

Update of 2002 Local AFAP Issues (Nov Meeting)

Status Codes:

Active – Issue open pending further action.

Completed – Issue resolved with successful implementation.

Unattainable – Unsuccessful resolution, unable to resolve due to cost or manpower restraints.

ISSUE: Computer Lab for Teens (Completed)

SCOPE: Teens should have a computer lab comparable to the lab in the Youth Services building. As it stands now, the teens have to share the computers with school age children and other teens. The computers teens do have access to in the teen center often do not work effectively because they do not have Internet access or up-to-date software.

RECOMMENDATIONS:

1. Purchase computer equipment for teens to have a separate computer lab.
2. Purchase up-to-date software.

Response from Patrice Harper: Boys and Girls Club awarded four computers to Youth Services. The teens and staff are currently working on designing space for the additional computers in the teen technology lab. The new computer area was completed on 17 January 03. Additionally, software was purchased for the Pre-SAT and SAT tutorial package. In addition to new software that was purchased on 31 July, year-end funds were spent for the teens on educational software, SAT preparation software, and interactive manipulative games. The lab has 2 computers with Internet access. Additionally, teens have access to an 8-station computer lab during the following hours:

Monday-Thursday 2:30-4:30 and 5:30-8:00; Fri 2:30-4:30 and 5:30-9:00; and Saturday 2:30-9:00

ISSUE: Youth Services Funding (Completed)

SCOPE: Youth services are unable to supply teens with off-post activities, such as going to museums and visiting other bases, due to lack of funding. Previously, teens were able to take part in numerous off-post activities. Without the off-post activities teens get bored and sometimes they become self-destructive.

RECOMMENDATIONS:

1. Increase funds to support more off-post trips and activities.
2. Have fundraisers to support off-post trips.

Response from Patrice Harper: No youth trips were cancelled due to budget constraints. Scheduled trips are still offered off post at least 2-3 times per month. The trips are adapted to meet budget requirements. Some teen trips have been cancelled due to lack of participation.

ISSUE: Bowling Center (Active)

SCOPE: The Ft. Detrick Bowling center is too small to accommodate the needs of all its patrons. The center has only four (4) lanes and if more than twenty (20) people wanted to go, like a youth center field trip, there would not be enough room and there would be a waiting period of more than an hour. It is unsafe for youth to be there and uncomfortable due to adults smoking and the availability of alcohol.

RECOMMENDATIONS:

1. Make the center bigger to accommodate the needs of both the youth and adults.
2. Have a separate room for drinking alcohol and make a smoking policy for smokers to smoke outside.
3. Have special events for the youth such as family night and midnight bowling.

Response from Roger Melton: Cannot add onto a WWII building. A no-smoking policy inside the bowling center & CAC is effective 1 Oct 02. A Family Bowling Night is planned for 25 October, 22 November, and 20 December 2002.

Response from Ms. Schultz: The Post Exchange and Commissary will not share the same location as originally intended in the new Town Center Plan. Other facility options are being considered for construction of a new bowling center.

Response from Patrice Harper: Youth Services has incorporated monthly off post bowling trips into the FY03 program calendar. The first quarter dates are as follows 31 January 2003: 1800-2100, 28 February 2003: 2100-2300 and 28 March 2100-2300. If well attended the bowling trips will continue, if not the teens will have input to suggest off post trip ideas.

ISSUE: Junior Reserve Officer Training Corps (JROTC) Program (Completed)

SCOPE: JROTC would give teens and young adults something to do outside of school and youth services. It is a way to teach teens and young adults to respect themselves through military training and discipline. The program takes students into different classes that they wouldn't normally study in school. When their training is over they learn to think on their own and express their ideas and opinions clearly.

RECOMMENDATIONS:

1. Implement a JROTC Program on post for pre-teens and teens.
2. Ensure that there are enough instructors to support the JROTC Program.

