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Exceptional Family Member Program Survey: Assessing the Needs of Exceptional Army Families



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Authority

Army Regulation 608-75: Exceptional Family Member Program (27 January 2017), establishes policies, responsibilities, and procedures for the Exceptional Family Member Program (EFMP).

Army Regulation 40-5: Preventive Medicine (25 May 2007) at paragraph 2-19j page 14, directs the Commander, U.S. Army Center for Health Promotion and Preventive Medicine (now known as the APHC) to “conduct periodic evaluations of regional and local preventative medicine programs and services in support of USAMEDCOM oversight responsibilities.”

Memorandum of Agreement W23MWP18215001: Program Evaluation Collaboration (28 September 2018) at paragraph 4.a.(5), the APHC will “Provide the OACSIM with technical assistance, recommendations, and tools to evaluate FMWR programs, policies, and initiatives. Support development or execution of high-priority program evaluation plans, process evaluations, needs assessments, literature reviews, and outcome evaluations.”

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Abstract

Nearly 1 in 10 Army Soldiers have at least 1 Family member with special needs, and the Exceptional Family Member Program (EFMP) provides support to ensure these Families receive required services. A Permanent Change of Station (PCS) is a common experience for Army Families; while a disruption for most families, this can be significantly challenging for exceptional Army Families. Despite EFMP efforts to provide continuity of required services during a PCS move, EFMP Sponsors have reported disruptions and gaps in services for their Exceptional Family Member(s) (EFM). The Secretary of the Army directed a survey of EFMP Families to identify unmet needs and areas for program improvement. The U.S. Army Public Health Center administered the survey to 50% of all EFMP Sponsors (21,570 Active Duty Soldiers), of which 14.0% completed the survey (3,024 participants). Half of participants reported obtaining information about EFMP Family Support, indicating the need to improve access to resources and communication between EFMP System Navigators and Army Families. Most participants reported receiving required medical and educational services, which they reported as highly valuable, within 1 month after PCS. However, one in three participants reported not receiving needed services at the gaining installation, and experienced barriers such as the unavailability of required medical and educational services. These challenges informed recommendations to improve EFMP processes concerning family support and continuity of medical and educational services, with targeted actions for lower Enlisted Sponsors, Army Families with multiple EFMs, and those currently within the continental United States (CONUS).

1 Background

1.1 Exceptional Family Member Program Description

The Exceptional Family Member Program (EFMP) was created in the early 1980s to support Military Families across the Department of Defense (DoD) with an Exceptional Family Member (EFM) (i.e., a family member with special needs). Each service has its own program and associated regulations, all following a similar overarching model. The current work focuses specifically on the Army EFMP, which is described as providing a comprehensive, coordinated, and multi-agency approach for community support, housing, medical, educational, and personnel services to Army Families with special needs (Department of the Army, 2017).

The Office of Assistant Chief of Staff for Installation Management (OACSIM) provides policy oversight for the three essential EFMP components. Other Army proponents (as defined below) are responsible for executing activities within each respective component.

The three essential EFMP components include:



1. **Identification and Enrollment** of a dependent with special medical or educational needs (Proponent: U.S. Army Medical Command)
2. **Assignment and Coordination** of military personnel assignments to ensure special needs are considered during the assignment process (Proponent: U.S. Army Human Resources Command)
3. **Family Support** services for the provision of information and referral, the development of service plans, facilitation of non-clinical case management, and navigational support through Army Community Service (ACS) EFMP System Navigators (Proponent: OACSIM/Installation Management Command)

The success of the EFMP in meeting the needs of exceptional Army Families is contingent upon swift and efficient coordination among these essential components. For a more detailed description of the EFMP components, please see the Supplement to this report (Public Health Assessment Report No. S.0065576a-19).

1.2 Need for the EFMP Survey

The EFMP has grown tremendously over the years and is one of the Army's primary sources of support to serve exceptional Army Families and meet their needs. As of 2019, 43,010 Army Service members (nearly 1 out of 10 Soldiers) and 54,386 Family Members, which includes spouses, children, and dependent parents, who require special medical and educational services, are enrolled in the EFMP. Given the large population served by this program and the complexity of relationships among components, it is critical to ensure the medical, educational, and family support needs of exceptional Army Families are well understood.

Multiple data sources suggest the needs of exceptional Army Families are diverse, vary in complexity, and require smooth and efficient coordination during times of transition. Specifically, the following evidence concludes the importance for data driven program assessment and improvement:

- Research on the effects of Permanent Change of Station (PCS) moves on exceptional Military Families,
- Previous EFMP evaluation efforts,
- Conclusions from a technical consultation for the ACS Family Support component of EFMP, and
- Comments made during the most recent Association of the United States Army (AUSA) Family Forum.

The present survey aims to provide a comprehensive assessment of the needs and experiences of exceptional Army Families during PCS moves and how the EFMP can better meet these needs.

1.2.1 Effects of PCS Moves on Exceptional Army Families

Previous research provides evidence for the potentially negative effects of frequent relocations on service continuity for exceptional Army Families. It is estimated that one third of military service members experience a PCS move every year (Tong et al., 2018). The inherent stress of relocation can be compounded by the complex needs of exceptional Army Families who must regularly re-establish medical care, special education resources, and social support networks with each PCS move (Research Facilitation Laboratory, 2017).

Military Families with EFM children have reported the discontinuation of medical services altogether on account of relocation and cited the process of beginning anew with doctors, therapists, and other support services as especially challenging (Davis et al., 2011; Research Facilitation Laboratory, 2017). Military Families have also reported a scarcity of medical providers in the area who accepted TRICARE (Davis et al., 2016; Research Facilitation Laboratory, 2017). Additional research found over 50% of Families reported their children's schools lacked appropriate assistive technology and experienced dissatisfaction with their child's Individual Education Plan (IEP) (Davis et al., 2016). Given the challenges and barriers to continuing required medical and educational services, Military Families have reported separating from their Service Member due to the stress associated with obtaining required services for their children at a new duty location (Davis and Finke, 2015; Research Facilitation Laboratory, 2017).

Jagger and Lederer (2014) suggest proactive measures may be implemented to prevent disruptions in required services after exceptional Army Families relocate. Swift and efficient coordination among EFMP services is one such proactive measure to help ensure smooth transitions for exceptional Army Families during relocation (Davis and Finke, 2015; Research Facilitation Laboratory, 2018; Sherman, et al., 2015; Tsai et al., 2013).



1.2.2 Previous Evaluation Efforts of the EFMP

Previous evaluation efforts of the EFMP, while limited, indicate the need for program process improvement, particularly in regards to PCS moves. In 2013, Cornell University conducted a study on behalf of the DoD and found that while there were positive changes and "good news" stories among EFMP participants, there was a significant lack of consistency and transparency regarding enrollment and assignment (DoD, 2013). A study assessing the perspectives of medical service providers also found that relocations are particularly challenging for exceptional Military Families (Aronson et al., 2016), and the U.S. Government Accountability Office (GAO) reported that further evaluation of the EFMP may help identify opportunities for improvement to ensure desired outcomes are achieved. The GAO report specifically addressed the experience of PCS and stated, "Anything that further complicates a relocation – such as not receiving the required support services for EFMs – potentially affects readiness or, at a minimum, makes an already stressful situation worse" (GAO, 2018).

1.2.3 OACSIM Technical Consultation for ACS EFMP (Family Support)

To identify opportunities for evaluation and program improvement, a team of program evaluators from the U.S. Army Public Health Center (APHC), in partnership with OACSIM, assessed the state of evaluation readiness of the ACS Family Support component of EFMP (2018). Data sources included a systematic review of EFMP program documentation, informal interviews with OACSIM program analysts, and a review of relevant literature. The APHC recommended a deep dive into the EFMP, including a call for a process evaluation, to specifically examine potential gaps in service delivery on account of PCS moves.

1.2.4 Voices from the AUSA

The need for a targeted assessment of EFMP program processes reached a wider audience during the 9 October 2018 AUSA Family Forum. An EFMP Family Member communicated an unexpected and significant gap in required medical services after their family's PCS move. The OACSIM, Office of the Surgeon General (OTSG), and G-1/Army Human Resources Command (HRC) conducted comeback briefings with the Secretary of the Army (SA) and the Chief of Staff of the Army (CSA) to discuss these issues. Following these briefings, the SA directed a survey of EFMP Families to identify unmet needs among EFMP Families, determine the extent to which EFMP is addressing these needs, and identify areas of improvement. If unmet needs persist for exceptional Army Families, Family well-being and Family readiness may be jeopardized with negative repercussions for Soldier readiness and retention.

1.3 Survey Purpose

The primary goal of the EFMP Survey was to provide a direct response to the SA's request for data from Army Families enrolled in the program. The secondary goal was to provide evidence-based recommendations to improve the EFMP and better serve exceptional Army Families.

The development of the EFMP Survey was guided by the following three objectives:

Objective 1: Identify unmet needs of Army Families enrolled in the EFMP.

Objective 2: Describe which aspects of the EFMP are most and least valued by Army Families with special needs.

Objective 3: Provide recommendations to improve the quality of services provided by the EFMP for Army Families with special needs.

The results and conclusions outlined in this report seek to answer three critical questions to achieve these objectives.

The EFMP Survey aimed to answer three questions.

1. To what extent does the EFMP adequately support Army Families with special needs?
2. What aspects of the EFMP are most and least valued by Army Families with special needs?
3. How can the quality of EFMP services be improved to better serve Army Families with special needs?

2 Methods Summary

2.1 Overview¹

The APHC used a cross-sectional design to collect and analyze the data from the EFMP Survey. The APHC Public Health Review Board reviewed and approved this project as public health practice (Project Plan Number: 19-733). The U.S. Army Research Institute (ARI) for the Behavioral and Social Sciences also approved the survey and methodology for survey administration (Survey Control Number: DAPE-ARI-AO-19-39).

