

Joint Base San Antonio
Military & Family Readiness Center



**ARMED FORCES ACTION PLAN (AFAP)
FY 17 AFAP ISSUES**

“Inspire Change...One Voice at a Time”

Table of Contents

	Page
AFAP Frequently Asked Questions	4
Elevated AFAP Issues	6
Soldiers Donation of Use or Lose Leave to Other Soldiers	6
Military Spouse Employment Preference	6
Family Members of Early Retirement AD Service Members Should Retain Identification Card Privileges.....	7
Army PT Program is limited to 6 months	7
EFMP Respite Care Going Away	7
Exceptional Family Member Program (EFMP) Enrollees Continuity of Care during Permanent Change of Station (PCS).....	8
TRICARE Young Adult	9
Department of Education (DOE) School Cafeterias Vegan and Vegetarian Food Options.....	10
Local AFAP Issues	11
Force Support Issues	11
Unable to Access Army One Source online.....	11
Location of Service are All Over Installation	11
Entitlement Issue When Acquiring Services	12
Ensuring All Service Members who Utilize the Dining Facilities Show ID Card and Pay Accordingly	12
Dining Facilities do Not Appropriately Charging Single Soldiers and Married Soldiers	13
Proposed Shutdown of Fort Sam Houston Caisson Section	14
Certificate for Non-Availability Process for Single Service Members with Extreme Circumstances	14
Rocco DFAC at Fort Sam Houston Accepts Only Cash for Payment	15
Issue with TDY Mileage Reimbursement Rates Based on Type of Vehicle	15
No 24 Hour Shoppette	16
Retirees Eating at the Dining Facilities.....	16

The Transition Assistance Program (TAP) Not Adequately Preparing Soldiers for Transitioning Out of the Service.	17
Family Support Issues	19
Receive Credit for CDC Charges in Case of Divorce.	19
Commissary Baggers Should be Eliminated.....	19
Before and After Care Program for Special Needs	
School Age Children at Department of Defense Youth Centers.....	20
No Focus Groups at the AFAP Conference for Dual Military Married Couples.....	21
Increase Military Families’ Knowledge of Available Behavioral Health and Suicide Prevention Resources. .	21
No Dog Park on Fort Sam Houston.	22
Month of the Military Child Needs To Continually Be Targeted at Gold Star Children.....	23
Medical/Dental Issues	24
Promised Free Dental Care for Life.....	24
Patient Health Concerns versus Primary Care Manager (PCM) Productivity	24
Service Members and Family Members Are Not Being Provided the Right Type of Mental Health Care.....	25
Teen Issues.....	26
Base Does Not Have a Location for SAT Prep.....	26
Base Commissary Does Not Open Before School.....	26
Flag Football & Softball Teams For Teens.....	26
Water Fountains and Bathrooms Are Not Available or Broken	27
Base Outdoor Basketball Courts Need Improvement	27
Street Lights on Base Do Not Stay On	28
High School Gym, Medina Base Housing, and Medina Base Roads Need Repair	28
No Swings at Playgrounds.....	29
Teen Job Opportunities on Base	29
Job Shadowing Opportunities for Teens on Base	30

Armed Forces Action Plan

Frequently Asked Questions

What is AFAP?

AFAP stands for Army Family Action Plan and changed to the Armed Forces Action Plan when adopted as a best practice for Joint Base San Antonio (JBSA). At JBSA, AFAP provides patrons from all military branches a platform to voice quality-of-life issues, feedback, ideas, and suggestions to senior leadership.

Each year volunteers consisting of Service Members, DoD Civilians employees, Retirees, Family Members, Teens, and Survivors gather for the AFAP Forum to identify, develop, and shape Quality-of-Life issues that were brought forward locally.

During the 2016 Forum, groups consisting of Delegates, Facilitators, and Subject Matter Experts reviewed and prioritized over 45 topics crossing the spectrum from Medical, Force Support, Family Support, and Teen Issues.

What does AFAP really do?

AFAP is a program that seeks to improve the well-being of the military community by identifying critical issues concerning quality of life, readiness, welfare, and morale. Some issues have a global impact on Military Service members and their Families.

It also provides information and insight to commanders and leaders on current satisfaction detractors, quality of life needs, and expectations, and an opportunity to resolve issues locally when possible.

What kinds of issues are addressed by AFAP?

AFAP issues pertain to numerous subject areas, these include medical/dental, childcare, housing, consumer services, employment, recreation, education, and force protection - anything that affects military quality of life.

Who can submit an issue?

All DoD ID cardholders. Service Members of any branch (Army, Navy, Air Force, Marine, and Coast Guard) no matter their status, military spouses, teens, retirees, survivors, DoD civilian employees (Appropriated and Non-appropriated), and family members. Issues may also be submitted anonymously.

When and how can I submit an issue?

Issues, ideas, and suggestions are collected year-round. For an issue to be included in the current fiscal year's AFAP Forum, it must be submitted by a specific date (typically no later than 2 months prior to forum). Any issues submitted afterward the deadline will be included in next year's forum. For date details, contact the Military & Family Readiness Center.

Issues should contain 3 sections: a title, scope and recommendations. Issues should be written in a manner that is easily understood and clearly identifies what the problem is, why it's a problem, and what will fix the problem. Be sure to define your issue, validate it with facts, state why it's impactful, and provide a possible resolution for the issue.

Submit In-Person:

Issues may be submitted in person at any of our Military & Family Readiness Centers, through the AFAP comment boxes (found at various facilities across Joint Base San Antonio, particularly, in places with a high influx of people like the hospitals, training centers, etc.)

Submit On-Line:

A PDF form is available online at <http://www.jbsa.mil/Resources/Military-Family-Readiness/Armed-Forces-Action-Plan>, on the right hand side under 'Forms' and 'Submit an Issue'. After the form has been filled out, email it to: usaf.jbsa.502-abw.mbx.502-fss-volunteer@mail.mil.

Can I be part of the annual forum?

All DoD ID cardholders, ages 16 & up, regardless of branch, rank or status can participate.

Volunteers are a major part of AFAP. If you would like to become a volunteer, contact the Military & Family Readiness Center to speak with the AFAP Coordinator for a delegate application.

How do I check the status of my issue?

During the annual forum, volunteers evaluate, prioritize and make recommendations to the issues that were submitted. Issues will fall under 2 categories, local and elevated. Issues that are determined to be local and found to be attainable will be worked locally for a resolution. The status of local issues are available at www.jbsa.mil and updated periodically.

Issues that are elevated are sent up to each branch of services higher level of authority for action and resolution.