Response from Patrice Harper: JROTC is developed and coordinated through the public school system. This is not an installation driven program. The School Liaison Officer made contact with the school officials regarding JROTC. Findings show this is a process initiated by the school principal. Interested schools make an inquiry about the process and the program cost. The Brigade Region ROTC then reviews the inquiry. Once the review is complete, the Brigade Region ROTC sends a representative to visit the school site and evaluate the feasibility for implementing a JROTC program at the school. If the Brigade Region deems the school as worthy, the school then begins the second step of the process and applies to become a JROTC site. This entire process takes about 17 months. Prior to the program beginning, a contract is in place laying out responsibilities between the school and the Brigade Region ROTC. The school has to be able to fund the program and meet all specific criteria laid out in the application and contract. Currently Frederick High School has a military club youth can join but not an official JROTC program. Linganore High School is in the process of beginning a program but they are going through the Navy. The School Liaison Officer is scheduling an appointment to meet with the Board of Education Chairperson to get on the agenda for the February/March school board meeting to discuss the interest of the Fort Detrick Community and the possibilities for implementing the JROTC program.

ISSUE: Music Instructor (Completed)

SCOPE: Unable to utilize existing music room in the teen center to its full potential, because there is no music instructor. There is a lot of equipment that cannot be used without supervision because of expense if the equipment is broken. If there was a full time music instructor the teens would have unlimited access to the room.

RECOMMENDATIONS:

1. Hire an instructor that is capable of supervising and teaching.
2. Recruit volunteers experienced in music to assist with the supervising and teaching.

Response from Patrice Harper: A music instructor is available however, parents have to sign up & pay for private lessons. A Volunteer music instructor is available as of 10 Sept. Contact Youth Services for current schedule of availability.

ISSUE: Military Childcare for Shift Workers (Active)

SCOPE: Military shift workers at Fort Detrick and Site R have no available childcare to accommodate their duty hours. The lack of these services has a direct negative impact on mission readiness. Shift work is a large part of the mission at Site R and Fort Detrick.

RECOMMENDATIONS:

1. Provide childcare for shift workers to accommodate all shifts.
2. Apprise MDW of the concerns and request their involvement.

Response from Patrice Harper: Providers cannot be forced to open for shift care. Providers are offered incentives to become a shift care home. State law stipulates if a home opens at night, it must be closed during the day. We do offer subsidy as a shift care home. There are 6 FCC homes available. CYS is surveying all units with shifts to determine the actual need. The surveys will be distributed to each unit with shifts NLT 31 January 2003. Surveys will be collected by 14 February 2003, reviewed and tallied by 28 February 2003. If the survey determines there is a need, CYS will *assist interested patrons in developing* a co-op with patrons and the CYS programs to accommodate schedules. After inquiring through MEDCOM and NERO for suggestions/recommendations including 24 hr care from the center, it was found that 0 centers worldwide are open 24/7 and both MEDCOM and NERO stated that 24/7 care, which is cost prohibitive. DA will not provide additional funding to operate a center, 24 hours. Therefore, the cost is covered through patron fees.

ISSUE: Childcare Spaces (Active)

SCOPE: The limited number of available childcare spaces often causes extended waiting periods for childcare. Military families often have to resort to non-military facilities off post, resulting in high out of pocket expenses. This causes financial hardship on the military family.

RECOMMENDATIONS:

1. Expand facilities.
2. Increase staff.
3. Subsidize non-military care when spaces are not available.

Response from Patrice Harper: CDC staffing is not at full capacity. The existing facility is currently short staffed. Recruitments for CDC jobs are open. Subsidy for care is only allowed when the facility or provider is at the same national quality with NAEYC Accredited status. The CDC director is working with the installation planner to develop a CDC

addition or new facility as a Major Construction project. A meeting was held on 21 January to discuss possibilities for location and funding. Once details are complete, it will be placed on the Strategic Planning calendar.

ISSUE: Lost/Forgotten CYS ID card fees (Completed)

SCOPE: Soldiers are forced to give CYS ID cards to dependents (ex: 1st graders and kindergarteners) to swipe in and out when they return from school. The children aren't responsible enough to keep up with it and are charged \$10.00 if it's lost and \$1.00 every time the child forgets their card.