2.2 EFMP Survey

The EFMP survey examined the needs of exceptional Army Families in the following domains specific to PCS experiences: provision of family support in the form of information-gathering, referral, and system navigation; and the provision of appropriate medical care and/or educational services. The survey included 11 closed-ended items with conditional formatting such that participants only responded to applicable questions, and two open-ended questions that were organized across six sections: 1) Participant demographics, 2) Experiences with PCS, 3) Family Support, 4) Medical services, 5) Educational services, and 6) Recommendations for improvement.

2.3 Population and Sampling

The population for the EFMP Survey included all EFMP Sponsors ($N = 43,140$ Active Duty Soldiers). A power analysis indicated that 2,277 sponsors would be required to interpret the data with a 95% confidence interval and a 2% margin of error. As the average response rate for online surveys varies between 10% and 15% for external participants (Survey Gizmo, Fryrear, A.), the survey was administered to 50% of all EFMP Sponsors ($n = 21,570$).

2.4 Survey Administration

The HRC houses the roster of all EFMP Sponsors and it led the communication plan to contact EFMP Sponsors via their military email address. Prior to sending any communication to EFMP Sponsors, the HRC randomly selected the EFMP Sponsors ($n = 21,570$) for survey administration. On 29 April 2019, the HRC sent an email on behalf of the SA to introduce the survey to randomly selected EFMP Sponsors. On 1 May 2019, the HRC sent an email on behalf of the APHC to administer the survey electronically via Verint® Enterprise Software (Version 15.1), an online survey platform. The HRC sent two reminder emails on 15 and 30 May to the same randomly selected EFMP Sponsors to encourage participation. The survey closed on 31 May 2019.

2.5 Data Analysis

The APHC cleaned the data in Microsoft Excel® (2010) and exported the data to SAS® 9.4 for analyses. Descriptive analyses were conducted to determine frequencies for each survey section. When appropriate, analyses were stratified to determine differences in ordinal data (e.g., impact of PCS) between the following groups: number of EFMs, pay grade, and duty location. For inferential analyses, parametric and non-parametric tests were used. Free-response data were analyzed using directed content analysis.

¹ See the Supplement to this Public Health Assessment Report (Public Health Assessment Report No. S.0065576a-19) for detailed methods, analysis plan, limitations and a copy of the survey tool.

3 Results

3.1 Participant Profile

The distribution of characteristics among the diverse EFMP population is the first step to understanding the needs of the exceptional Army Families during a PCS. Sponsors of varying pay grades stationed around the globe have families with differing numbers and types of EFMs who ultimately have different needs, and are affected by challenges to differing degrees.

3.1.1 Participation Rate

Fifty percent ($n = 21,570$) of the enrolled EFMP Sponsors were initially invited to participate in the survey. During the four weeks the survey was open, 128 EFMP Sponsors were removed from the sample due to invalid military email addresses. By the end of the study period, 21,442 EFMP Sponsors were invited to participate. A total of 3,024 engaged with the survey and consented to participation for a final completion rate of 14.0%.

3.1.2 Demographics

Location

Of the EFMP Sponsors who responded to the survey, 33.6% ($n = 1,016$) did not report their current location. Of the survey participants who reported current location, approximately 20% were located outside the continental United States (OCONUS) (see Figure 1). This is slightly higher than the overall Army representation of 10.5% OCONUS Soldiers (Defense Manpower Data Center, 2019).

Figure 1. Participants by Location

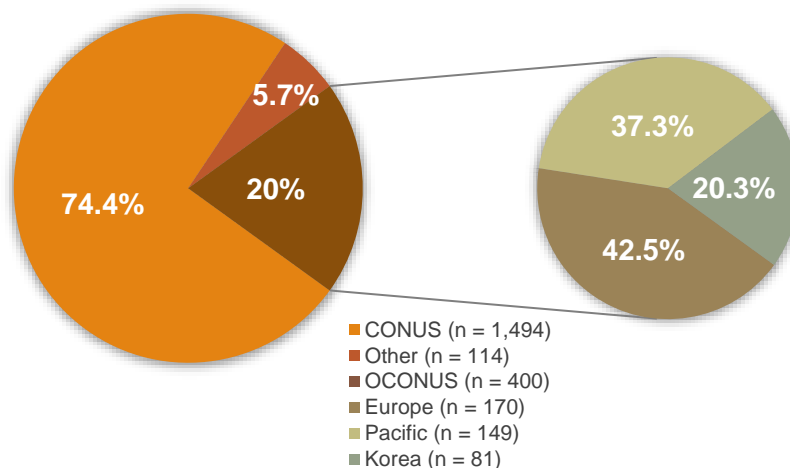
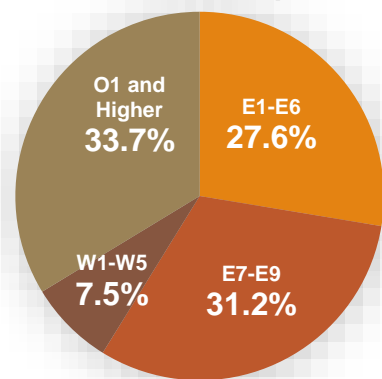


Figure 2. Distribution of Pay Grades of EFMP Sponsors



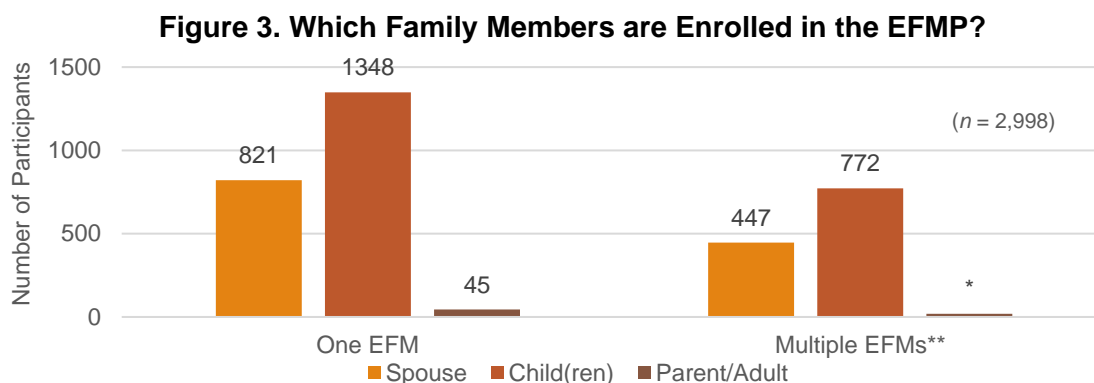
Pay Grade of Sponsor

Of the EFMP Sponsors who reported their pay grade ($n = 3,013$), nearly 60% were Enlisted Soldiers while 34% were Officers (see Figure 2). The distribution of EFMP Sponsor pay grades is similar to pay grades across the overall Army population, though in the current sample there is a moderate overrepresentation of Officers (distribution of pay grades across Army EFMP: 47.8% E1-E6, 25.4% E7-E9, 6.9% W1-W5, 19.8% O1 and higher; data provided by HRC).

Family Characteristics

Of the survey participants who reported the number of Family Members enrolled in the EFMP, 73.8% ($n = 2,219$) reported one Family Member, 19.0% ($n = 570$) reported two Family Members, 5.7% ($n = 171$) reported three Family Members, and 1.6% ($n = 47$) reported four or more Family Members.

Across the EFMP families represented by this survey, 70.1% ($n = 2,120$) have at least one child EFM(s) while 41.9% ($n = 1,268$) have a Spouse EFM (see Figure 3).



Notes:

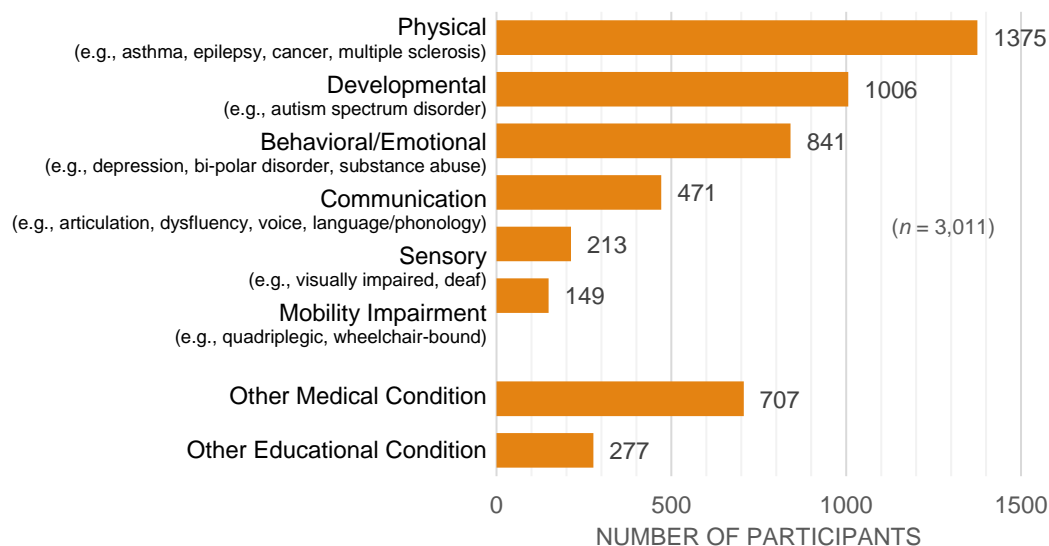
* n is too small to report.

**The counts in each category for Multiple EFMs may overlap with other categories and do not add up to the total number of families with more than one EFM.

Distribution of EFMP Qualifications

Family members can be enrolled in the EFMP for a number of reasons including medical and educational qualifications. The most common qualification EFMP sponsors reported was physical (45.7%), followed by developmental (33.4%), and behavioral/emotional (27.9%) (see Figure 4).