Army: Issues elevated to Installation Management Command (IMCOM), it will go through IMCOM's AFAP process. If the issue is outside of IMCOM's ability to resolve, it will be sent to the Department of the Army for review and resolution.

Air Force: Issues are sent to the Joint Base Installation Action Council (**RAPJBIAC**) for action and resolution.

Navy/Coast Guard/Marines: Issues are sent to the JBSA Navy senior leadership for action and resolution.

To view a list of all actively working issues or issues that were considered unattainable, visit:

<https://www.myarmyonesource.com/familyprogramsandservices/familyprograms/armyfamilyactionplan/default.aspx>

For additional information, contact the AFAP Coordinator at (210) 221-2705.

FY17 AFAP Issues

Elevated Issues

TITLE:

Soldiers Donation of Use or Lose Leave to Other Soldiers.

SCOPE:

Active Duty military are not allowed to donate leave to one another. Most of us lose leave dates every year. Our civilian counterparts can do this but we cannot.

ISSUE RECOMMENDATION:

Allow active duty service members to donate leave to other Soldiers who have been deemed recipients by their commander and/or 1SG. Some of the circumstances to make Soldiers eligible would include terminal illness of family member, illness in which special treatment is deemed necessary, special needs situation. It should be rank immaterial.

DISPOSITION:

During the FY17 AFAP Forum this issue was worked, elevated, presented to the Executive Steering Committee, and ultimately elevated to IMCOM.

TITLE:

Military Spouse Employment Preference

SCOPE:

Military Spouse Employment Preference. Much emphasis is placed on Families succeeding after leaving military service. There are programs in place for the AD Member but nothing in terms of preferences for spouses - they served too!! This creates financial hardship!

ISSUE RECOMMENDATION:

Allow spouses of retirees to retain PPP preference into Retirement

DISPOSITION:

During the FY17 AFAP Forum this issue was worked, elevated, presented to the Executive Steering Committee, and ultimately elevated to IMCOM.

Title:

Family Members of Early Retirement AD Service Members Should Retain Identification Card (ID Card) Privileges

SCOPE:

The retirement 20/20/20 Reg. has caused a lot of financial issues to family members that divorces after taking the early retirement. The family member lose their ID Card. Now the ex-spouse is forced to pay for medical insurance even if they were married for 20 or more years, but the SM served less than 20 yrs.

ISSUE RECOMMENDATION:

Update the 20/20/20 Regulation to accept the Early Retirement Program. Maybe limit the Program to no less than 18 years or so. This will give credit to the family member that supported the SM while on active duty and not strip them of their privilege.

DISPOSITION:

During the FY17 AFAP Forum this issue was worked, elevated, presented to the Executive Steering Committee, and ultimately elevated to IMCOM.

Title:

Army Civilian PT Program Limited to Six Months

SCOPE:

Army PT Program is limited to 6 months.

ISSUE RECOMMENDATION:

Change to indefinite. No time limit.

DISPOSITION:

During the FY17 AFAP Forum this issue was worked, elevated, presented to the Executive Steering Committee, and ultimately elevated to IMCOM.

Title:

EFMP Respite Care Going Away

SCOPE:

The problem is that respite care is going away next year as of June 17. This causes a problem because we are apart from our extended family. We do not have the luxury of having relatives close by to help watch our kids. More specifically our child with Autism. Our situation is one that I work lots of hour and as a result, my wife has no time for herself. She is constantly taking kids to appointments. Times will be even harder because January, 2017 I'll be going to Korea.

ISSUE RECOMMENDATION:

Recommendation is to maintain levels 1 & 2 respite care services. Or create another program to assist family with special need who do not have family members nearby.

DISPOSITION:

During the FY17 AFAP Forum this issue was worked, elevated, presented to the Executive Steering Committee, and ultimately elevated to IMCOM. The decision by IMCOM G9 to modify the Army Respite Care Program was finalized and local EFMP offices were instructed to prepare families for the change.

Local: JBSA-Fort Sam Houston Exceptional Family Member Program has identified the families who will be impacted by the changes and notified them of the changes via post mail. EFMP staff have been working to identify and connect with local respite care resources. In April 2017 a Respite Care Resource Fair was held at the Military Family Readiness Center. EFMP staff are continuing to work with affected families to help them identify and access community resources.

Title:

Exceptional Family Member Program (EFMP) Enrollees Continuity of Care during Permanent Change of Station (PCS)

SCOPE:

The problem is getting continuity of care for family members when a family member is coded EFMP. A base decides if it can support the family member. Once the individual arrives the individual is randomly given a doctor. The individual needs to get the new doctor to give referrals. Past referrals are not recognized. There is no time to discuss with the new doctor the medical past of the individual. A doctor who does not know the individual decided based on 20 minutes what the treatment will be. My daughter's story is a perfect example of a failed system. If you would like to hear her story please let me know. I know we are not alone in this problem. I have been fighting a broken system for 13 years. Not all children have parents as vocal as myself. Individual's lives depend on it.

ISSUE RECOMMENDATION:

There needs to be a team of individuals made up of medical professionals who have the ability to bypass the normal approach to treatment. This would be for complex cases needing multiple specialist. The team would meet to find the specialist needed. A case manager would be assigned to assist the family. This would be an individual who is abreast of the community resources. Once the team convenes, it should determine what is needed for the patient and how the individual can be accommodated at a hospital. The patient will have a meeting with the case manager to discuss the needs of the patient. Once the accommodations are found they will be given to the patient. The patient will not be given a doctor randomly. The patient will not need to prove referrals because they will have already been given. Referrals will be given since the patient is already being seen by the specialist. This allows for continuity care.

The referrals would be in place before arrival, with appointments made within one month of arrival to new location. Generally it can take weeks to get an appointment using the current process. The patient tries to talk to the doctor but since the doctor does not know the patient he/she is not sure if referrals are needed. The patient needs to convince the doctor of the recent referrals. The patient may get referral or be denied. Past referral is

usually dismissed as irrelevant since the doctor feels that he/she needs to make his/her own determinations. New referrals can take weeks to months to be seen.

The problem is the patient needs the referrals ASAP. Due to lack of referrals and continuity of care the patient has increased ER visit, urgent care, condition worsens, or the patient suffers.

