ARMY FAMILY ACTION PLAN Carlisle Barracks 2012 ISSUES STATUS



Carlisle Barracks



DEPARTMENT OF THE ARMY US ARMY INSTALLATION MANAGEMENT COMMAND HEADQUARTERS, US ARMY GARRISON, CARLISLE BARRACKS 22 ASHBURN DRIVE CARLISLE, PENNSYLVANIA 17013-5000

IMCL-ZA

5 January 2012

MEMORANDUM FOR RECORD

SUBJECT: United States Army Garrison (USAG) Carlisle Barracks Army Family Action Plan (AFAP) Conference

1. The USAG Carlisle Barracks AFAP Conference was held 1-3 November 2011, 1200-1600, at the Letort View Community Center. The conference brought members of the community together to surface issues of concern, propose possible solutions, and report to USAG Carlisle Barracks senior leadership. The support for the conference came from organizations and units from our community (active duty, retirees, Family members, DoD/DA civilians, Reserve Component, National Guard and NAF employees) who provided delegates for the discussion groups.

2. AFAP has been in operation since 1983 and 683 issues have been identified in the past 28 years. AFAP has driven 126 legislative changes, 177 Army policy and regulatory changes and 197 improved programs and services. It is also notable that 61 percent of all active AFAP issues impact all the services. AFAP provides the "voice" for the force to elevate their concerns, and remains the preeminent means for commanders, at all levels, to seek solutions to the concerns of their communities.

3. During our 2012 Conference, there were 11 issues raised, 3 of which are Army-level issues not unique to Carlisle Barracks. These issues will be forwarded to TRADOC as part of the Carlisle Barracks packet.

4. The leadership and I are proud of the continued improvements across the Army and here at Carlisle Barracks. We all are committed to the wellness of the military Family and community.

WILLIAM G. MCDONOUGH LTC, MI Garrison Commander

ARMY FAMILY ACTION PLANNING 2012 ISSUES STATUS Carlisle Barracks, PA



Issue #	Issue Title	Action Agency	Issue Status
1-2012	Ashburn Gate After Hours Access for Pedestrians	Directorate of Emergency Services/Department of Public Works	Active
2-2012	Defense Personal Property System Re- evaluation	Department of Public Works	Forward/Unattainable
3-2012	Lack of Bridging Opportunities for Civilian Employees	Civilian Personnel Advisory Center	Active
4-2012	Comprehensive Vision Care	Dunham Medical Center	Forward/Unattainable
5-2012	Unused Medication Disposal Program	Director of Human Resources/ASEP	Complete
6-2012	Government Funded WIFI in Carlisle Barracks Shughart Hall	DMWR	Active
7-2012	Age Cap for Dependant Use of 911 GI Bill	Director of Human Resources/ACES	Forward/Unattainable
8-2012	Single Service Members Support System Relationship Reinforcing Retreats	Garrison/Legal/REM	Active
9-2012	Lack of Teen Employment on Post	DMWR/ACS/Exchange	Complete
10-2012	Guest Policy at Youth Center/Events	DMWR	Complete
11-2012	Clarification of Safety/Security Policies	Directorate of Emergency Services	Complete
12-2012	TRICARE should cover Chiropractic Care for beneficiaries when the local Military Treatment Facility does not offer this service.	Dunham Medical Center	Forward/Unattainable

Conference Issue Status Definitions	
Active	Issues with developed action plans assigned to a lead agency and in the working phase of resolution.
Complete	Issues with completed action plans (resolved issues).
Unattainable	Issues that could not be resolved and were deleted because of cost, manpower, or concurrence by the steering committee.
Not Prioritized	The issue was sent forward to next higher command AFAP Conference or to the HQDA AFAP Conference and not prioritized by delegates.