Figure 4. Distribution of EFMP Qualifications

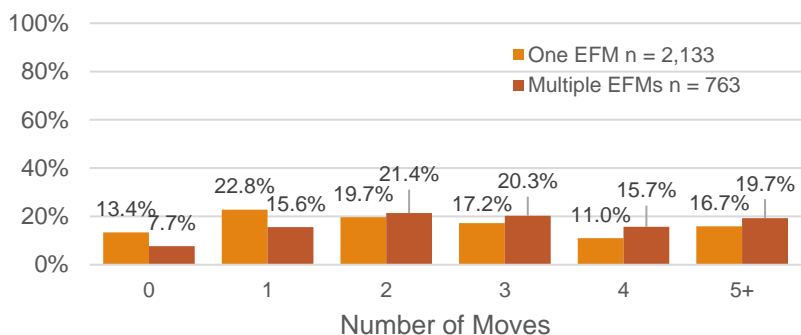


Note: *Participants were asked to select all that apply; the counts in each category may overlap with other categories.

PCS Moves

Nearly all survey participants have experienced at least one PCS move with their EFM(s). More than one in three participants (38.0%, $n = 969$) experienced a PCS move with their EFM(s) within the last 12 months. Another 30.2% ($n = 770$) experienced a PCS move with their EFM(s) between 1 and 2 years ago, and 31.7% ($n = 808$) moved more than 2 years ago. Families with multiple EFMs tend to have more PCS moves than those with only one EFM ($X^2 = 47.3$, $df = 5$, $p < .001$) (see Figure 5).

Figure 5. Percent of Participants Reporting PCS Moves



Summary: Participant Profile

The completion rate for the EFMP Survey is comparable to or higher than most online surveys. Of the EFMP Sponsors who completed the survey, the majority are Enlisted Soldiers who currently live in the CONUS. Most of these EFMP Sponsors have one EFM, most commonly a child, and nearly all have experienced at least one PCS move with their EFM(s).



3.2 To What Extent Does the EFMP Adequately Support Army Families With Special Needs?

Transitions associated with a PCS move are a frequent and routine part of the Army career, and will inevitably impact Army Families. However, exceptional Army Families often require some combination of ongoing family support as well as medical and educational services. The extent to which exceptional Army Families are supported may be determined by how well these services are transitioned from the losing installation to the gaining installation, and how efficiently continuity of care can be facilitated and managed.

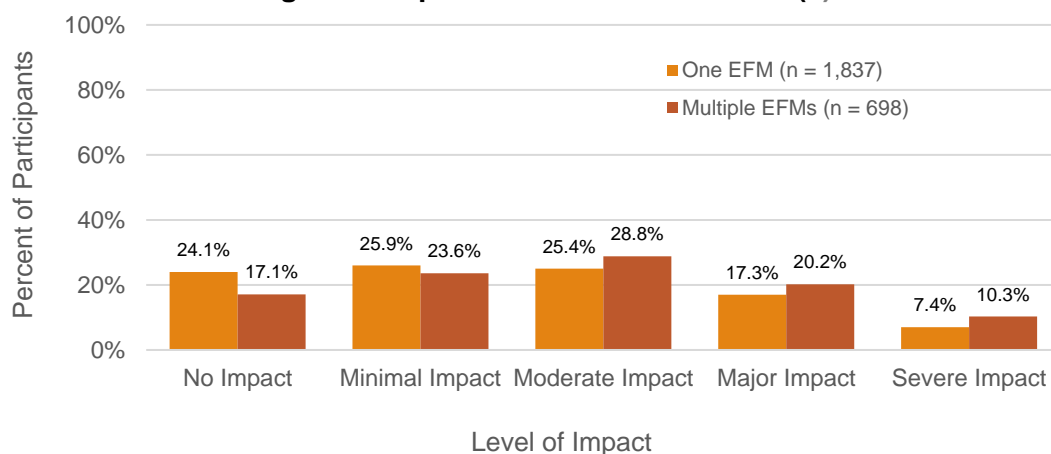
3.2.1 Impact of PCS

A survey participant described how exceptional Army Families may experience PCS moves with their EFM(s):

“Officers are expected to PCS every 2-3 years which I’ve learned is exceptionally short. I PCS’d every 2 [years] over the last decade. This has been very difficult on my daughter who has lots of special needs and requires specialty care doctors. Every time we PCS we have to uproot her from her whole medical team [and] we have to assemble a new care team. This has been very difficult for us and this is the chief reason why I intend to leave the Army next year. The constant PCS moves is excessive and often doesn’t even make sense.” – Officer, O1-O3

Across survey participants who have experienced at least one PCS with their EFM(s), 47.4% ($n = 1,202$) reported minimal or no impact of PCS moves on their EFM(s). However, survey participants with multiple EFMs reported greater impact of PCS moves than families with only one EFM ($X^2 = 22.2$, $df = 4$, $p < .001$) (see Figure 6).

Figure 6. Impact of PCS Moves on EFM(s)



Survey participants at CONUS locations reported greater impact of PCS moves than participants at OCONUS locations ($X^2 = 12.7$, $df = 1$, $p < .001$).

Across pay grades, survey participants identifying as E1-E6 experienced greater impact of PCS moves than E7-E9s ($X^2 = 7.8$, $df = 1$, $p = .005$) and Officers ($X^2 = 9.5$, $df = 1$, $p = .002$).

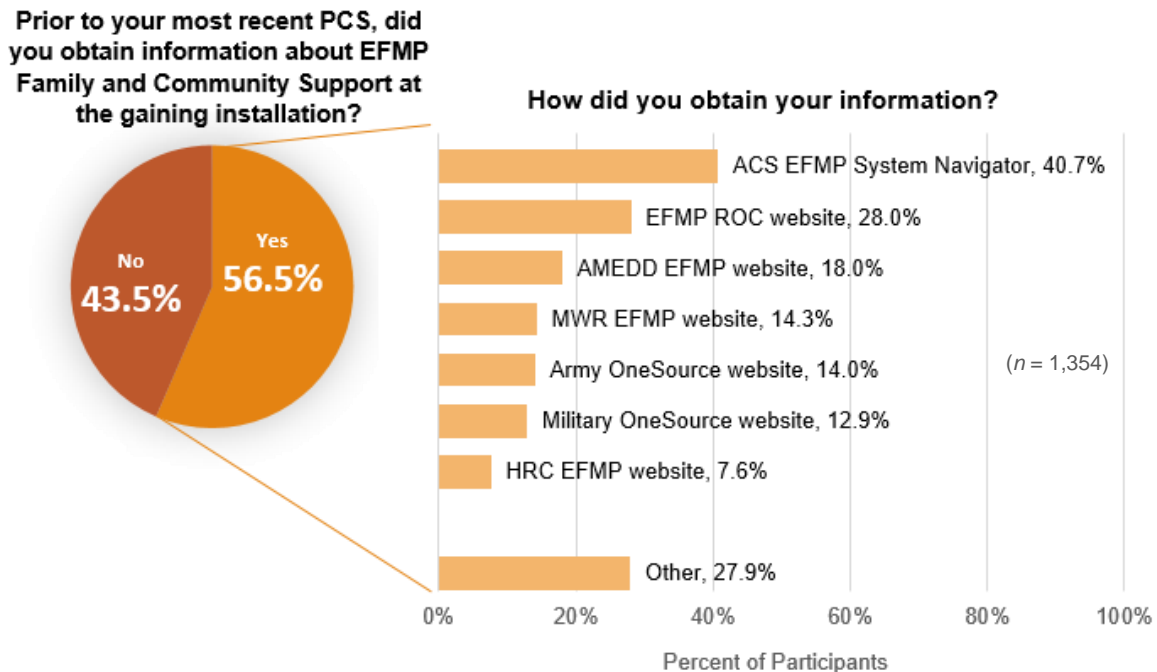
For example, one participant described:

“... My family member often has to battle uphill during each PCS in order to get the referrals required to see the specialists needed for her disability. There needs to be a requirement for Care Providers to perform some sort of “Hand-off” in order to ensure the Family Member does not have to fight the same battle at each duty station...” – Soldier, E1-E6

3.2.2 Family Support Before and After PCS

Family Support services are available to EFMP Sponsors and their families at both the losing and gaining installation. These services are utilized to varying degrees, with half of survey participants (56.5%, $n = 1,386$) reporting reaching out to the gaining installation prior to their move (see Figure 7 below).

Figure 7. Family Support Before PCS



Note: *Participants were asked to select all that apply; the counts in each category may overlap with other categories.

Most survey participants who obtained information *before* their PCS reported gaining that information via a number of websites. Of the participants who selected “Other,” common methods of obtaining information included:

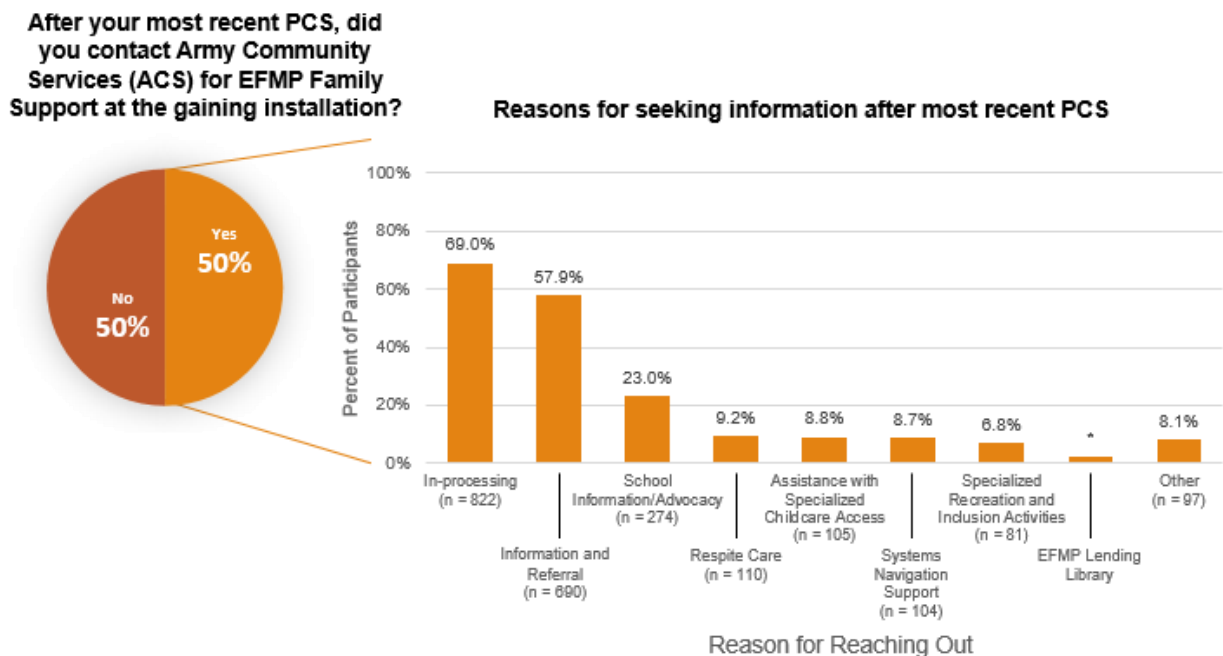
- Initiating or being the recipient of contact from ACS or the EFMP,
- Receiving contact from HRC during the assignment process,
- Contacting directly with desired resources such as medical or educational providers, and
- Having previous experience with resources available on the gaining installation, in-processing, PCS out-processing, nonEFMP on-post program staff, and officer training (e.g., Basic Office Leaders Course).

