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Public Health Assessment Report *Supplement* No. S.0065576a-19

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

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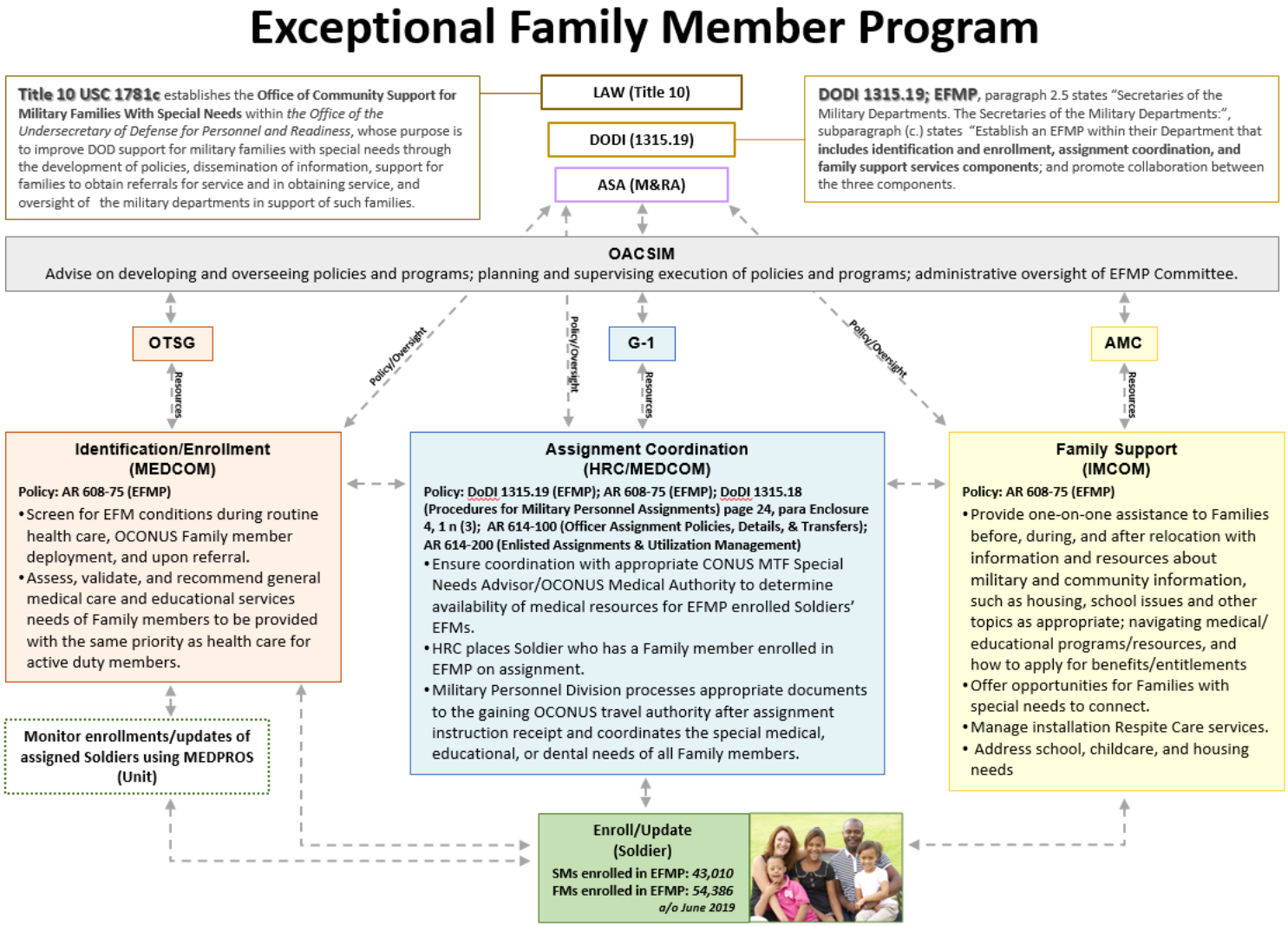
## S.1 Exceptional Family Member Program Diagram (EFMP)

This diagram shows the EFMP Process including references to governing documents, as provided by the Office of the Assistant Chief of Staff for Installation Management (OACSIM).



## S.2 Detailed Methods

### Details for Quantitative Analyses

Program evaluators imported data from the online survey platform, Verint® Enterprise, into Microsoft® Excel® for data cleaning, and EFMP sponsors who declined to participate were excluded from the final dataset, and variables were renamed to be better interpreted by statistical software. Cleaned data were then imported into SAS® 9.4 for further database management and analyses. See Table S-1 for a list of Valid Ns by item.

