, increasing outreach to rural areas, and leveraging telehealth were suggested. Bridging access points "hands the individual over" to another provider by taking responsibility of their continuity of care, rather providers letting go of the patient to "go it alone." Peer-to-peer resources, as described above, also help to bridge these access points.

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

2.5 Apply an Equity Lens to Future SSMCP Efforts

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

Resource Areas Affected: All

Recommendations

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

A. Incorporate an Equity Lens in Future SSMCP Efforts

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

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

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

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

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

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

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

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

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

Resource Areas Affected: All

Recommendations

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

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

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

2.7 Transportation Demand Management Program Expansion

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

Resource Areas Affected: All

Recommendations

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

A. Support expansion of vanpool programs

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

B. Continue to enhance on-base shuttle system

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

C. Relocation of Services Off-base

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

DRAFT NEEDS & RECOMMENDATIONS

TO:	SSMCP Steering Committee	**DATE:**	November 12, 2021
PREPARED BY:	Jennifer M Cristobal, RLA, AICP, Senior Associate Michael Baker International	**PROJECT NAME:**	JBLM Growth Coordination Plan
SUBJECT:	Health Care Needs & Recommendations		

Health Care

This memo summarizes the Health Care needs and recommendations for Steering Committee consideration for the 2022 Joint Base Lewis-McChord (JBLM) Growth Coordination Plan Update.

1.0 Introduction

In the Health Care breakout session held at the Steering Committee Retreat on September 10, 2021, a summary of the current and emerging needs was discussed and some conclusions were reached. The conclusions are summarized as follows:

- Behavioral health and TRICARE remain top SSMCP priorities.
- Medium and lower-level priorities are areas that the SSMCP may be involved with as a stakeholder or supporter, but SSMCP will not lead those action items.

2.0 Needs and Recommendations

2.1 Determine SSMCP's level of advocacy for representing JBLM and the region in national discussions about TRICARE issues.

Though TRICARE network providers nationally have increased since 2015, 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 Growth Coordination Plan.

Recommendations

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

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

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.) SSMCP has an opportunity to collect regional data that can be used to ensure the JBLM region is advocated for and represented. Such activities could include:

- Quantifying and documenting the average lengths of time service members and their families spend on TRICARE provider waitlists due to provider shortages.

- Briefing JBLM leadership on findings related to TRICARE provider shortages.

- Monitoring implications of future Department of Defense Health Directorate reorganization and potential opportunities for advocacy.

The SSMCP may look to other organizations working in the TRICARE advocacy space for ideas on how to approach advocacy and/or opportunities to contribute to existing advocacy. For example, the American Psychological Association (APA) 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. An example at the regional level includes the Northeast Arkansas Military Officers of America (MOAA) Chapter, which publishes a monthly newsletter with the latest information on events affecting members, including TRICARE updates.

2.2 Continue educating civilian medical providers on TRICARE benefits and advocate for their participation as a TRICARE provider.

Services for TRICARE beneficiaries provided at Madigan Army Medical Center (MAMC) occur on a priority and availability basis, with active duty service members having 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 Health Care 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. A Behavioral Health Care Forum was hosted by SSMCP in October 2021. The discussions and outcomes of that forum helped to drive the recommendations outlined below.

Recommendations

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

A. 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 Behavioral Health Care 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 Health Care 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 Health Care 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 also individuals within those organizations who may benefit from gaining additional cultural competency.

B. Identify and address significant gaps in care and related access barriers for active military personnel and their families, active military and their families transitioning from active service, and military youth.

Please refer to Recommendation 2.4 in the Social Services Recommendation memo.

2.3 Leveraging the expertise of the Health Care Working Group and local planning expertise within the SSMCP, assist Pierce and Thurston Counties in evaluating adoption of the Washington State's Behavioral Health Model Ordinance.

Washington State'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 Pierce and Thurston Counties have yet to determine if the model ordinance will be adopted.

Recommendations

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

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

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

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

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

2.4 Determine if a Behavioral Health Care Forum should be an annual event to share information and improve access to care for all service members and their families.

A 2016 Health Care 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 SSMCP should evaluate the need for annual forums.

Recommendations

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

A. Evaluate feedback from the October 2021 Behavioral Healthcare Forum.

Following the October 2021 Behavioral Healthcare Forum, the SSMCP distributed a survey to all participants in the forum. Attendees of the forum represented a wide range of stakeholders, including those representing civilian providers and those representing JBLM. In addition to feedback provided in real-time during the forum—which largely included participants noting that opportunities like the forum are helpful—the survey feedback will provide context for evaluating how frequently the Behavioral Health

Care Forum should be convened. Notably, participants in the October 2021 forum indicated that they feel much more comfortable providing referrals when they are familiar with the organization they are referring to and indicated that opportunities, like the Behavioral Healthcare Forum, provide a venue within which providers on and off of JBLM can meet one another. In its role convening regional organizations and initiatives, the SSMCP is uniquely positioned to continue facilitating helpful discussions among civilian providers and JBLM.

2.5 Continue advocacy for Enhanced Spousal Occupational Licensure Portability in the health care sector.

To ease the process of occupational licensure for military spouses moving to the State of Washington following a Permanent Change of Station to JBLM and increase the number of providers in the region generally, the SSMCP should continue advocating advocate for legislation related to Enhanced Spousal Occupational Licensure Portability.

Recommendations

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

A. The SSMCP should support advocacy that encourages the State to engage in immediate actions to fully implement military spouse licensure laws, near-term actions to attain a baseline of allowing military spouses to obtain a license with minimal documentation within 30 days of a Permanent Change of Station to JBLM, reciprocity agreements, and long-term solutions for reciprocity through compacts.

Because enhanced spouse licensure is not occupation-specific, the Health Care Working Group should focus on supporting the SSMCP's overall legislative advocacy in this space. Stakeholders with health care-related subject matter expertise can contribute to the SSMCP's advocacy approach and provide subject matter expertise related to the health care sector as needed.

2.6 Continue to track medium and lower-priority needs, assist other organizations where it makes sense, and consider those needs for potential action as other recommendations are completed or require less intensive organizational focus and resources.

The listed high priority needs are those which SSMCP can address most effectively and make the highest impact due to the organization's unique resources and perspective. Medium and lower-level priority needs, while still important for the region, are areas that the SSMCP may be a stakeholder or supporter in, but not a lead in action. Those may also be considered for future action as other recommendations are completed or become less resource-intensive ongoing action items.

Recommendations

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

A. Maintain awareness of other needs and, as appropriate, provide support or participation in efforts focused on addressing these needs.

The SSMCP should maintain awareness of other health care needs in the region and, as appropriate, provide support or participation in efforts focused on addressing these needs. There may also be opportunities for the SSMCP to work with partners who are championing these needs a venue to advocate for those needs (e.g., in the context of a community forum). Additionally, as the SSMCP makes strides in addressing the highest priority needs, there may be an opportunity to evaluate if medium or lower-priority needs should be elevated as focus areas. These needs may include:

- Collaboration between the VA and community behavioral health services.

- Supporting county community health improvement plans.
- Supporting regional health equity initiatives.
- Educating Veterans on the full spectrum of benefits for which they are eligible.
- Educating JBLM health care providers on community-based behavioral health services.
- Educating civilian providers about installation services.
- Supporting oral health initiatives.

Note that many of the needs related to education will likely be addressed as an inherent benefit of the coordination and discussions that will occur while addressing higher priority needs.