Note that a number of participants selected “Other” in addition to a pre-defined category, which suggest participants are using multiple resources to obtain information about Family and Community Support. Some described positive experiences with specific groups, for example:

“The [LOCATION REDACTED] EFMP Team was amazing. They provided me and my family with so much information and services we didn’t know we qualified for while I’m serving in [STATE REDACTED].” – Soldier, E7-E9

Half of survey participants (50.0%, $n = 1,195$) reported that they contacted ACS for EFMP Family Support *after* their PCS. There are a number of reasons an EFMP Sponsor would reach out to ACS after a PCS. The most frequently selected reason among survey participants was In-Processing (69.0%, $n = 822$) followed by Information and Referral (57.9%) (see Figure 8).

Figure 8. Family Support After PCS



Notes:

*n too small to report.

**Participants were asked to select all that apply; the percentages in each category may overlap with other categories.

The "Other" reasons survey participants reported for contacting ACS EFMP included:

- Seeking help to acquire or rectify issues in accessing required medical or educational services for their EFM(s) (e.g., unsatisfactory medical care, school not accepting an out of state IEP and denying services, delayed care from medical providers after obtaining referrals, learning that expected medical services were no longer available or no longer offered on-post);
- Completing administrative tasks (e.g., updating EFMP status, enrollment);
- Addressing administrative problems (e.g., expired EFMP status, uncertainty as to whether the EFM's information was in the system);

- Un-enrolling their EFM(s) from the program;
- Receiving housing assistance; and
- Requesting stabilization.

When survey participants were asked to select all communication methods they used to contact the ACS EMFP ($N = 1,189$), the majority reported making contact face-to-face (72.2%), followed by contact via telephone (41.7%) and/or email (23.1%).

Of the participants who spoke with staff at the ACS EMFP ($N = 1,181$), three in four reported speaking with the EFMP Coordinator (75.7%). Note that of participants who selected they reached out to someone "Other" than EFMP staff, they mentioned difficulties in finding someone to speak with due to lack of available EFMP staff or lack of responsiveness from EFMP staff.

3.2.3 Medical Services

One component of PCS moves involves the establishment of primary and specialty medical services. Survey participants shared varying experiences with this process. For example:



"During our most recent PCS, resuming specialized care for my child was easier because my wife knew how to advocate for our child's needs. That was not the case during our first PCS with an EFMP child. It took eight months and an emotional breakdown from my wife, while I was deployed, in the middle of the Army hospital to get the services my child required. I feel that the PCS process with EFMP families could use more support during the process." – Soldier, E7-E9

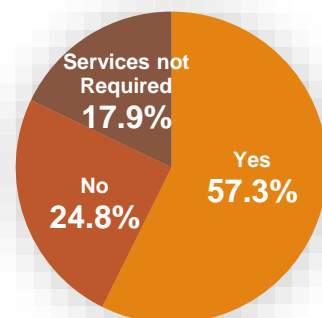
The majority of participants reported needing medical services, with only 17.9% ($n = 428$) noting these services were not required. While the majority of those who required medical services received them, a substantial portion (24.8%, $n = 592$) reported not receiving the medical services they required at the gaining installation (see Figure 9).

When stratified by rank of the Sponsor, those with the rank of E1-E6 were less likely to have received the required medical services for their EFM(s) than those of higher ranks ($X^2 = 25.7$, $df = 9$, $p = .002$).

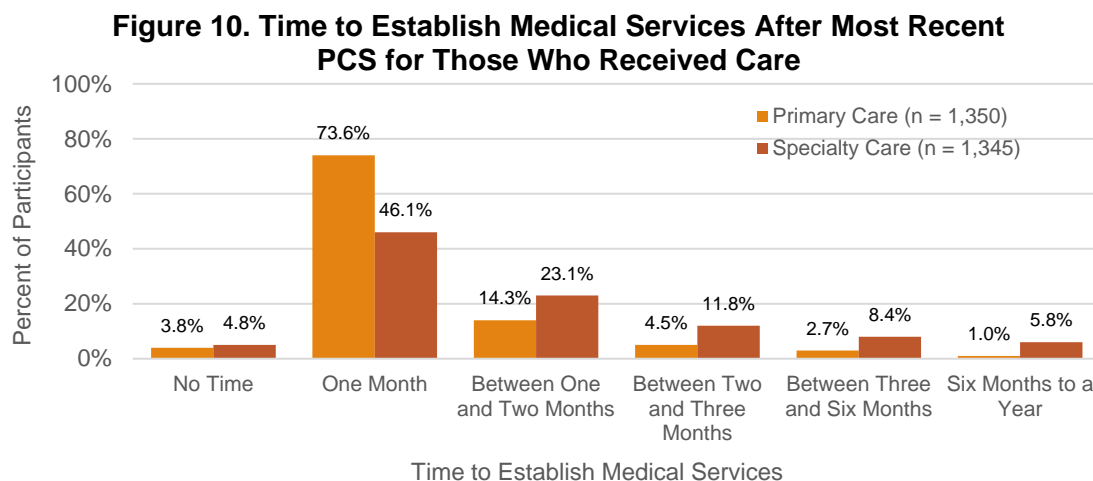
An example of a survey participant's experience with establishing care:

"I experienced a lot of difficulties and push back from my losing command on accommodating my spouse's needs despite his doctors orders. I also found that the hospital that was on the nearest installation was often rude, inept, and unavailable. His needs are routinely not met to this day and those needs aren't even extreme. The PCS set his progress back quite a bit because he often needs me to step away from my job to make the right things happen, usually requiring the patient advocate or the command team to be involved. I wish that a good continuity of care had been set up for him." – Soldier, E1-E6

Figure 9. EFM(s) Receive Required Medical Services



Among survey participants who reported receiving needed medical care, most established primary and specialty medical services within 1 month or less, but approximately one in five participants who received primary services (22.6%, $n = 305$) and nearly half of participants who received specialty medical services (49.1%, $n = 661$) reported spending longer than 1 month establishing care (see Figure 10)



Survey participants in CONUS locations reported longer to establish primary care than participants in OCONUS locations, $F(1, 827) = 6.58$, $p = .011$. A similar pattern emerged for establishing specialty care, though the difference was not statistically significant ($p = .081$).

Across pay grades, there was a marginal difference in time to establish primary medical care, $F(3, 827) = 2.33$, $p = .073$. For the planned comparisons of specific pay grades, survey participants identifying as E1-E6 took longer to establish primary medical care than Officers ($p = .027$). There were no differences between pay grades in establishing specialty services.

There were no differences in time to establish care for Families with one versus multiple EFMs.

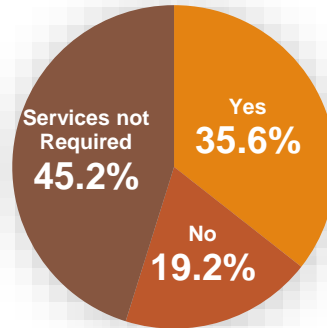
Importantly, survey participants who took longer to establish both primary and specialty medical services reported more severe impacts of PCS for their EFM(s), $F(4, 1345) = 23.2$, $p < .001$ and $F(4, 1340) = 43.7$, $p < .001$, respectively.

3.2.4 Educational Services

Depending on the needs of their EFM, exceptional Army Families often have to arrange educational services after a PCS at their gaining installation with the support of the program (see Figure 11). For example, one survey participant described this experience:

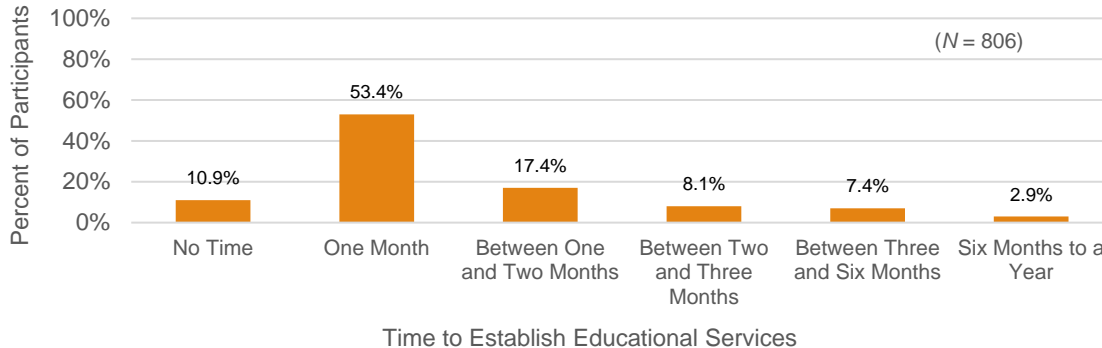
“EFMP actually helped to resolve a lot of the issues and gave my wife direction as to where to go. My biggest issue here has been the schools. As in working with them to get the services needed for my boys.” – Soldier, E1-E6

Figure 11. EFM(s) Receive Required Educational Services



Establishing educational services follows a similar trajectory as medical services. Of the survey participants who received required educational services, most established services within 1 month or sooner, though one in three survey participants report taking longer than 1 month (35.7%, $n = 288$) (see Figure 12). There were no differences between number of EFMs, pay grades, or location in establishing educational services.

