

## Fort Belvoir 2011 AFAP Symposium

		Issues As Submitted			Symposium Results		
Rank	Issue #	Issue	Scope	Recommendation	Work Group Recommendation	Prioritized	Not Prioritized
1 of 7	BMDE-14	Standard Mileage Rate Reimbursement	Current mileage rates differ depending upon traveler's status such as Routine TDY, Medical TDY, or Permanent Change of Station (PCS). For example, present rates are \$.55 for routine TDY, \$.40 for medical TDY and \$.16 PCS per mile. Actual costs do not vary based on travel status.	Amend Monetary Allowance in Law of Transportation Table to reflect current Federal reimbursement rate regardless of traveler's status.	Work group submitted issue as presented.	X	
2 of 13	HFSBFS-1	24-7 hours for working military personnel with affordable cost for childcare/babysitting	High prices and short hours for childcare/babysitting	Extend hours 24-7 for military work demands and charge an affordable price.	Work Group developed issue further for submission	X	
3 of 13	HFSBFS-4	Offer for sale at AAFES a special section of books specific to military spouses written by military spouses.	Spouses unable to find variety books for sale at AAFES addressing issues affecting military spouses.	Solicit military spouse authors and provide for sale a section equal to books offered to military members.	Work group combined issue with similarly submitted issue and developed them further for submission.	X	
4 of 13	HFSBFS-2	Soldiers and families use of libraries	The library at Fort Belvoir does not have the necessary, vital space to accommodate all of the users needs.	Library needs elevators for handicapped, electrical outlets for wifi and their should be funds allocated to improve or renovate facilities.	Work Group developed issue further for submission.	X	
5 of 13	HFSBFS-3	Need adequate water fountain and/or affordable vending machines drinks at ACS and other community centers	Soldiers and family members comfort and health during long visits/classes. We are forced to provide expensive bottle water. Etc. Many soldiers and family members have expressed frustration about this.	Install drinking fountains ( ex. At least 2 at ACS Bldg. 200). Reduce price of vending drinks (current \$1.25).	Work Group developed issue further for submission.	X	

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6 of 13	HFSBFS-5	no title given	Fort Belvoir has a housing policy that states that you cannot add your name to the housing list until you sign into the area. This is the only post I have encountered that has this policy. This policy creates an unnecessary hardship as the service members and their families cannot protect if/when they will receive government housing.	Change the housing policy at Fort Belvoir to allow request for orders/orders to set the date a service member can apply for housing.	Issue relates to previously resolved issue #659 completed June 2010.		X
7 of 13	HFSBFS-6	Housing should work out a more accurate plan of affordable housing closer to military installation.	Affordable housing for E 6 and below soldiers needed.	Work out contracts w/apartment complexes/renters so that soldiers can afford expensive renting	This issue relates to a previously resolved issue #382 completed in 1998.		X
8 of 13	HFSBFS-7	At Ft. Hood I really enjoy the amount of information soldiers receive about Shaken Baby Syndrome. I believe it should be implemented at all installations. It is a growing problem.	It affects soldiers and their families. When stressed they need to know how to handle it. Soldiers coming back from deployment need to be informed.	It should be provided through ACS on all military installations.	Work group determined that the available "New Parent Program provided by ACS sufficiently covers the Shaken Baby syndrome Information.		X
9 of 13	HFSBFS-8	Soldiers In-processing for three weeks to ACS and Family Advocacy before being released to their units.	Not provided	Have families attend In-processing to know and understand all programs.	Work group determined that issue was not feasible.		X

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10 of 13	HFSBFS-9	Soldiers on daycare/childcare wait list. DoD Civilians get priority over active duty soldiers as far as on-post childcare.	Civilians are important! But what's more important than soldiers? Soldier's readiness includes access to Better Childcare, closer to their place of duty.	Soldiers stationed on post (Single, Lower Enlisted) gets priority listing thus, relieving stress and cost of finding outside daycare.	Per SME information Work group determined that this issue was based on inaccurate information.		X
11 of 13	HFSBFS-10	That FRG Leaders and FRG staff should be paid positions in addition to FRSA.	Not provided	Make FRG Leaders and Staff GS positions	Work group determined that issue was not feasible.		X
12 of 13	HFSBFS-11	Instate Tuition to be equal for all military children/dependents.	Military children are not being charged as resident tuition. (regardless of sponsors Duty station or home of record)	Provide military dependents assistance to qualify for instate tuition regardless of duty station or home of record	Work group did not have time to address issue.		X
13 of 13	HFSBFS-12	Major disparities on wait list eligibility from post-to-post.	East post housing company has different requirements to meet before sm/family can be added to wait list – serious hardships result.	One standard at each post, allowing sm/family to get on waitlist for housing before signing into unit.	Issue related to a previously resolved issue #695 completed June 2010.		X
14 of 13	HFSBFS-13	Housing Policies are inconsistent from installation to installation.	Reasonable accommodations and or modification (exception to policy) for health or other reasons granted at one installation are often denied at another causing confusion and frustration for soldiers and their families.	A standard or accommodations be established which mirrors the housing policy regulations.	SME informed Work Group that discrepancies occur due to multiple contracts with privatized housing companies.		X

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15 of 7	BMDE-15	Military Spouse Transition Program	Currently there is no program similar to ACAP for spouses transitioning out of military life, whether retiring or separation.	Provide a comprehensive program that assists spouses to move from Army life to civilian life. Also provide spouses guidelines and tips to help the family and especially the Soldier to transition to Retirement or Separation. The outcome would be families would be better equipped to change. It will also ensure the behavioral health of the family is less likely to be stressed by the unknown.	Work group combined issue with similarly submitted issue. Group determined ACAP program provided sufficient support. Per SME information.		X