My husband arrived on Aug 2. He cannot see his doctor until Sept 9. He is active duty and still cannot get his referrals that he had at his last base. Imagine how bad it is for a family member. If a hospital cannot take care of a complex patient then a team of physicians that are neutral should convene to determine if it is in the best interest of the patient to be seen off base. Some patients need one doctor that can take care of a very sick individual. Many times it is not possible to offer one doctor. Having many doctors on a team to treat a complex patient is not helping a complex patient. Normally a patient is unable to have the team to assist in giving the client the best treatment due to not knowing the patient. Having one doctor allows the doctor to treat the complex patient. There are small percentage of individual who are extremely sick and need to be seen by a doctor on a regular bases. Calling the appointment line and it having no appointments available does more damage to this type of client.

Randomly assigning a doctor does not help because the doctor has no idea what is happening with the patient and has no time to hear the history. High rate of patient doctor ratio is not beneficial to certain patients. It can be detrimental. Having a few doctors that only see complex cases and allow the patient to call the doctor to make same day appointments would be helpful. The patient would only see one doctor. This would prevent a patient from getting worse due to lack of continuity of care. If this cannot be offered due to staffing issues the patient should be sent off base and kept on TRICARE prime.

DISPOSITION:

During the FY17 AFAP Forum this issue was worked, elevated, presented to the Executive Steering Committee, and ultimately elevated to IMCOM.

Title:

TRICARE Young Adult

SCOPE:

TRICARE Young Adult - Surviving children between the ages of 23 and 26 are required to enroll in TRICARE Young Adult, even if they are in school full time. Children of active duty service members retain TRICARE Prime/Standard until they turn 26 if they are full time students. This is unfair to the children of the Fallen Service Member, as in every other insurance, they are treated as if their sponsor was still alive.

ISSUE RECOMMENDATION:

Change the requirement for Gold Star Children to be allowed to retain TRICARE Prime/Standard until age 26 if a full time student.

DISPOSITION:

During the FY17 AFAP Forum this issue was worked, elevated, presented to the Executive Steering Committee, and ultimately elevated to IMCOM.

SOS received information on TRICARE Young Adult (TYA). That information was placed in a newsletter and mailed out to all Gold Star and Surviving Families on December 26, 2016. SOS will also be taking the entire handout and mailing it to Gold Star and Surviving Children between the ages of 18 and 22 prior to January 13, 2017.

Title:

Department of Education (DOE) School Cafeterias Vegan and Vegetarian Food Options

SCOPE:

High School and Youth Center needs Vegan & Vegetarian options.

ISSUE RECOMMENDATION:

Provide vegan and vegetarian options for all schools.

DISPOSITION:

During the FY17 AFAP Forum this issue was worked, elevated, presented to the Executive Steering Committee, and ultimately elevated to IMCOM.

Local Issues

Not chosen to be elevated but are being addressed at the local level.

Force Support Issues

Title:

Unable to Access Army One Source Online

SCOPE:

A number of people "in-processing" in my unit (including my commander) were unable to access Army One Source online. We have had to make a special trip to the Military & Family Readiness Center (ACS) to get access to computers that had the website operational.

ISSUE RECOMMENDATION:

Provide guidance to units/S-1's so they can access the website by:

Clicking on tools, then compatible view settings, and finally adding the OneSource website:

<https://www.myarmyonesource.com/inprocessing>.

Provide accessibility to computers, for those soldiers without the surveys, within the section so they access the website and complete their survey without leaving the area.

Add the OneSource (In-processing Survey) website to the link to <http://www.samhouston.army.mil/hra> under information links below Out-processing Survey, eSAT Sponsorship Training, "In-processing Survey."

DISPOSITION:

IMCOM OPORD 12-241 with FRAGOs 1 thru 9 was rescinded in August 2016.

There is no longer a requirement for Soldiers to take the Army One Source (AOS) Survey to out-process. The survey has been discontinued.

Title:

Location of Service Are All Over Installation

SCOPE:

Location of services' are all over the installation. This causes confusion and undue stress. The problem is that Service Members and Families are running around looking for services that may have moved locations.

ISSUE RECOMMENDATION:

Implement a "One Stop Shop" - MFRC, AER, EFMP, Employment Readiness, Relocation, Family Life, Casualty Assistance, and Housing. This would allow a smoother and more productive experience for the customer. It could save time and perhaps reduce stress. It also offers better time management.

DISPOSITION:

The 502 FSS has one website that includes information from all three locations: www.myjbsa-fss-mwr.com. There is also a bi-weekly electronic newsletter, the FSS Connection, covering information for all three locations. This is emailed out to all personnel who have signed up to receive it and also available on the FSS website. Another bi-weekly information email is sent out the opposite week of the FSS Connection and covers information for all three locations. This goes out to email groupings from all three locations as well as individuals that have signed up to receive it. In addition, there is a bi-monthly magazine, the JBSA Today, covering FSS information for all three locations. Roughly 15,000 copies are distributed across the three locations. Lastly, posters, banners, flyers, and digital media is displayed at all three locations publicizing events and programs. Staff from the 502 FSS also attend numerous briefings at all three locations.

Title:

Entitlement Issue When Acquiring Services

SCOPE:

Entitlement issue, unless you know the right question to ask then you're running in circles. If the Active Duty member doesn't bring home flyers or packages, then the spouse and family miss out on activities or events.

ISSUE RECOMMENDATION:

Create generic basic flyers or website so individuals have a place to start (i.e., AFRC-Resume, job search, etc.). Create flyers with family benefits and activities for the month and post it in busy places, BX, commissary, pharmacy, clinic main entrance, and club.

DISPOSITION:

The M&FRC marketing office utilizes a variety of methods to inform service members and their families of available M&FRC services. Posters, flyers, and a bi-monthly Calendar of Events are displayed at multiple places JBSA wide. Other advertising services used to reach patrons include the AAFES Radio Announcement, installation newspaper - JBSA Legacy, www.jbsa.mil, Admin Info, marquees found near base entry points, banners, 502 FSS publications, and social media outlets.

Title:

Ensuring All Service Members Who Utilize the Dining Facilities Show ID Card and Pay Accordingly

SCOPE:

Single Soldiers living in the barracks on Fort Sam Houston get Basic Allowance for Subsistence (BAS) taken out of their paychecks to eat at the Dining Facility (DFAC). On the other hand, married individuals who receive their BAS in full are able to walk into DFAC without paying and eat for free by simply saying "active duty" when passing by the workers filling out the rosters. No ID's are checked.

Many people that are receiving their BAS are eating for free and essentially pocketing the unspent money; while single Soldiers do not have the option to receive BAS are having a large (more than necessary amount)

taken away. We are pretty much funding those individuals' meals with our money. After a certain amount of time BAS is given to other branches outside of Army.