CONFERENCE ISSUE #1-2012: Ashburn Gate After Hours Access for Pedestrians

STATUS:	Locally Active
FINAL ACTION:	N/A
SCOPE OF ISSUE:	Carlisle Barracks authorized users are negatively impacted by the lack of pedestrian access at Ashburn Gate. Ashburn Gate closes at 8:30 PM on Monday through Friday and at 9:30 PM on Saturday and Sunday. Post facilities are open past current gate hours. Lack of sidewalks along Claremont and Post Roads create a safety issue when people are forced to walk around.
CONFERENCE	1. Extend Ashburn hours to 11-12 PM on Thursday,
RECOMMENDATION:	Friday and Saturday.2. Install exit only pedestrian gate at Ashburn Gate.
	3. Initiate discussion with township to extend the sidewalk along Route 11 (Carlisle Pike)
ACTIONS:	• Determine fiscal impact/affordability of project. Above price quotes are from 2009.
	• If space is available and the overall project cost out- weighs the negative impact to CBKs authorized users recommend installing a egress only at Ashburn ACP.
	• Initiate discussion with township to extend the sidewalk along Route 11 (Carlisle Pike)
	• In progress by DES and DPW staff
RESPONSIBLE	Mr. Tom Kelly, Director, Public Works,
AGENCY:	Thomas.j.kelly1@us.army.mil 717-245-4040 Mr. Robert V. Suskie, DES, Robert.Suskie@us.army.mil, ext 54932.



CONFERENCE ISSUE #2-2012: Defense Personal Property System Re-evaluation

STATUS:	Forwarded to HQDA AFAP, Locally Complete
FINAL ACTION:	Not Prioritized
SCOPE OF ISSUE:	The Defense Personal Property System (DPS) places an undue burden on service members and their families. Improperly completed paperwork is causing systemic problems. Due to the infrequent use of this system, service members will never be expert or current in this system. Service members and families are left to haggle with carriers over household good movements and claims. Without the force of the military behind the service member, this situation will persist.
CONFERENCE RECOMMENDATION:	 Improve the Joint Personal Property Service Office support to service members by providing assisted application, training and education equivalent to Overseas Travel Briefing. Establish transportation customer representative to assist from time of move notification through the claims process.
ACTIONS:	 Changes and/or modifications to the procedures to the DPS require the approval from the General Officers Steering Council, under the US Department of Defense. This system is continually being updated and upgraded in preparation for the sunset of the Transportation Operation Personal Property System (TOPPS). Currently members are urged to use the online tutorials prior to preparing their application. The online tutorials may be viewed as either a PDF file or an online video. From starting their application to filing their claim, should a member have questions and/ or problems in regards to their shipment application or the system itself, the following are in place to aid and assist in the process: Help links within the system On line tutorials 24x7 Toll free number to the help desk Transportation Office at Origin and Destination TRADOC delegates did not prioritize this issue.
RESPONSIBLE AGENCIES:	Ms Dorothy Bevins, Project Manager, Carlisle Barracks Transportation Office, <u>Dorothy.Bevins@us.army.mil</u> . (717) 245-4000.



CONFERENCE ISSUE #3-2012: Lack of Bridging Opportunities for Civilian Employees

STATUS:	Locally Active
FINAL ACTION:	
SCOPE OF ISSUE:	In offices where there are only low grade and high grade positions, there are no bridge positions. There are mechanisms available for managers to provide this opportunity however they are underutilized and under publicized. By not doing this, Carlisle Barracks regularly loses institutional knowledge from its talented, junior grade experienced personnel.
CONFERENCE RECOMMENDATIONS:	 Develop a Carlisle Barracks-wide civilian personnel hiring strategy that focuses on developmental assignment opportunities and provides bridging assignment opportunities. Develop and publicize a Carlisle Barracks -wide personnel management strategy.
ACTIONS:	Being staffed by CPAC
RESPONSIBLE AGENCIES:	Ms Tamara Wasson, Civilian Personnel Advisory Center, Carlisle Barracks, Tamara.T.Wasson@us.army.mil. (717) 245- 3920.



CONFERENCE ISSUE #4-2012: Comprehensive Vision Care

STATUS:	Forwarded to HQDA AFAP, Locally Complete
FINAL ACTION:	Not Prioritized
SCOPE OF ISSUE:	Corrective lenses and contact lens exams are not available for family members of active duty or retirees under the current health benefits. Family members of active duty are authorized an annual routine eye exam; family members of retirees are authorized a biennial routine eye exam. Comprehensive vision care, to include corrective lenses and contact lens exams, is a significant out-of-pocket expense and a necessity as well as a prime quality of life issue for the Total Army Family.
CONFERENCE RECOMMENDATIONS:	Contract a vision care insurance provider through an Other Health Insurance (OHI) in addition to TRICARE (i.e. Delta Dental).
ACTIONS:	TRADOC delegates did not prioritize this issue.
RESPONSIBLE AGENCY:	COL Stephanie Wilcher, Dunham Health Clinic, Commander