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Rank	Issue #	Issue	Scope	Recommendation	Work Group Recommendation	Prioritized	Not Prioritized
16 of 7	BMDE-16	To give soldiers and their families a better quality of life. There are more blended families now in the army. Soldiers are paying child support, and are not able to make enough to support their current families.	When a service member is applying for government assistance such as WIC or food Stamps, their BAH and BAS should not be considered as a part of their income. For example if a soldier is paying out X amount of dollars in child support and is making a certain dollar amount that would qualify for WIC or food stamps, however is denied because the WIC or food stamp office considers BAH and BAS as income. Furthermore, when a service member retires, their retirement is only considered on base pay. BAH and BAS are not factored in. Then why is it factored in when applying for government assistance.	That in every state, when a service member applies for food stamps or WIC, their BAH and BAS should not be considered.	Work Group determined issue can not be addressed through the AFAP program. Per SME confirmation that issue is a "states rights" issue and the federal government has no jurisdiction in the matter.		<b>X</b>

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17 of 7	BMDE-17	The Army has more blended families now. Soldiers are paying child support, however their current income is not enough to support their current families.	When calculating child support , the state should not consider BAH and BAS as income. When you calculate BAH and BAS as income, it makes the soldiers take home pay more than what it is. There are several reasons why the allowances should not be considered. First the soldiers move a lot, every time the soldier moves he has to contact another lawyer to recalculate child support to reflect new BAH. The soldier has to pay lawyer's cost and by the time the new calculations take effect it puts the soldier at even more disadvantage.	That every state should not consider BAH and BAS as income when calculating child support payments.	Work Group determined issue can not be addressed through the AFAP program. Per SME confirmation that issue is a "states rights" issue and the federal government has no jurisdiction in the matter.		X

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Rank	Issue #	Issue	Scope	Recommendation	Work Group Recommendation	Prioritized	Not Prioritized
18 of 7	BMDE-18	Spouses on Soldier's PCS orders lose Spouse Preference status after 2 years.	Spouses are put at a disadvantage for employment in the GS and NAF system due to the 2 year limit on Spouse Preference Status. Spouses who support Wounded Warriors, use the MyCAA program or choose to stay home and raise a family during the Soldier's deployment may not have the opportunity to use the Spouse Preference in the limited time and lose the only preference option for on post employment. When this occurs the military spouse loses the opportunity to use the Spouse Preference earned as a Military Spouse. The spouse may not be as qualified in the field because of continued moves supporting the Soldier, leaving their resume somewhat lacking causing the spouse to not be competitive for the position.	Eliminate the 2 year Spouse Preference limit by authorizing a no time limit to use the Spouse Preference	Per SME explained that veterans receive only 3 years of preference so expanding the 2-1 spouse rule isn't justified.		X

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Rank	Issue #	Issue	Scope	Recommendation	Work Group Recommendation	Prioritized	Not Prioritized
19 of 6	BMDE-19	Training on Autism for Practitioners	Across DOD, military providers inadequately treat Active Duty Family members (ADFM) with Autism Spectrum Disorders (ASD). Currently, only about 10% of the ADFM with an ASD receive Applied Behavior Analysis (ABA) therapy through the Extended Care Health Option (ECHO) Program, the only TRICARE- recognized medical intervention. Lack of TRICARE-funded ABA therapy and knowledge of AASD medical interventions by military medical providers result in: significant out-of-pocket costs, life threatening, self- injurious, and aggressive behaviors by ADFM with ASD; and deteriorating family mental health situations.	Provide autism training for military medical providers per current medical best practices, such as through the 1 November 2007 American Academy of Pediatrics policy clinical reports on "Identification and Evaluation of Children with Autism Spectrum Disorders" at <a href="http://aapolicy.aapublications.org/cgi/content/full/pediatrics;120/5/118">http://aapolicy.aapublications.org/cgi/content/full/pediatrics;120/5/118</a> and on "Management of Children with Autism Spectrum Disorders" at <a href="http://aapolicy.aapublications.org/cgi/content/full/pediatrics;120/5/1162">http://aapolicy.aapublications.org/cgi/content/full/pediatrics;120/5/1162</a> .	Issue is currently being assessed at MDW level.		<b>X</b>

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Rank	Issue #	Issue	Scope	Recommendation	Work Group Recommendation	Prioritized	Not Prioritized
20 of 7	BMDE-20	Medical services for ADFMs with Autism Spectrum Disorders	Across DOD, military providers inadequately treat Active Duty Family members (ADFM) with Autism Spectrum Disorders (ASD). Currently, only about 10% of the ADFM with an ASD receive Applied Behavior Analysis (ABA) therapy through the Extended Care Health Option (ECHO) Program, the only TRICARE- recognized medical intervention. Lack of TRICARE-funded ABA therapy and knowledge of AASD medical interventions by military medical providers result in: significant out-of-pocket costs, life threatening, self- injurious, and aggressive behaviors by ADFM with ASD; and deteriorating family mental health situations.	Provide autism training for military medical providers per current medical best practices, such as through the 1 November 2007 American Academy of Pediatrics policy clinical reports on "Identification and Evaluation of Children with Autism Spectrum Disorders" at <a href="http://aapolicy.aapublications.org/cgi/content/full/pediatrics;120/5/118">http://aapolicy.aapublications.org/cgi/content/full/pediatrics;120/5/118</a> and on "Management of Children with Autism Spectrum Disorders" at <a href="http://aapolicy.aapublications.org/cgi/content/full/pediatrics;120/5/1162">http://aapolicy.aapublications.org/cgi/content/full/pediatrics;120/5/1162</a> .	Issue relates to an issue currently being assessed at MDW level.		X