ISSUE RECOMMENDATION:

Actually use the meal cards that soldiers sign for and/or check ID cards through the system by putting in our pins. Otherwise, BAS needs to be distributed to all personnel so everyone can be charged as they come in instead of money coming for all meals, including the meals not eaten at the DFAC.

DISPOSITION:

Personnel are not permitted to walk past the cashier by simply saying, "Active duty" when entering the DFAC. Contracting Officer Representatives monitor this process and have not seen instances of patrons entering the DFAC without providing their CAC to a cashier. We'll continue to monitor this process and ensure personnel are rendering their CAC when entering the DFAC.

The only personnel who are required to sign a roster for their meals are international students who are pre-approved to eat on a reimbursable basis. DFAC personnel do not have the authority to allow permanent party members receiving BAS or TDY personnel receiving per diem to eat in the DFAC without paying.

If you witness such behavior please inform the DFAC Manager or Assistant Manager immediately.

Title:

Dining Facilities Do Not Appropriately Charge Single Soldiers and Married Soldiers

SCOPE:

In the Fort Sam Houston Dining Facility (DFAC) there are permanent party single Soldiers who get Basic Allowance for Subsistence (BAS) taken back to pay for dining when there are married people walking right in without paying. The problem is that you get issued a meal card so you can go the DFAC but the DFAC doesn't look at them and they don't check ID's. Essentially married people are walking in without paying while single soldiers lose their BAS to support DFAC to pay for their meals.

ISSUE RECOMMENDATION:

The issue can be fixed by having the DFAC's check ID's correctly or give the permanent party single Soldiers BAS and not have them feel like they are funding the married Soldiers meals that have been cheating the system.

DISPOSITION:

Contracting Officer Representatives monitor this process and have not seen instances of patrons entering the DFAC without providing their CAC to a cashier. We'll continue to monitor this process and ensure personnel are rendering their CAC when entering the DFAC. DFAC personnel do not have the authority to allow permanent party members receiving BAS or TDY personnel receiving per diem to eat in the DFAC without paying.

This is actually fraud. If you witness such behavior please inform the DFAC Manager or Assistant Manager immediately.

Title:

Proposed Shutdown of Fort Sam Houston Caisson Section

SCOPE:

Fort Sam Houston Caisson section proposed shutdown. The Caisson section is a necessity to Fort Sam Houston. Not only offering an alternative site to Arlington, VA to receive caisson Military Funeral Honors, but also to preserve Military equine History unparalleled by nearly any other Unit.

ISSUE RECOMMENDATION:

Do not shut down the Caisson.

DISPOSITION:

Headquarters, Department of the Army, Office of the Deputy Chief of Staff G-1 DAPR-PRP memorandum, 05 October 2015, states that the extension of the Fort Sam Houston Caisson DMO is approved through 30 September 2018.

Title:

Certificate for Non-Availability Process for Single Service Members with Extreme Circumstances

SCOPE:

Certificate for non-availability (CNA) process for single service members with extreme circumstances need to be routed differently. People involved in the process need to be more informed. Especially for Service members trying to petition citizenship for family members but can't put them in DEERS.

ISSUE RECOMMENDATION:

Take the housing office out of this process let the company commander review the Service Members petition on a case by case basis.

DISPOSITION:

The Services would need to weigh the cost of increased CNA approvals and increased issuance of Basic Allowance for Housing (BAH) against the requirement to occupy barracks facilities on the installation. Inconsistent application of the policy by Commanders if the policy is changed may increase audits and investigations. The budgets for the services would increase if the change is implemented and changing the approval authority would not resolve the issue.

Everyone involved in guiding the service member facing such a complicated issue should know and direct the service member to the correct SMEs who will all play a role in providing accurate and comprehensive guidance for each service member's specific situation. The agency with primary responsibility for implementing the change in the CNA approval authority would be the Department of Defense.

Update: Housing will not be removed as we are the Office of Primary Responsibility (OPR) for managing and maintaining permanent party barracks occupancy. The submitter's statements also mentioned (secondary) dependents and dependent's citizenship/immigration status. Privatized housing office is not the OPR for any of the concerns mentioned by the submitter and is not part of the CNA process on JBSA.

Title:

Rocco DFAC at Fort Sam Houston Accepts Only Cash for Payment

SCOPE:

Dining Facilities (the Rocco DFAC at Fort Sam Houston) accept only cash for payment, limiting Soldiers options for only one way to pay for meals.

ISSUE RECOMMENDATION:

Allow the dining facilities, more specifically Rocco DFAC, to accept credit cards. Other DFACs have already been allowed to do this thus allowing Soldiers an additional way to pay for meals. The Keller Army Community Hospital at West Point began taking credit card payments (without any loss of revenue percentage to the credit card companies) around 5 years ago if my memory serves correctly.

DISPOSITION:

Army policy does not allow DFACs to accept credit cards at this time... the exception to the policy is DFACs associated with Medical Treatment Facilities. The good news is the policy is under review and we're hopeful the decision to allow the use of credit cards will be forthcoming.

Title:

Issue with TDY Mileage Reimbursement Rates Based on Type of Vehicle

SCOPE:

Per the Defense Travel Published rates for 2016, TDY mileage reimbursement rate are \$.54 per mile for automobiles and \$.51 per mile for motorcycles respectively. However, for travel during a Permanent Change of Station (PCS), mileage rates are only \$.19. Furthermore, DoD Civilian employees are reimbursed \$.54 per mile for local travel. Meanwhile, mileage reimbursement for Civilian Contractors, (although rates are set based on guidance in the FAR [Federal Acquisition Regulation]) is equal to \$.54 as well.

ISSUE RECOMMENDATION:

Review the justification for the current Permanent Change of Station (PCS) travel rates and poll families who have PCS'd in the past three years to get an idea of the true cost of PCS travel and relocation. Also, research travel office claims in the past three years. Please take into consideration that many families who PCS incur high costs to travel and most travel during peak seasons. An active duty family should receive a mileage reimbursement equal or greater than the rates afforded to the civilian community for relocations that are involuntary, taxing and costly. Please review the policy.

DISPOSITION:

Not attainable under AFAP. This issue could be worked via your local Congressman.

You can find more information on contacting your local Congressman here:

<http://www.house.gov/representatives/find/>

Title:

No 24 Hour Shoppette

SCOPE:

There are no 24 hour Shoppettes on the installation. This is a problem posed to Service Members who are on 24 hour duty who, upon their release, have no place on post to get anything they may need. Also, if you have to get anything for your family (sick kids or wife) you have to go off post.