Figure 12. Time to Establish Educational Services After Most Recent PCS for Those Who Received Services



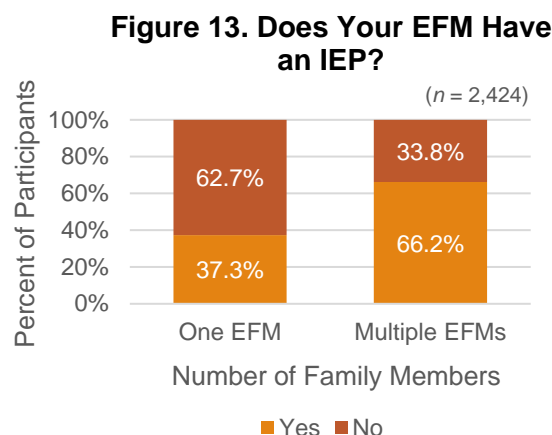
Again, survey participants who took longer to establish educational services reported more severe impacts of PCS for their EFM(s), $F(4, 799) = 14.7$, $p < .001$.

Depending on the needs and age(s) of EFMs, Sponsors may need to obtain an IEP or an Individualized Family Service Plan (IFSP) for their EFM(s). For example, one survey participant described:

“For an IEP child there needs to be a team from the school that greets and discusses the SM's child's IEP plan and their way ahead.” – Soldier, E7-E9

Overall, the majority of survey participants reported that their EFM(s) did not have an IEP (54.6%; $n = 1,325$) or an IFSP (90.6%; $n = 2,063$).

A greater percentage of survey participants with multiple EFMs reported having an IEP (66.2%, $n = 445$), relative to EFMP Sponsors with one EFM (37.3%, $n = 654$) (see Figure 13). Prevalence of IEPs did not differ by rank. The majority of survey participants reported that their EFMs did not have an IFSP, irrespective of whether they have one EFM (91.6%, $n = 1,524$) or multiple EFMs (88.1%, $n = 539$).



An example of recommendations provided by survey participants to facilitate the IEP process:

“Some assistance should be given to placing children with IEP with a school prior to arriving at the duty station.” – Soldier, E1-E6

Summary: To what extent does the EFMP adequately support Army Families with special needs?

Approximately half of EFMP Sponsors report a moderate, major, or severe impact of PCS on their EFM(s). The EFMP Sponsors who are lower enlisted, located in the CONUS, and have multiple EFMs reported greater impact of PCS moves. One in two EFMP Sponsors obtained information about EFMP at the gaining installation before and/or after their PCS move. One in three EFMP Sponsors reported not receiving required medical care or educational services, and identified barriers preventing access to required services.

Most EFMP Sponsors reported that their EFM(s) received required medical and educational services. Of these EFMP Sponsors, most established medical care and educational services within 1 month or sooner after their most recent PCS; EFMP Sponsors who are lower enlisted, located in the CONUS reported more time to establish primary medical services. Even for EFMP Families eventually receiving care and services, those who experienced longer wait times rated the impact of their PCS move as more severe. Thus, EFMP Families who receive care and receive it in a timely fashion experience relatively smooth PCS transitions.

3.3 What Aspects of the EFMP are Most and Least Valued by Army Families With Special Needs?

The family support, medical, and educational needs of exceptional Army Families are diverse, and available information regarding the EFMP can be found in a variety of places by various sources. To navigate where improvements may have the greatest impact, it is imperative to understand where program participants place the most value. By measuring survey participants' perceived value of family support resources, and medical and educational services, EFMP leadership and staff can prioritize how to allocate resources.

Many survey participants expressed their overall satisfaction with the EFMP and put into words the value they experience. For example:

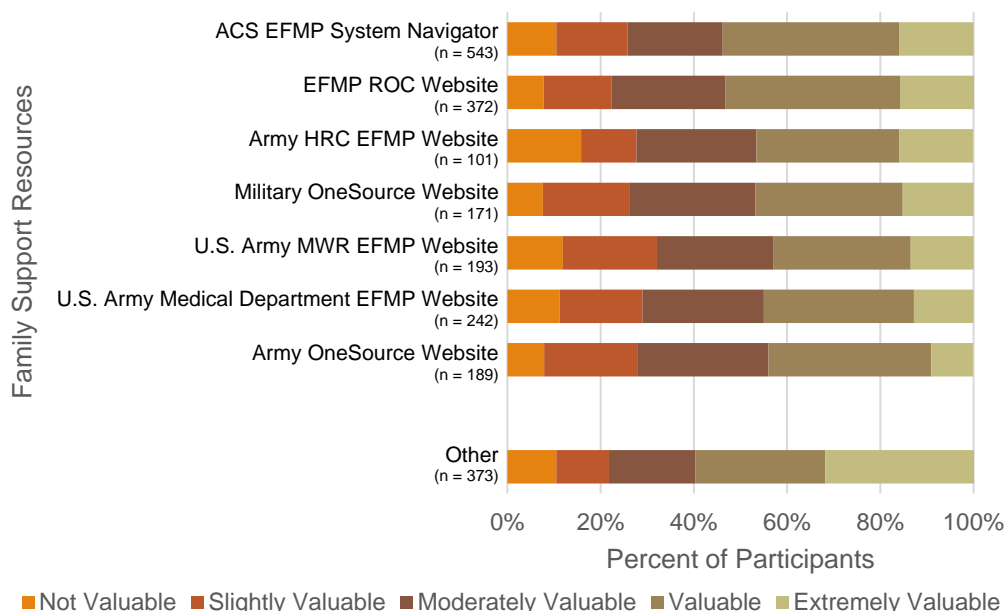
“EFMP is [an] extremely helpful program in helping the family of service personnel in order not to worry about their Family members, so that they can concentrate and focus on their Job and not worry even when they’re Deployed.” – Soldier, E7-E9

3.3.1 Family Support

A little more than half of all survey participants (56.5%, $n = 1,386$) obtained information about EFMP Family Support at the gaining installation prior to their most recent PCS. These participants then indicated which resources they used to gather information and reported their perceived value of each resource.

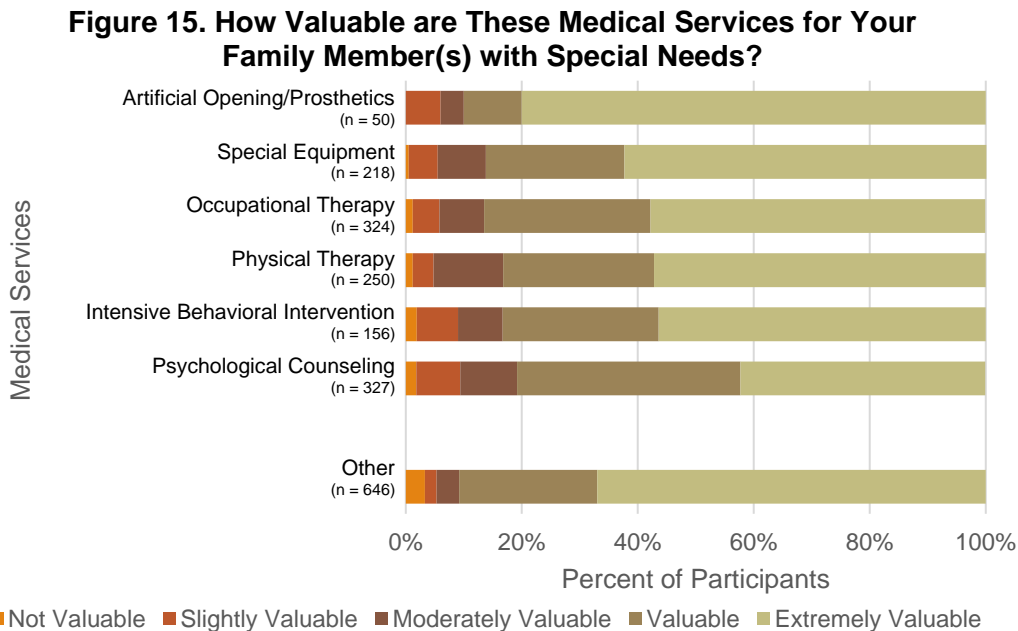
Of survey participants who met with an ACS EFMP System Navigator, 37.8% rated this resource as *Valuable*, and of those who used the EFMP Resources, Options, and Consultations (ROC) website, 37.4% rated it as *Valuable*. Of those who used “Other” resources, 31.9% rated them as *Extremely Valuable* (see Section 3.2.2 for a description of “Other” resources used). The resource most regarded as *Not Valuable* was the U.S. Army HRC EFMP website (15.8%) (see Figure 14).

Figure 14. How Valuable Were These Resources for You and Your Family?



3.3.2 Medical Services

Of the survey participants whose EFM required medical services, the majority (69.8%, $n = 1,370$) reported that their EFM received required medical services at the gaining installation. These participants then indicated which medical services their EFM(s) received and reported the perceived value of each services (see Figure 15).



Across all medical services, survey participants reported each services as *Extremely Valuable* more frequently than the other value categories. The resources most regarded as *Extremely Valuable* includes Artificial Openings/Prosthetics (80.0%), "Other" medical services (67.0%), and Special Equipment (62.4%).

Survey participants reported receiving "Other" medical services, such as: allergists, audiology, cardiology, dermatology, endocrinology, gastroenterology, hematology, nephrology, oncology, ophthalmology, pulmonology, ENT, rheumatology, obstetrics, gynecology, radiology, pain management, urology, and specialty surgeons. Many participants also reported that these specialist services were often not available on base, and EFM(s) needed to obtain services off-site.