CONFERENCE ISSUE #5-2012: Unused Medication Disposal Program

STATUS:	Locally Active
FINAL ACTION:	Complete
SCOPE OF ISSUE:	Dunham Clinic does not have a program to turn in unused medication. The lack of a formal safety program leads to improper disposal of medication. This creates personal, public, and environmental health safety issues.
CONFERENCE RECOMMENDATION:	Establish a program to turn in unused medication at Carlisle Barracks.
ACTIONS:	Turn-in events will continue to occur. The number and scheduling (dates/locations) is dependent upon the ongoing staff coordination being conducted by ASAP. We will improve advertising/marketing.
RESPONSIBLE AGENCY:	Ms. Ann Wolf, Prevention Coordinator, Army Substance Abuse Program (ASAP), Carlisle Barracks, annmarie.wolf@us.army.mil, (717) 245-4576.



CONFERENCE ISSUE #6-2012: Government Funded WIFI in Carlisle Barracks Shughart Hall

STATUS:	Locally Active
FINAL ACTION:	N/A
SCOPE OF ISSUE:	Currently Soldiers in Shughart Hall pay for their own WIFI. This limits access to resources to Professional Development. This situation may cause financial hardship
CONFERENCE RECOMMENDATIONS:	Provide Government fully funded WIFI to Shughart Hall
ACTIONS:	Working with Comcast
	Carlisle Barracks is not a 501C (3) (non-profit) organization or educational institution, Comcast cannot just provide us with free service due to FFC regulations. We have offered Comcast the ability to be recognized as a sponsor in exchange for their support.
RESPONSIBLE AGENCY:	Mr. Greg Crouse, Corporate Sponsorship Coordinator, MWR, gregory.l.crouse@us.army.mil, 717 245-3777



CONFERENCE ISSUE #7-2012: Age Cap for Dependant Use of 911 GI Bill

STATUS:	Forwarded to HQDA and Prioritized
FINAL ACTION:	Not Prioritized
SCOPE OF ISSUE: CONFERENCE RECOMMENDATIONS:	Family members arriving at Fort Bragg are often lost in the system during the stressful initial move-in period. A standardized in-processing procedure at the company level that incorporates contacting family members of all Soldiers would ensure a smoother integration into a new unit. With these procedures in place Soldiers and their family members will know what resources are available and who to contact to resolve issues. Soldiers and their families will be more self sufficient in their problem solving abilities, increasing confidence in the Army. Eliminate age cap for dependent children for use of 911 GI Bill.
ACTIONS:	 There is no short-term solution for this issue. This is the Post 9-11 GI Bill, enacted by Congress. Army Regulation only implemented that which Congress approved. Post-active duty benefits and entitlements, including educational benefits, are administered by the Veterans Administration, a non-DoD agency. TRADOC delegates did not prioritize this issue.
RESPONSIBLE AGENCY:	Ms. Susan Ziegler, Education Services Officer, Carlisle Barracks, <u>susan.ziegler@us.army.mil</u> , (717) 245-4135.



CONFERENCE ISSUE #8-2012: Single Service Members Support System Relationship Reinforcing Retreats

STATUS:	Forwarded to HQDA and Prioritized, Active Locally
FINAL ACTION:	Not Prioritized
SCOPE OF ISSUE:	There is a lack of single service member redeployment retreat programs similar to Strong Bonds. Like married service members, all single service members need access to reintegration and relationship reinforcing programs in order to build resiliency, assist commanders in resolving issues and to enhance retention. This retreat program would include the support system, but is not limited to, parents, siblings, and significant others of active duty, national guard, and reserve service members.
CONFERENCE RECOMMENDATIONS:	Create a retreat program for Single Service Members returning from deployment and their relationship support system.
ACTIONS:	TRADOC delegates did not prioritize this issue.
RESPONSIBLE AGENCY:	LTC William McDonough, Garrison Commander, william.mcdonough1@us.army.mil, 717245-3232,