ISSUE RECOMMENDATION:

Designate one of the shoppettes as a 24 hour store.

DISPOSITION:

Unattainable- Not cost effective.

Trial runs showed that after 2200 hours the facility sales averaged \$140. Keeping the facility open any longer after 2300 hours would not be a good business practice and are unable to extend the hours of the Walter's Express to 24 hours. The Walters Express is currently open Mon.-Sat. from 0530-2300 hours.

Title:

Retirees Eating At the Dining Facilities

SCOPE:

Having a large retiree population visiting JBSA on a daily basis, the only option is to eat at fast food locations. Why are we not able to utilize the dining facility?

ISSUE RECOMMENDATION:

Retirees and volunteers should be allowed to eat in the dining facilities.

DISPOSITION:

The very large number of Tech School students eating in the JBSA dining facilities daily make it impractical to feed a large retiree population. The dining facilities at Lackland and Fort Sam Houston don't have the capability to support a large population of other personnel without negatively impacting the quality/timeliness of service to students.

The Wingman at Randolph (bldg. 860) is the exception to this policy and does allow retirees. Because this facility supports a small student/dorm resident population and is aligned under the Food Transformation Initiative (FTI). One of the main selling points of FTI is to increase patronage of dining facilities with low usage...this allows us the opportunity to open the facility to the entire base population.

Title:

The Transition Assistance Program (TAP) Not Adequately Preparing Soldiers for Transitioning Out Of the Service

SCOPE:

The transition assistance program is not working. The Soldiers participating in the program are not confident about "stepping outside the gates" and being successful. The program doesn't start soon enough and doesn't provide the right types of information to the Soldiers or their Family Members. Most of the Soldiers in transition have only known the military way of life. It is very different in the civilian world, and the Army is not preparing them adequately to get out. Several of the more recent suicides across the Army were from transitioning Soldiers who shared with their family that they were scared about getting out and felt the Army would provide financially for the family if the Soldier was dead. This is a wrong assumption, but until we get that word out to the Soldiers, this will continue to happen.

ISSUE RECOMMENDATION:

Start the transition assistance program a minimum of two years out. Have financial counselors available to meet one-on-one with each Soldier to go over their budget and what income they are going to have to bring in to maintain the standard of living. Educate Soldiers on how to tailor their resume for the civilian world. Work with each transitioning family to determine their needs and help them prepare to move forward.

DISPOSITION:

Soldier for Life – Transition Assistance Program (SFL-TAP) is in all actuality the Military Life Cycle, the Army rebranded it to make it more meaningful for Soldiers and combined with TAP to show how one can prepare for separation through one's career. The Army refers to actions completed on active duty as the Soldier Life Cycle while the Soldier for Life piece is designed for post separation life as further explained below. As such I will refer to SFL-TAP however the steps and services, save for the SFL post separation piece, are for all branches.

SFL-TAP, formally the Army Career and Alumni Program (ACAP), is the Army's transition program responsible for "**preparing**" Soldiers with the counseling, employment and education workshops, and seminars required to achieve Veterans Opportunity to Work (VOW) and Career Readiness Standards (CRS) mandated compliance in order to "**prepare**" them to the greatest post-military employment and education opportunities.

Whereas, the Soldier for Life Program is the Army proponent for "**connecting**" Army, governmental, and community efforts to build relationships that facilitate successful reintegration of our Soldiers, Retired Soldiers, Veterans, and their Families in order to keep them Army Strong and instill their values, ethos, and leadership within the respective communities to subsequently "**connect**" them to the greatest employment and education opportunities.

At each touchpoint Soldiers complete steps and actions that prepare them for eventual separation, i.e. getting into the habit of budgeting throughout their career takes the shock and mystery out of preparing post-separation

budget which is a CRS required by the VOW Act. Each deliverable is documented by supervisors in a personnel tracking system, Army Career Tracker for Soldiers, and monitored throughout the career.

All steps such as Individual Development Plan, Résumé, MOS Crosswalk, etc. prepare the Soldier throughout their career, be it two years or twenty, to not only be more well-rounded and promotable but to be more successful post-separation also. Each item is a required CRS for TAP and is easily adjusted to from a career perspective to a post separation focus. For instance the Individual Development Plan shifts to the Individual Transition Plan, the MOS Crosswalk shifts from a military career focus to an evaluation of post separation employability, the budget shifts from current state to focus on 12 months post separation taking into account the absence of BAH and BAS, etc.

The TAP services are not available until 24-months out from retirement or 18-months from separation as defined by law. Soldiers can receive financial counseling, résumé assistance, and various other services from their Army Community Service Center (ACS) or Military & Family Readiness Center at Joint Base San Antonio and many other resources available through veteran's service organizations and within the local community. ACS and M&FRC maintain a listing of helping and support agencies to refer Soldiers and their family members to for assistance.

With this construct the DoD has shifted post service preparation left to the beginning of the career in order to make a service member more successful during their career and also to prepare them for life afterwards. Each component has clearly delineated time frames and responsibilities thereby streamlining the entire process. The life cycle and TAP complement each other to provide robust services for preparing Soldiers to be successful in their post separation life.

Family Support Issues

Title:

Receive Credit for Child Development Center (CDC) Charges In Case Of Divorce

SCOPE:

I got a divorce in December but just recently got my divorce decree. I went to CDC to have my rate lowered. I then found out that I had to do a budget analysis in order to assess whether my rate could be lowered. I also found out that it would take quite some time after I turned in the paperwork to CDC before my rate would be adjusted. I do not understand why.

ISSUE RECOMMENDATION:

Give parents back payment or have payment adjustment credited to the account starting from the date the divorce was finalized. If it was reversed the government would take my money in a heartbeat.

DISPOSITION:

The following is guidance from Department of Defense Child Development Program (CDP) Fees School Year (SY) 2016-2017, "Families experiencing divorce or legal separation do not need an Airman & Family Readiness Center or Military & Family Readiness Center personal financial analysis, but a copy of the legal document is required. All supporting documentation should be included in the family's request for a fee reduction package." The direction to have a financial analysis completed by A&FRC/M&FRC was done in error. Once all required supporting documents are submitted to the Child Development Program and reviewed by the appropriate parties, eligible patrons could receive an adjusted rate and/or credit when applicable.

Title:

Commissary Baggers Should Be Eliminated

SCOPE:

Installation commissaries have baggers working for tips. No other grocery store (i.e., Farmfresh, Krogers, H-E-B, & Walmart) have baggers. Typically bagging of groceries is done by the cashier.