The following is an example of a specific service for a survey participant who reported receiving "Other" medical services:

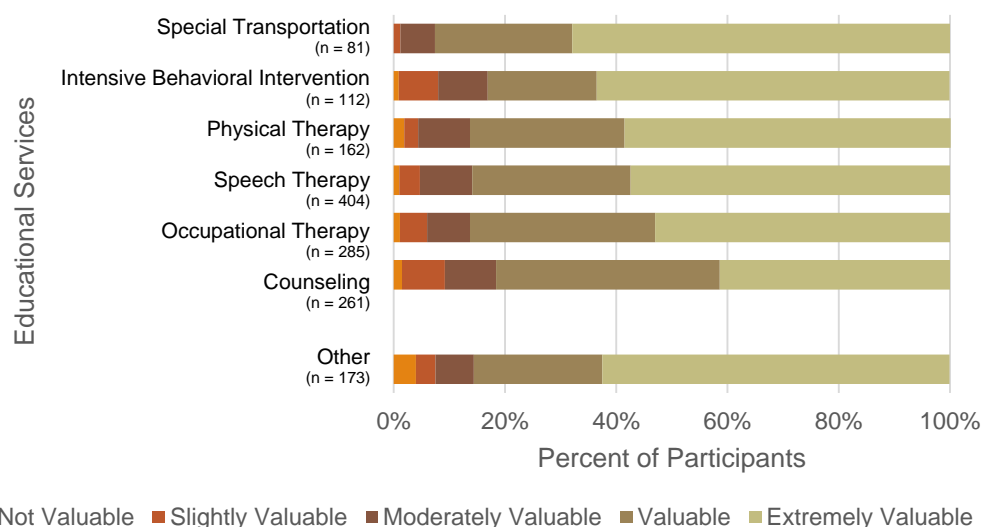
"EFMP for ophthalmology has been awesome, there are no complaints" – Soldier, E7-E9

3.3.3 Educational Services

Of the survey participants whose EFM required educational services, the majority (64.9%, $n = 832$) reported that their EFM received required educational services at the gaining installation.

These participants then indicated which educational services their EFM(s) received and reported the perceived value of each services (see Figure 16).

Figure 16. How Valuable are These Educational Services for Your Family Member(s) with Special Needs?



Survey participants reported each educational service as *Extremely Valuable* more frequently than the other value categories. Specifically, greatest percentage of participants reported that special transportation (67.9%), Intensive Behavioral Intervention (63.4%), or "Other" educational services (62.4%) were *Extremely Valuable*.

Survey participants reported receiving "Other" educational services such as: applied behavioral analyses, continuing adult education, job training, life skills training, one-on-one aid, accommodations for test/assignment time, and services for visually impaired.

Summary: What aspects of the EFMP are most and least valued by Army Families with special needs?

The most valued Family Support resources include "other" resources, the ACS EFMP System Navigator, and the EFMP ROC website. The least valued Family Support resource is the HRC EFMP website. The most valued medical services include artificial openings/prosthetics, "other" medical services, and special equipment. The most valued educational services include Special Transportation, Intensive Behavioral Intervention, and "other" educational services. Across all received medical and educational services, each type of received service was rated as *Extremely Valuable* more frequently than any other response option.

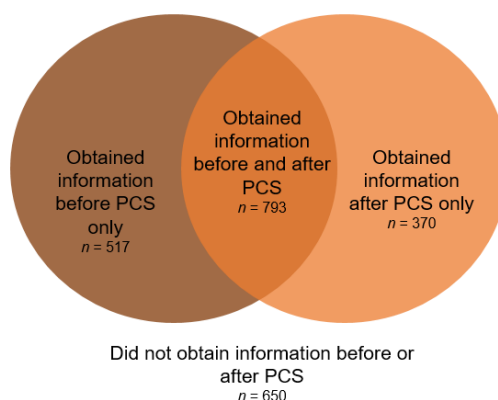
3.4 How Can the Quality of EFMP Services be Improved to Better Serve Army Families With Special Needs?

To understand the most valuable and efficient EFMP improvements, it is pertinent to understand the current challenges faced by EFMP families during a PCS transition. Participants were asked to describe both barriers that prevented them from receiving family support, medical, or educational services, as well as the challenges that delayed or declined the services they ultimately received.

3.4.1 Family Support Issues

Four in ten survey participants (43.5%, $n = 1,068$) reported that they did not obtain information before their PCS about EFMP Family Support at the gaining installation. Similarly, half of survey participants (50.0%, $n = 1,194$) reported that they did not contact ACS for EFMP Family Support at the gaining installation after their PCS.

Of the participants who **did not obtain information before their PCS**, the greatest percentage (39.7%) reported “Other” barriers (e.g., perception EFMP is not helpful, unsuccessful attempts to reach EFMP point of contact) followed by ‘resources did not provide useful information’ (31.3%) and ‘did not know how to access resources’ (22.1%).



Of the participants who **did not obtain information after their PCS**, half (53.4%) reported “Other” barriers (e.g., perception that ACS does not provide valued services, lack of availability of ACS EFMP staff), followed by ‘conflicting commitments’ (15.6%) and ‘did not know how to contact ACS EFMP Family Support staff’ (14.7%).

Notable Subgroups

Family Support Before PCS

- Survey participants with **one EFM** were more likely to report ‘unable to access resources’ relative to survey participants with multiple EFMs ($p = .036$).
- E1-E6s** were more likely to report ‘Did not know how to access resources’ relative to the higher pay grades ($p < .001$).

Family Support After PCS

- Survey participants with **one EFM** were most likely to report ‘conflicting commitments’ as a barrier to contacting ACS EFMP, relative to survey participants with multiple EFMs ($p = .032$).

One participant explained some of their barriers to Family Support:

“There is never enough assistance to help a PCS’ing family to get care lined up BEFORE they arrive. My wife and I had to do all of the legwork on our own to research providers, get information on available services, and get on waitlists. This could easily be accomplished through a better EFMP-specific sponsorship program. Idea: Have EFMP families at an installation sponsor other inbound EFMP families to help alleviate the learning curve and understanding how and where to get the care they need.” – Officer, O4 or higher

3.4.2 Medical Service Issues

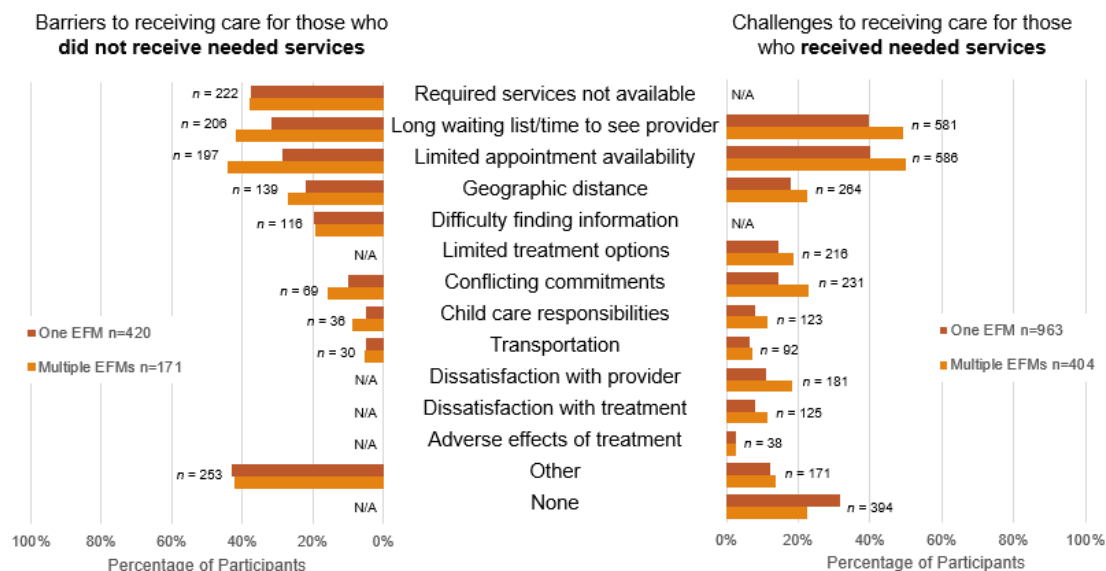
Of the survey participants who required medical services, nearly one in three (30.2%, $n = 592$) reported that their EFM did not receive these services, while the majority (69.8%, $n = 1,370$) reported receiving required medical services at the gaining installation. Both groups selected from a list of potential issues they may have experienced – those who did not receive medical services reported barriers that prevented access while those who did receive medical services reported challenges they experienced in the process of receiving services.

Across both groups, among the most frequently reported issues from the listed options were ‘limited appointment availability and “long wait list/time to get into see a provider” (see Figure 17). These two issues were commonly selected together.

Notable Subgroups

- **E1-E6s** selected ‘child care responsibilities’ as a barrier to receiving needed care more frequently than higher pay grades ($p = .026$).
- Participants with **multiple EFMs** more frequently reported issues with 6 of the 10 pre-specified challenges when accessing medical services relative to participants with one EFM ($ps < .040$).
- Participants in **CONUS locations** were more likely to experience issues when accessing medical services relative to OCONUS participants ($ps < .011$).

Figure 17. Issues Facing EFMP Families when Seeking Medical Care



Of note, the greatest percentage of survey participants who did not receive required medical services reported “Other” barriers that prevented access (43.2%, $n = 253$). One participant who reported “Other” challenges to receiving medical services described:

“... Before my family was geographically separated from a military installation, the wait times and referral process on every major installation we were stationed at was completely unmanageable. Every time, I elected to have my daughter on Tri-care select and was burdened with out of pocket costs of about \$5,000 annually in order to get her the care that was needed. The military installation refused to submit referrals to off-post providers, even though the wait time for some [on-post] specialists was over 6 months.” – Soldier, E7-E9

3.4.3 Educational Service Issues

Of the survey participants who required educational services, one in three (35.1%, $n = 450$) reported that their EFM did not receive these services, while the majority (64.9%, $n = 832$) reported receiving required educational services at the gaining installation. Both groups were asked to select from a list of potential issues they may have experienced – those who did not receive educational services reported barriers that prevented access to services while those who did receive educational services reported challenges they experienced in the process of receiving services.