CONFERENCE ISSUE #9-2012: Lack of Teen Employment on Post

STATUS:	Locally Active
FINAL ACTION:	N/A
SCOPE OF ISSUE:	There are few job opportunities for teens under 18. Younger teens not getting proper experience to prepare them for future. Jobs would help teens stay out of trouble.
CONFERENCE RECOMMENDATIONS:	 Establish HIRED Program. Lower age for jobs.
ACTIONS:	 Establish Teen Job Fair in May of each year Work with Summer Hire program in CPOL Refer teens to Exchange for hiring during seasonal opportunities Completed by Garrison Installation Staff
	Ms. Elizabeth Knouse, DMWR Elizabeth.knouse@us.army.mil 717 245-4021, ACS/Exchange



CONFERENCE ISSUE #10-2012: Guest Policy at Youth Center/Events

STATUS:	Complete
FINAL ACTION:	Attainable at local level
SCOPE OF ISSUE:	Non-Military children cannot participate in Youth Services Events. Military children don't attend because they want to include non-Military friends. Guest policy too strict.
CONFERENCE RECOMMENDATIONS:	 Youth help develop guest policy. Have permission slip/wavier forms for Youth Services Events/Trips.
ACTIONS:	 Under the current active Army Unit Stop Loss/Stop Movement Program, MILPER Msg 04-032, effective 22 Nov 03, The Army's stabilization goal on return from deployment for specific CONUS and OCONUS Active Army units supporting the ongoing operations in Afghanistan and Iraq is a min. of 90 days. In most cases, Soldiers are stabilized for more than the 90 days. The first general officer in Soldier's chain can terminate stabilizations based on immediate and critical operational needs. The Army cited the intensity of the insurgency in Iraq, continuity issues, and transformation as reasons why rotations must remain at their current level. The current 12-month deployment length gives Soldiers time to establish and maintain contacts with the local population and to gather more in-depth intelligence on the insurgency; shorter tours may require demand for the National Guard and Reserve units to mobilize. Completed by Garrison Installation Staff
RESPONSIBLE AGENCY:	Ms. Elizabeth Knouse, DMWR, Elizabeth.knouse@us.army.mil 717 245-4021



CONFERENCE ISSUE #11-2012: Clarification of Safety/Security Policies

STATUS:	Recommendation #1 and #2 Complete. Recommendation #3 is unattainable.
FINAL ACTION:	Complete
SCOPE OF ISSUE:	Curfew policies are unclear to teens. Unable show maturity/responsibility level. Information is not easily accessible.
CONFERENCE RECOMMENDATION:	 Inform families of curfews and punishments. Disseminate Information and market policies
ACTIONS:	Completed by Garrison Installation Staff
RESPONSIBLE AGENCY:	Mr. Robert V. Suskie, DES, Robert.Suskie@us.army.mil, ext 54932.



CONFERENCE ISSUE #12: TRICARE should cover Chiropractic Care for beneficiaries when the local Military Treatment Facility does not offer this service.

STATUS:	Closed
FINAL ACTION:	Resubmit Jun 2013
SCOPE OF ISSUE:	Chiropractic care is only available for Active Duty Members at some Military Treatment Facilities (MTF). When chiropractic care is not available within an MTF active duty members must pay out of pocket. Chiropractic care costs a great deal less than traditional PT and often shows quicker results. Military family members must pay the full cost of any chiropractic care they employ adding to their financial burden.
CONFERENCE RECOMMENDATIONS:	When not available at an MTF, TRICARE should cover Chiropractic care for all beneficiaries, as do many other health insurance companies allowing universal access to a now mainstream method of health care.
ACTIONS:	 According to the TRICARE Management Agency web page, "Chiropractic Care Program is only available to active duty service members at designated military treatment facilities (MTFs). Family members may be referred to non-chiropractic health care services (physical therapy, family practice or orthopedics) in the Military Health System or may seek chiropractic care in the local community at their own expense." "Chiropractic care received outside of the designated locations may not be covered under the (TRICARE) Chiropractic Care Program." TRADOC delegates did not prioritize this issue.
RESPONSIBLE AGENCY:	Lance Maley, Chief, Managed Care, Dunham US Army Health Clinic. lance.maley@us.army.mil 717-245-4572