ISSUE RECOMMENDATION:

Require Defense Commissary Agency (DeCA) to eliminate the use of baggers.

DISPOSITION:

Senior leadership at JBSA has decided to continue this process.

According to DeCA the bagger policy is as follows:

- They work for the command and they are independent contractors.
- They do work for tips.

- Inform the cashier that you will be bagging your own groceries and carrying them out.
-

Title:

Before and After Care Program for Special Needs School Age Children at Department of Defense Youth Centers

SCOPE:

Single parents, dual military couples, and working parents of school age children (who do not attend DoD schools) do not have availability to place school age children with special needs in Before and After Care at DoD Youth Centers. This poses an added level of stress to families with special needs children. Some, not all, Youth Centers may be able to place a child based on a specific type of special need, but there are often not availability to all children with Special needs. The Youth Center request documents and information to identify the needs of the child, but this process takes up to a couple of weeks to notify the parents of the approval or disapproval to join the program. Again all based on the need of the child. If disapproved, parents will then have to seek placement with on base providers, who have a quota or ratio, leading to non-availability. Off base placement is as scarce and stressful.

ISSUE RECOMMENDATION:

Implement a Before and After Care Program at DoD Youth Centers for all school age special needs children.

DISPOSITION:

JBSA Child and Youth Programs (CYP) follow the current guidance on providing care for children ages 0-18 years old with special needs.

Per the Department of Defense Instruction (DoDI) 6060.02, *Child Development Programs (5 Aug 14)*

“Establish guidance and operating procedures to provide services for children with special needs in accordance with References (d) and part 56 of title 32, Code of Federal Regulations (Reference (y)) as they apply to children and youth with special needs.

- (1) Require procedures for reviewing and making reasonable accommodation for children with special needs that do not fundamentally alter the nature of the program.
- (2) Consider the needs of the child, the disability, and the environment of group care in child development facilities or home-based care, staffing needs and training requirements, and the resources of the program.
- (3) Include CDPs as part of the Multidisciplinary Inclusion Action Team that supports families of children with special needs.”

In response to the requirements of the DoDI, Air Force Instruction 34-144, *Child and Youth Programs (2 Mar 16)* was published outlining the specific requirements of caring for children with special needs in CYPs. The AFI 34-144, 15.6.2 states,

”Due diligence and best efforts are required by all involved to consider possible modifications or adjustments that can reasonably be made to programs, staffing and/or facilities in order to accommodate a child or youth with disabilities or special needs. However, such accommodations should not fundamentally alter the nature of the service, program, or activity.”

If needed, a group of experts are brought together to form an Multidisciplinary Inclusion Action Team (MIAT) that identify the needs of the child, develop accommodations, review emergency action and health plans, make recommendations for behavior support plans, identify resources and services, follow-up and support, and review plans annually. MIAT members include professionals working in CYP, early intervention, medical, legal, family support, therapy, education, and the parents of the child. Recommendations made by the MIAT are coordinated to ensure compliance with Section 504 of the Rehabilitation Act and other applicable laws in reference to disability discrimination. The recommendations are implemented by the program and training with direct care staff occurs on methods for caring for the child.

Title:

No Focus Groups at the AFAP Conference for Dual Military Married Couples

SCOPE:

There are no focus groups at the AFAP Conference for MACP (Married Army Couples Program). This program is such a big thing these days and should have a part in this conference.

ISSUE RECOMMENDATION:

Create a MACP focus group in the AFAP Conference to support this group/program.

DISPOSITION:

In FY18 AFAP will hold issue generating focus groups. One of these focus groups will be target to MACP couples.

Title:

Increase Military Families' Knowledge of Available Behavioral Health and Suicide Prevention Resources

SCOPE:

There have been a number of suicides in the Military. The Military life places many pressures on soldiers. There are not enough resources to help deal with all areas of military life issues. Issues that deal with, but are not limited to, PCS, separation, living conditions (i.e., Barrack conditions) as well as many other issues (i.e., battle experiences, Post-Traumatic Stress Disorder (PTSD)).

ISSUE RECOMMENDATION:

Suicide training is minimal and the online programs are not efficient. Many sign off as completed, not effective-closer evaluations, (i.e., peer groups) non-biased promotion position groups, psych evaluations after remote (i.e., Iraq, Afghanistan) tours and/or separation tours. Most soldiers will not use hotlines or outreach numbers. Families and/or spouses need to be informed of any changes of actions/attitudes of Soldiers to help foresee any probability of suicide. Required attendance for PTSD services for all service members that have gone through an intensive remote tour that spans for several months to up to a year.

DISPOSITION:

A. All services require a minimum of an annual face-to-face suicide prevention and awareness training. Some of this training may be augmented by computer based training however is not a replacement for face-to-face

requirements. Each service regulation describes the proponent for conducting and monitoring completion of suicide prevention training.

B. The Department of Defense mandates pre-, mid-, & post-deployment health assessments that evaluate for a broad range of health risks to include suicide, depression, posttraumatic stress disorder and alcohol misuse. In addition annual health assessments are required which also screen for the same risks. Each assessment requires a face-to-face encounter with a healthcare provider.

C. JBSA offers Applied Suicide Intervention Skills Training (ASIST) which is an evidenced-based peer support training that teaches service members the necessary skills to approach peers whom they believe might be contemplating suicide.

D. Every year in September, all services recognize Suicide Prevention and Awareness month and host a number of events and public information campaigns to highlight suicide awareness and resources available locally as well as nationally to help service members, family members and other beneficiaries who may be experiencing suicidal ideation.

E. Staff Position: Sufficient training and assessments are being performed to identify service members at risk for suicide and post-deployment psychological distress.

Title:

No Dog Park on Fort Sam Houston

SCOPE:

There are no dog parks on Fort Sam Houston for families to let their dogs run off leash and still be fenced in. The nearest dog park, according to Google, is Madison Square Park. This requires Soldiers and their Family Members to drive rather than walk to a nearby dog park. Hotel guests on Fort Sam Houston who are utilizing the on post pet-friendly hotels need to drive a distance to give their dogs a chance to run around.

ISSUE RECOMMENDATION:

Build one or more dog parks on Fort Sam Houston for residents and guests who are staying in the pet-friendly hotels (ideally one per housing area). Perhaps a dog park can replace one of the deteriorating buildings that are too close to the fences to house anymore due to force protection concerns. Fort Knox has an excellent example of a large dog park on post as an example.