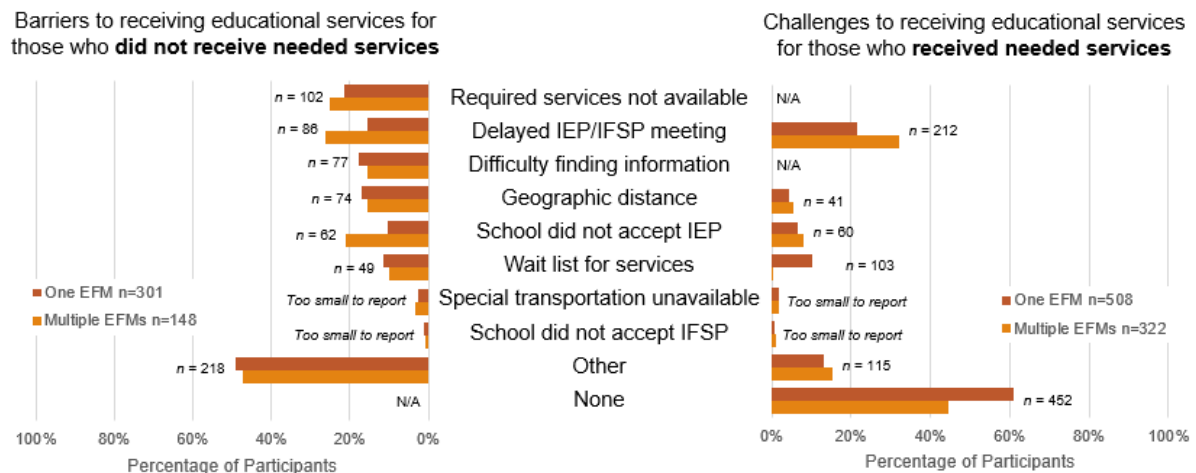
The greatest percentage of survey participants who did not receive required educational services reported “Other” barriers that prevented access (50.6%, $n = 219$), and the greatest percentage of survey participants who received required educational services selected *None* when asked about experienced challenges in receiving services (55.8%, $n = 453$) (see Figure 18).

Notable Subgroups

- Participants with **multiple EFMs** were more likely than those with one EFM to face ‘delayed IEP/IFSP team meeting’ as an issue to receiving or accessing educational services ($p = .007$ and $p < .001$, respectively).
- When OCONUS participants were able to access services, they were less likely to experience barriers ($p = .003$).

Across groups, the most common issue from the listed options was “delayed IEP/IFSP team meeting” (see Figure 18).

Figure 18. Issues Facing EFMP Families when Seeking Educational Services



The half of survey participants who indicated "Other" barriers prevented them from receiving educational services (50.6%, $n = 219$), reported—

- Lengthy process of developing a new IEP;
- Lack of adherence to the EFM's IEP;
- Schools requesting to conduct their own evaluations of the EFM's condition;
- Issues with the school itself (e.g., paperwork delays, school not being equipped to provide for the EFM); and
- Unsatisfactory communication with and assistance from EFMP staff.

Given these challenges, survey participants recommend considering capabilities of nearby schools when placing EFMP families to mitigate challenges prior to, during, and after a PCS move. For example:

“I am not stationed on or near a base...the schools are not complete[ly] prepared for special needs children where I'm stationed. It took almost seven months to get my child who has Autism, situated in the correct school setting which meant he had to change schools twice. EFMP is not at fault for anything of these reasons. However I believe that closer coordination needs to be made during the assignment process to ensure that the EFMP enrolled Soldiers are able to stay near a base if not on a base.” – Soldier, E7-E9



For additional information on barriers and challenges not reported here, see the Supplement to this Public Health Assessment Report (Public Health Assessment Report S.0065576a-19).

3.4.4 Qualitative Results: Recommendations from Survey Participants

Survey participants were provided an opportunity to communicate, in an open-ended format, additional comments and recommendations to improve the EFMP. Several themes emerged that included both the challenges they experienced and recommendations for program improvement. These themes included:

- Inconsistent communication with EFMP Staff;
- EFMP being time-consuming;
- Issues with PCS location, awareness, and availability of services at the gaining installation;
- Changes with EFMP enrollment status; and
- Issues with EFMP personnel and medical providers.

Communication with EFMP Staff is Inconsistent

One of the major challenges that emerged was issues with communication. Soldiers described difficulties when contacting EFMP staff with questions, such as receiving different answers from different personnel and delays in communication. For example, one Soldier elaborated on the need for availability of EFMP staff:

“Be reachable. We are on a joint base but have to utilize services at the closest installation [LOCATION REDACTED]. Very hard to get a hold of anyone on the phone. It was a game we used to talk about, how many times will it take today. So we just gave up and did it ourselves. Also the time to process was twice as long, so again we just did it on our own. Have been in for over 15 years and EFMP seems to be lagging behind. Lots of folks working but only a few ever know what is going on or the right thing to do. It is stressful for younger families and the process needs to be refined to ensure...transparency for them.” – Soldier, E7-E9

To address these challenges, recommendations from participants included:

- Increasing EFMP responsiveness,
- Ensuring staff respect unique Family challenges,
- Having EFMP notify providers about incoming EFM(s) who then initiate contact with the family,
- Speaking with the Soldier before the PCS to determine if services at the gaining installation match the need of the EFM(s), and
- Allowing Soldiers to contact the gaining installation to ask questions.

EFMP is Time-Consuming

Another major theme that emerged was EFMP being time-consuming and frustrating. Commonly stated issues included the lengthy approval process, too many forms, confusing paperwork, and the program in general not being helpful or user-friendly. One Officer stated:

“An originally well intentioned program has grown into a nightmare of paperwork that must be filled out by providers in the MTF and civilian provider specialists off post. ... Dealing with EFMP has become one of the most stressful parts of PCS, and I regret having my family members enrolled. The benefits have been minimal and the hassle has been considerable...” – Officer, O4 or higher

To address these challenges, recommendations include expediting the vetting of assignment selection, extending the renewal/EFMP status update period, creating a tracking system for Soldiers to check their enrollment process status, and revising the required paperwork to be concise and clear.

Awareness and Availability of Services at PCS Locations is Lacking

Participants expressed challenges with determining what services were available at their gaining installation during and after the PCS process. Soldiers reported delays in re-establishing care, lack of continuity of care, and not knowing what services were available at the gaining installation. One Officer reported, *“The overall lack of information on what is or is not available on an installation is a glaring gap...”* (Officer, O4 and higher). Another Soldier stated:

“... when trying to PCS I would talk to EFMP to see what bases would have the services that we needed and they would have no idea. I think that they should be able to look up services based off of my EFMP and they should be able to inform you of other duty stations have the same services....” – Soldier, E1-E6

To address this challenge, recommendations include:

- Providing an up-to-date list of providers for each installation,
- Having HRC consider EFM care before determining next duty assignment,
- Having HRC give Soldiers more options for their next duty assignment,
- Allowing Soldiers to PCS to locations that have required services,
- Giving Soldiers more information throughout the PCS process, and
- Allowing Soldiers with EFMs to stay at one duty station to ensure continuity of care.

One Soldier stated:

“...My suggestion would be a way for the SM to know what locations they could potentially be PCS'd to based on their EFMP needs. I have talked to the EFMP manager and was told that due to the constantly changing provider situation at each base that they can't accurately know what will be available at each base.” –Soldier, E7-E9

Lack of Agency in EFMP Enrollment Status

Another theme that emerged was difficulty removing a family member from the EFMP. Soldiers reported that they are not able to remove their family member from the program, and that the process for making these changes is not clear. Soldiers described reasons for EFMP enrollment they perceive to be unnecessary, for example:

“I believe that EFMP is great for families with legitimate medical issues. However, the reason that my wife was enrolled for EFMP was because she was referred to behavioral health for pain management. She only went once to BH, and was enrolled into EFMP. This occurred four years ago and we have not been able to remove my spouse from EFMP.” – Soldier, E7-E9

Recommendations for addressing this issue included assessing the EFMP adjudication process and allowing Sponsors to remove their family member from the EFMP via email.

EFMP Personnel are Not Customer-Oriented

Survey participants elaborated on their experiences with EFMP personnel and detailed a variety of concerns regarding the perceived level of competency expressed by staff. For example:

“Allow parents to be a part of the process. All employees need to understand customer service and their attitude needs to reflect that they care about the Soldiers family and that they will provide information. Raising their voices and interrupting my spouse should NOT be tolerated. I feel like this program needs to be in better sync with common sense.” – Officer, W1-W5

Soldiers reported that EFMP personnel were not knowledgeable about services offered, there were not enough EFMP personnel, EFMP personnel were difficult to reach (see above theme on Communication), and EFMP personnel were not professional and compassionate to EFMP Family situations. Survey participants acknowledged the job requires a unique perspective and understanding:

“...ensure we are hiring the folks that have the emotional strength and system knowledge to assist EFMP family members. Frankly, I wish the only people in the EFMP world were those WITH EFMP's so they'd put a little more effort into making PCS'ing easier or at least show some more compassion to the spouses that do all the leg work.” – Officer, O4 or higher

Recommendations include:

- Reducing backlog and workload of EFMP personnel to provide bandwidth to address all EFMP families,
- Hiring personnel who have EFMs themselves to increase staff understanding and compassion toward EFMP situations,
- Ensuring that EFMP personnel are proactive and held accountable, and
- Having medically trained individuals as part of the EFMP staff to be able to understand paperwork filled out by medical providers.



“Hold the medical providers and staff accountable for updates to the EFMP program, not the Soldier. We are punished and limited with our career options because paperwork doesn't move through the system properly and we have no control over it but all the responsibility.” – Officer, W1-W5

Some Soldiers Choose to PCS Without Their Family

When Soldiers are given orders to PCS to a location that does not have the services their EFM requires, they are faced with making a choice: PCS without their family, or PCS with their family knowing their EFM will not receive the services they need. This choice has caused many Soldiers to make the decision to PCS without their family and become geographical bachelors, or “geo-bachelors.”