RECOMMENDATION:

1. Have a small box available, where the cards can be left at the CYS facility as an option, to prevent lost/forgotten card fees.

Response from Patrice Harper: Boxes for children to leave their cards were placed in the CYS facilities on 19 July 02.

ISSUE: CYS Hours (Completed)

SCOPE: The CYS hours do not accommodate the military schedule. The duty day for some units starts and ends at the same time the CYS opens and closes, allowing for no travel time from CYS to the unit. This causes hardships with soldiers relating to punctuality, often resulting in disciplinary action.

RECOMMENDATIONS:

1. Open the CYS at 0530 and close at 1830.

2. Implement command policy for the unit duty hours to accommodate available CYS services.

Response from Patrice Harper: CYS telephoned each installation unit to survey opening and closing times to accommodate physical training (PT). Survey shows the current operational hours, 0600-1800 enable patrons to participate in PT.

Response from Ms. Schultz: Currently it is not cost effective to expand CYS operating hours. Only one unit begins PT before 0630. The Battalion Commander states that soldiers in that unit are not penalized for arriving late to PT due to CYS opening at 0600.

ISSUE: Sick Call Appointments (Completed)

SCOPE: There are not enough appointments available to handle current active duty sick call. Service members must wait more than 24 hours to be seen for acute care medical problems. The potential for mission downtime increases when service members are not medically fit. More appointments will increase morale and mission readiness.

RECOMMENDATIONS:

1. Dedicate more time for sick call appointments.

2. Increase staff to handle sick call appointments.

3. Increase appointment availability by staggering provider hours.

Response from LTC Lawrence: Only 5 assigned providers limits how many patients can be seen at any given time.

Appointment based system most efficient method to get greatest number seen. With finite staff and resources, more sick call appointments mean less routine and family appointments.

ISSUE: Health Care Appointments (Active)

SCOPE: The available appointments are inadequate to meet patient needs. Patients are not receiving proper medical attention due to lack of resources such as doctors, appointment slots, and duration of appointments. Perceived lack of accessible health care services causes morale and readiness problems for active duty military and their families. More appointments will improve and impact positively on the health and well being of the Total Army Family.

RECOMMENDATIONS:

1. Increase TRICARE network providers.

2. Increase staff at the military treatment facility and augment with other active duty health care providers assigned to Ft Detrick.

3. Educate TRICARE staff and military beneficiaries on the proper use of the appointment system.

Response from LTC Lawrence: TRICARE is actively pursuing additional network providers. Active use of non-assigned military providers to expand scope and volume of services (primary/specialty/ancillary care). Personal TRICARE briefings are available.

ISSUE: Active Duty Mental Health Counseling (Active)

SCOPE: There is no mental health professional on Fort Detrick for active duty military. To obtain counseling, service members travel at least an hour one way. Typically, service members are in counseling once a week for several months. On-post counseling will reduce mission downtime and improve quality of life.

RECOMMENDATIONS:

1. Hire a mental health professional for on-post counseling.

2. Utilize video teleconferencing for mental health counseling.

Response from LTC Lawrence: Inadequate amount of military and civilian services available for area. Military system often more responsive, although travel may be involved. Actively compiling data to request hiring action for Social Worker.

Video teleconferencing in use, limited by provider and facility availabilities.

ISSUE: Medical Facility Expansion (Active)

SCOPE: The current health care facility does not accommodate the medical needs of the Fort Detrick community. The inadequate facility inhibits the ability to provide quality service. The current facility leads to significant out-of-pocket expenses. The demands on the facility were not foreseen and lack of care is perceived as an erosion of benefits.

RECOMMENDATIONS:

1. Expand the existing facility.
2. Extend current hours for appointments to accommodate the community.
3. Establish troop medical clinic at Site Raven Rock.

Response from LTC Lawrence: Review of current physical plant already requested. TRICARE Prime should have no out of pocket expenses for AD and AD family members. TRICARE Prime retirees have annual enrollment fees and minimal co-payments. TRICARE Prime retiree enrollment fees payable quarterly.

Concur/Noneoneur (signed) COL John E. Ball Date 31 January 2003