DISPOSITION:

The request to build the dog park for the housing residents has been sent to Deputy Assistant Secretary of the Army (DASA) for approval. If it is approved, Lincoln Military Housing will be able to obtain bids and determine a timeline. At this moment, only one park is planned and it will be in the vicinity of the resident center located at Building 407, Dickman Road. Until approval is given, a date cannot be established.

Title:

Month of the Military Child Needs To Continually Be Targeted at Gold Star Children

SCOPE:

It is important to remember that Gold Star Children are still military children. April is the Month of the Military Child and often the Gold Star Children are left out of the activities and events, simply because they don't know about them.

ISSUE RECOMMENDATION:

To ensure Gold Star Children are informed of activities during April, the Month of the Military Child, have a Survivor Outreach Services coordinate with the Military & Family Readiness Center to honor and acknowledge the Gold Star Children at events during the month of April and all throughout the year.

DISPOSITION:

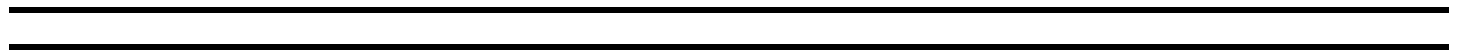
As of January 2017 – Fort Sam Houston SOS is working with the Military & Family Readiness Center to include Gold Star and Surviving Children in their Month of the Military Child event April 7-8, 2017.

UPDATE from IMCOM CYS & SOS: There is no specific marketing towards any one type of military child (i.e., Active, Guard, Reserve, Gold Star).

A. Army leadership, Garrisons and National Guard/Army Reserve locations (if appropriate) will execute communication efforts and activities in collaboration with local businesses and community organizations to show appreciation to children.

B. IMCOM Marketing and Public Affairs will produce communication products to enhance efforts in promoting local events and awareness. Products include web banners, videos, social media posts, posters and articles.

C. IMCOM will also share all pertinent information to IMCOM SOS so the information can be pushed out “into the field” at the base SOS locations.



Medical/Dental Issues

Title:

Promised Free Dental Care for Life

SCOPE:

I was promised “free” dental care for the rest of my life if I served 20 years. I served 24 years and retired. Today my teeth are rotting out and I cannot afford dental care.

ISSUE RECOMMENDATION:

Return full dental care to retirees and their Families. We have earned it by keeping our promise by serving faithfully and honorably.

DISPOSITION:

The Federal government has not promised free healthcare or dental care for life; despite the belief that many recruiters may have made such a promise. In order to debunk the myths and “promises” please see *Order Code 98-1006 F*.

Local to JBSA- Recommend that interested beneficiaries contact the AMEDDC&S Dental Clinic to inquire about the screening process. There are available resources to provide limited dental hygiene services to a limited number of beneficiaries. Please contact the clinic at (210) 221-8982 if you are interested in supporting this training.

Title:

Patient Health Concerns versus Primary Care Manager (PCM) Productivity

SCOPE:

The clinic only allows you to discuss two issues with your doctor at a time. The sheets they hand out clearly state this and, based on personal experience, the doctor will cut you off if you bring up more than two medical concerns. This is a poor medical practice. A patient can be delayed a complete diagnosis if they cannot relay to the doctor everything that is wrong.

ISSUE RECOMMENDATION:

Allow patients to discuss all of their concerns with their PCM during their appointment.

DISPOSITION:

Current processes of screening patients for the two principle concerns that prompted them to schedule an appointment helps the Primary Care Manager to prioritize issues needing to be addressed at each appointment. No additional changes are currently planned to lengthen primary care appointments in DFCM. Limits for number of issues that can be safely addressed within a 20-minute primary care medical encounter are well within standard practices for both military medicine and medical care in the civilian community.

Title:

Service Members and Family Members Are Not Being Provided the Right Type of Mental Health Care

SCOPE:

There is a huge gap in ongoing mental health care. Service Members and Family Members are not being provided the right type of mental health care, which is affecting overall health and stability. The Behavioral Health Clinic is not able to provide care to all of the active duty members who need it. As a result, the families are left to navigate their way through the system to get the care that they need.

ISSUE RECOMMENDATION:

Partner with outside agencies and providers to distribute the work load. Make it easier for Families to receive the mental health care that is needed. Promote and advertise the process to access mental health care directly to the Families.

DISPOSITION:

Beneficiaries have full access to network BH services when unavailable at on-post clinics. Active duty SMs have a comprehensive BH system of care to address their BH needs at installation BH clinics/services on JBSA-Fort Sam Houston, Lackland and Randolph.

Teen Issues

Title:

Base Does Not Have Locations for SAT Prep

SCOPE:

The base does not have a location for SAT Prep.

ISSUE RECOMMENDATION:

Ensure High Schools or Youth Agencies provide SAT prep on the base.

DISPOSITION:

All three JBSA Education Centers offer ACT and SAT Prep at their locations. All JBSA installation High Schools offer classes for these courses. The JBSA-Libraries offer tutors sessions for specific subject areas to all military, family members and dependents. JBSA Education Centers and Libraries offer information for these courses on their websites. The JBSA-ISD High Schools also have a school calendar that offer prep course and test sites.

Title:

Base Commissary Does Not Open Before School

SCOPE:

Base commissary does not open before school. Which in turn, limits breakfast options to only Burger King and Starbucks.

ISSUE RECOMMENDATION:

Adjust Commissary hours.

DISPOSITION:

Additional hours or adjustments would require approval from DeCA, thru the Department of Defense and Congress, as we are an appropriated activity governed by the Congressional Defense Budget.

Title:

Flag Football and Softball Teams for Teens

SCOPE:

There are no flag football and softball teams for teens.

ISSUE RECOMMENDATION:

Open a league.

DISPOSITION:

We continue to offer youth sports to teens (ages 13 and up) for all of our sports programs such as baseball, flag football, soccer and basketball. Our participation numbers continue to be very low or non-existence. Most teens participate with their school or off base recreation facility. These activities are offered as part of our open recreation program.

Older youth wanting to play these sports can sign up for the adult leagues, boys will need approval. Regulation update for teen girls, per AFI 34-144

11.31.2. Girls, 15 years of age and over, may participate in leagues for adult females when there are not sufficient numbers of females to offer YSF leagues for girls. Any other participation of youth teams in adult leagues must be approved by AFSVA/SVI. (T-2)

Title:

Water Fountains and Bathrooms Are Not Available or Are Broken

SCOPE:

Water fountains and bathrooms are not available or are broken where kids play on base.

ISSUE RECOMMENDATION:

Ensure fountains and bathrooms are operating properly at all play areas.