“I have moved four times in the last three years and this is not helping my child. Right now I will have back to back tours without my family...so my child can start to receive the medical treatment in the best Army medical installation.” – Officer, O1-O3

Sponsors separating from their families to preserve continuity of care for their EFM(s) were also a common theme observed in the “other” responses throughout the survey. Soldiers described their situation both in terms of the positives of continuity of care and challenges of being separated from their family, for example:

“...my 2 children have ADHD Diagnoses. ...It took us 3 years of working with psychiatrists, school counselors, teachers and administrators just to get a 504 plan in place for each of my children. At the time I last came down on orders, my second child was in the process of being enrolled. HRC did not care. They gave me and my family 3 months to PCS to my new duty station. I asked for an extension citing my second child was in the process of being enrolled and was currently in the process of an IEP, but HRC did not care and denied my request. We spent years just trying to get their behaviors stable and ripping them out from the school, we had worked so hard with to create plans for them made no sense. My wife decided to remain behind with my children 3 boys, while I left for my new assignment...We made the right choice. But it has hurt us financially among other ways, i.e. family separation. Maybe allow Geo bachelor program to be instituted for families of soldiers who choose to be geo bachelors for the betterment of their children's conditions.” – Soldier, E7-E9

Summary: How can the quality of EFMP services be improved to better serve Army Families with special needs?

The EFMP Sponsors reported their barriers and challenges throughout their most recent PCS transition. Barriers to obtaining Family Support before the PCS included not finding resources useful, not knowing how to access resources, and not knowing that resources were available. Barriers after the PCS included conflicting commitments, not knowing how to contact ACS Family Support staff, and not knowing where the ACS EFMP is located. Survey participants also noted that communication with EFMP staff could be more timely, accurate, and customer-oriented.

The EFMP Sponsors also reported barriers that prevented them from receiving required medical and educational services. The most frequently reported barrier was the unavailability of medical and educational services. This was elaborated by a number of participants who noted that awareness and availability of services at PCS locations is lacking. Other barriers included long waiting list/time to see medical provider, limited medical appointment availability, and delayed IEP/IFSP team meetings for educational services. As many EFM-related services may include paperwork and referrals, survey participants recommend expanding EFMP staff support for arranging care prior to arriving at the gaining installation to facilitate continuity of care for EFMs.

Collectively, the quantitative and qualitative data inform a series of recommendations to improve the EFMP (please see Section 4 below for more information).

4 Recommendations

While Army Regulation 608-75: Exceptional Family Member Program (27 January 2017) outlines program processes, the EFMP survey data informed areas for process improvement. Based on the synthesis of the qualitative and quantitative survey results, the APHC proposes the following recommendations to improve EFMP processes, access to Family Support resources, and continuity of required medical and educational services:

- ***Provide flexibility for Army Families' decisions regarding PCS moves.*** Army Families with special needs may benefit from the opportunity to designate their location preferences for PCS moves, and flexibility in the timing for transition between losing and gaining installations. The EFMP should also increase support for Army Families with multiple EFMs to mitigate the impact of PCS moves.
- ***Standardize EFMP processes to better support Army Families with special needs before PCS moves.*** The EFMP System Navigators should increase engagement with Army Families to establish required care at the gaining installation before a PCS move. The EFMP Staff can also promote online resources, such as the EFMP ROC website, so Army Families may leverage all available resources about the EFMP before a PCS move. The EFMP should revise EFMP enrollment criteria for Army Families to more easily withdraw from the program and allow the EFMP to focus services on Army Families needing the most support.
- ***Leverage EFMP staff to better support Army Families with special needs after PCS moves.*** The EFMP should provide detailed information for contacts and services at both the losing and gaining installations to better facilitate the “warm hand-off” and ensure seamless transitions during PCS moves. The EFMP should improve customer orientation (e.g., responsiveness, compassion) so that Army Families know whom to contact within the EFMP, receive timely and accurate information, and feel supported.
- ***Improve availability and access to required medical and educational services.*** Army Families may establish primary and specialty medical care sooner at the gaining installation if surge support is provided during PCS season to increase availability of medical providers. The needs of Army Families requiring specialty medical care may be assessed prior to the PCS to ensure their specialty services are available at the gaining installation. Educational services may also be accessed sooner if the EFMP establishes special partnerships with school personnel to facilitate and expedite IEPs and better equip schools to support EFMs.
- ***Facilitate and coordinate medical and educational services before PCS moves.*** The EFMP should create a list of primary and specialty medical providers, and educational services for each installation that is hosted online for global access and updated at least quarterly. This list of medical and educational resources should be shared with Army Families before their PCS to help inform decisions for PCS moves. The EFMP should help Army Families engage with primary and specialty medical providers to establish medical care, and schools at the gaining installation to begin the IEP process. This facilitation and coordination before the PCS move can help ensure continuity in medical and educational services.
- ***Increase support for lower enlisted EFMP Sponsors, and Army Families who PCS within the CONUS.*** Targeted support for vulnerable groups may help mitigate the impact of PCS moves, and establish primary and specialty medical care sooner.

- ***Continue to evaluate the EFMP process and associated components.*** Further comparative analyses of EFMP Survey data can inform programmatic decision-making and target assistance to subgroups. Additionally, a process evaluation can help the EFMP pinpoint where the identified barriers exist and illuminate strategies for improvement.

5 Conclusions and Summary

5.1 EFMP Sponsors' Characteristics

Of the EFMP Sponsors who completed the survey, the majority are Enlisted Soldiers who currently live in the CONUS. Most of these EFMP Sponsors have one EFM, and nearly all have experienced at least one PCS move with their EFM(s).

5.2 To What Extent Does the EFMP Adequately Support Army Families With Special Needs?

Approximately half of EFMP Sponsors report a moderate, major, or severe impact of PCS on their EFM(s). The EFMP Sponsors who are lower enlisted, located in the CONUS, and have multiple EFMs reported a greater impact of PCS moves. One in two EFMP Sponsors obtained information about EFMP at the gaining installation before and/or after their PCS move. One in three EFMP Sponsors reported not receiving required medical care or educational services and identified barriers preventing access to required services.

Most EFMP Sponsors reported that their EFM(s) received required medical and educational services. Of these EFMP Sponsors, most established medical care and educational services within 1 month or sooner after their most recent PCS; EFMP Sponsors who are lower enlisted and located in the CONUS reported more time to establish primary medical services. Even for EFMP Families eventually receiving care and services, those who experienced longer wait times rated the impact of their PCS move as more severe. Thus, EFMP Families who receive care and receive it in a timely fashion experience relatively smooth PCS transitions.

5.3 What Aspects of the EFMP are Most and Least Valued by Army Families With Special Needs?

In general, when EFMP sponsors reported receiving services, they perceived them as highly valuable. The most valued Family Support resources include “other” resources, the ACS EFMP System Navigator, and the EFMP ROC website. The least valued Family Support resource is the HRC EFMP website. The most valued medical services include artificial openings/prosthetics, “other” medical services such as specialties and special equipment. The most valued educational services include Special Transportation, Intensive Behavioral Intervention, and “other” educational services. Across all received medical and educational services, each type of received services was rated as *Extremely Valuable* more frequently than any other response option.

5.4 How Can the Quality of EFMP Services be Improved to Better Serve Army Families With Special Needs?

The EFMP Sponsors reported their barriers and challenges throughout their most recent PCS transition, with the greatest percentage of participants describing their unique issues. Specific barriers to obtaining Family Support before the PCS included not finding resources useful, not knowing how to access resources, and not knowing that resources were available. Barriers after the PCS included conflicting commitments, not knowing how to contact ACS Family Support staff, and not knowing where the ACS EFMP is located. Survey participants also noted that communication with EFMP staff could be more timely, accurate, and customer-oriented.

The EFMP Sponsors also reported barriers that prevented them from receiving required medical and educational services. The most frequently reported barrier was the unavailability of medical and educational services. This was elaborated from a number of participants who noted that awareness and availability of services at PCS locations is lacking. Other barriers included long waiting list/time to see medical provider, limited medical appointment availability, and delayed IEP/IFSP team meeting for educational services. As many EFM-related services may include paperwork and referrals, survey participants recommend expanding EFMP staff support for arranging care prior to arriving at the gaining installation to facilitate continuity of care for EFMs.

5.5 Summary

Overall, EFMP Sponsors' responses indicate the need to improve contact and engagement with EFMP Family Support and ensure Army Families are informed and supported during PCS moves. The majority of EFMP Sponsors reported receiving required medical and educational services within 1 month or sooner after their most recent PCS, and received services were reported as highly valuable for EFMP Families. However, the majority of those who received services reported challenges, and those who reported that their EFM did not receive required medical and/or educational services also specified the barriers that prevented them from accessing required services. For example, a survey participant reported:

"Going through what I personally have in the last few years and the experience of the interruption of care and services does no justice for our service members. We can't control life and what it throws your way, but you would hope that the Army has your back." – Soldier, E7-E9

Collectively, these barriers informed the recommendations to improve EFMP processes, access to Family Support resources, and continuity of required medical and educational services (see list of recommendations above in Section 4). The EFMP should take targeted action to ensure adequate support is provided to the lower enlisted EFMP Sponsors, Army Families who PCS within the CONUS, and Army Families with multiple EFMs.



6 Point of Contact

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Glossary

ACS

Army Community Service

APHC

U.S. Army Public Health Center

ARI

Army Research Institute

AUSA

Association of the United States Army

CSA

Chief of Staff of the Army

DoD

Department of Defense

EFM

Exceptional Family Member

EFMP

Exceptional Family Member Program

GAO

U.S. Government Accountability Office

HRC

Army Human Resources Command

IEP

Individualized Education Program

IFSP

Individualized Family Service Plan

IMCOM

Army Installation Management Command

MEDCOM

Army Medical Command

OACSIM

Office of Assistant Chief of Staff for
Installation Management

OTSG

Office of the Surgeon General

PCS

Permanent Change of Station

SA

Secretary of the Army

SAS

Statistical Analysis Software