DISPOSITION:

The 502nd Civil Engineer Squadron will do a full check of the playground bathrooms and fountains and make needed repairs. Installation of a water fountain and/or bathroom would have to be coordinated with the Office of Primary Responsibility (OPR) to develop and fund a project.

Title:

Base Outdoor Basketball Courts Need Improvement

SCOPE:

Base outdoor basketball courts should be improved and maintained. Lights, nets, ground markings, etc., are in shambles or nonexistent.

ISSUE RECOMMENDATION:

Rebuild basketball courts and maintain them for the future.

DISPOSITION:

The location of the basketball court referenced could not be identified based on the information provided. The 502nd Civil Engineer Squadron schedules work based on requests from facility managers. Installation personnel and visitors should submit concerns to the nearest facility manager for action. Issues and concerns regarding

sports courts in the Privatized Housing areas should be sent to the Community Manager or Assistant Community Manager.

Title:

Street Lights on Base Do Not Stay On

SCOPE:

Street lights on base do not stay on, resulting in a youth community who do not feel safe.

ISSUE RECOMMENDATION:

Extend street light hours.

DISPOSITION:

The location of the street lights referenced could not be identified based on the information provided. The 502nd Civil Engineer Squadron schedules work based on requests from facility managers and items identified by CE work order technicians. Installation personnel should submit concerns and requests to the nearest facility manager for forwarding to 502 Civil Engineering. Issues and concerns regarding street lights in the Privatized Housing areas should be sent to the Community Manager or Assistant Community Manager.

Title:

High School Gym, Medina Base Housing, and Medina Base Roads Need Repair

SCOPE:

High School Gym, Medina Base Housing, and Medina Base roads are all old and need repair

ISSUE RECOMMENDATION:

Start construction to create all new roads. Do not simply fill in potholes, this course of action has continuously proved ineffective.

DISPOSITION:

The Department of Defense Education Activity (DODEA) oversees the high school gym. School requirements are forwarded to 502nd Civil Engineer Squadron for maintenance, repair and project programming for renovation and military construction. Applicable guidance is DODEA policy; AFGM2016-01, AFI 32-1001, Operations Management, 22 April 2016; AFI 32-1032, Planning and Programming Appropriated Fund Maintenance, Repair, and Construction Projects; AFI32-1032_AFGM2016-01, 19 May 2016.

Title:

No Swings at Playgrounds

SCOPE:

There are no swings at playgrounds. In fact, some playgrounds have no equipment at all.

ISSUE RECOMMENDATION:

Update and fill all playground areas.

DISPOSITION:

With the exception of the school property and family housing, the 502nd Force Support Squadron oversees playgrounds and recreations fields on the installation, 502 FSS program oversight and operational procedures ensures periodic reviews and inspections of playgrounds. The playground(s) referenced in the issue could not be identified based on the information provided.

The 502nd Civil Engineer Squadron supports 502 FSS and the school by making repairs, and approving “Contract by Requester” when playground equipment is installed or upgraded by a separate contract awarded by the Contracting Office. The 502 CES does not make repairs to playground equipment in AF Privatized Housing per OSD policy. Housing residents also have the option of installing back yard swing sets self-help with approval from the Privatized Owner.

Not all playgrounds are constructed for swing sets. Existing playgrounds were established for a certain age range of children and it may have been the intent of the requesting organization to omit swings at certain playgrounds as a swing may not have been the most appropriate for the developmental age of child the playground was designed for.

Work orders or projects to add new equipment, modify existing installation playgrounds (i.e., playgrounds outside of the Privatized Housing areas) would need to be submitted by the facility managers (502 FSS, Child Development Center, Youth Center, etc.) to the 502 CES for installation.

Changes, improvements and upgrades are based on policy, customer input, inspection outcomes and budgets. Installation personnel should contact the facility manager to obtain information regarding future playground modifications and upgrades and to make suggestions for improving current playgrounds. Issues, concerns and suggestions regarding playgrounds Privatized Housing areas should be sent to the Community Manager or Assistant Community Manager. Questions, concerns or suggestions regarding playgrounds within the school campus should be directed to the school principal or superintendent.

Title:

Teen Job Opportunities on Base

SCOPE:

Teens need more job opportunities on base.

ISSUE RECOMMENDATION:

Boost up the summer hire and open teen positions provided on base.

DISPOSITION:

The Summer Hire program was established primarily to provide employment opportunities for teens (16 years and older). The program has evolved over the years and the hiring authority utilized now is under the Pathways Program which requires the student to have at least a GPA of 2.0 or above and be enrolled with at least a half-time course load (can also be home schooled). All positions must be announced via www.USAJOBS.gov which has been a bit difficult for some students to maneuver through that process.

Within the Summer Hire Program, we are limited to hiring clerical positions, laborers and life guards with the bulk of the positions being for lifeguards. There are very few volunteer opportunities on JBSA due to the protective guidelines established for individuals who have regular contact with children (under age of 18) which includes volunteers. DODI 1402-5 1. e. (9)

REQUIREMENTS FOR CRIMINAL HISTORY BACKGROUND CHECKS (9)

Any other individuals reasonably expected to have regular contact with children on a DoD installation, in a DoD sanctioned program, or as part of a military-sanctioned activity, including specified volunteers and any person 18 years of age or older residing in an FCC, foster, or respite care home.

Title:

Job Shadowing Opportunities for Teens on Base

SCOPE:

Teens need job shadowing to gain valuable work experience and hiring skills.

ISSUE RECOMMENDATION:

Offer after school internships or job shadowing opportunities.

DISPOSITION:

The Teen Programs offer new, fun, and interactive activities for youth ages 13-18 to explore a broad range of career areas, matching their interest to career clusters and identifying the skills and education needed for their particular career path.

Junior Staff: An easy-to-use program for Club teens (ages 13-18). This program will provide your Club staff and volunteers with tools to guide young people in preparing for a career in the community and/or other service professions. Through participation in Junior Staff, teens will develop interpersonal skills, a strong work ethic and a sense of community engagement while experiencing on-the-job Club work.

This program assists Club teens in exploring a career in youth development or other human services, with a particular focus on Child and Youth Programs. Junior Staff provides teen members with age-appropriate skill-building opportunities and hands-on youth center work experience in four areas:

- Career development
- Apprenticeship
- Customer service
- Community service

Career Lunch: This program is designed to support youth in their first job, internships, summer employment and much more, it prepares teens for the working world. Youth Program teens (ages 13-18) embark on a journey to explore careers, make sound educational decisions and find success in the world of work. The program contains sessions full of interactive activities designed to help teens prepare for 21st Century careers.