**Table S-1. Valid Ns by Item**

| Item Topic (number) | Total Number of Respondents (N) | Missing/Prefer Not to Answer/Unknown | Valid N |
|---|---|---|---|
| Location (1) | 3024 | 1016 | 2008 |
| Pay Grade (2) | 3024 | 11 | 3013 |
| How Many Family Members (3) | 3024 | 17 | 3007 |
| Which Family Member (4a) | 2219 | 5 | 2214 |
| Which Family Members (4b) | 788 | 4 | 784 |
| Number of Children (4bi) | 784 | 20 | 764 |
| Number of Parent (4bii) | 20 | 1 | 19 |
| Type of Condition (5) | 3024 | 13 | 3011 |
| Times Experiencing PCS (6) | 2935 | 28 | 2907 |
| Most Recent PCS (6a) | 2557 | 10 | 2547 |
| Weeks to Establish Primary Care (6b) | 2505 | 0 | 2505 |
| Weeks to Establish Specialty Care (6c) | 2476 | 0 | 2476 |
| Weeks to Establish Education (6d) | 2223 | 0 | 2223 |
| Impact of PCS (6e) | 2557 | 16 | 2541 |
| Obtain info prior (7) | 2570 | 116 | 2454 |
| How did you obtain information prior (7a) | 1386 | 32 | 1354 |
| Value of information prior (7ai) | | | |
| Prevented support prior (7b) | | | |
| Contact ACS after (8) | 2547 | 158 | 2389 |
| Why contact ACS after (8a) | 1195 | 4 | 1191 |
| How contact ACS after (8b) | 1195 | 6 | 1189 |
| Who contact ACS after (8c) | 1195 | 14 | 1181 |
| Prevented contact after (8d) | 1195 | 18 | 1177 |
| Receive Medical Services (9) | 2527 | 137 | 2390 |
| Needed Medical Care and Received | 1370 | | 1370 |
| Needed Medical Care and Did Not Receive | 592 | | 592 |
| What Medical Services received (9a) | 1370 | 68 | 1302 |
| Value of Medical Services (9ai) | | | |
| Issues receiving Medical Services (9aii) | 1367 | 10 | 1357 |
| Prevented Medical Services (9b) | 592 | 7 | 585 |
| Family Member IEP/IFSP (10) | 2430/2281 | | |
| Receive Educational Services (11) | 2511 | 173 | 2338 |
| Needed Education Services and Received | 832 | | 832 |
| Needed Education Services and Did Not Receive | 450 | | 450 |
| What Educational Services received (11a) | 832 | 58 | 774 |
| Value of Educational Services (11ai) | | | |
| Issues receiving Educational Services (11aii) | 828 | 16 | 812 |
| Prevented Educational Services (11b) | 450 | 17 | 433 |

For a summary of the Analysis Plan, see Table S-2. To explore the demographic make-up of the participant population, descriptive data were generated for location, pay grade, family characteristics, and PCS moves. Location was collapsed using two different criteria. First, location was broken down into continental United States (CONUS), outside continental United States (OCONUS), and other (i.e., did not live on a pre-specified base), then specific groups from OCONUS were specified: Europe, Pacific, and Korea (see Table S3 for a list of locations). Pay-grade categories were collapsed to increase sample size in each group. E1-E3 and E4-E6 were collapsed into E1-E6, while O1-O3 and O4 or higher were collapsed into O1 or higher.

To answer guiding question 1, 'To what extent does the EFMP adequately support Army Families with special needs?' the following four areas were explored: impact of permanent change of station (PCS); Family support before and after PCS; medical services; and educational services. To explore the impact of PCS, participants chose a level of impact from a 5-point Likert Scale ranging from no impact to severe impact, and frequencies were reported, stratified by number of EFMs support (one or multiple EFMs). To examine if there were significantly significant differences in impact between different demographic strata of participants, chi-square tests were conducted by number of EFMs in the Family (single or multiple), location (CONUS or OCONUS), and across pay grades. To explore the subject of Family support, frequencies were generated based on whether participants did or did not receive information about EFMP Family and community support both prior to PCS, as well as after PCS. Of those who received information prior to PCS, frequencies of each resource utilized were calculated. Of those who responded affirmatively to receiving information after PCS, frequencies of who each participant elicited this information from, as well as the reasons for seeking information, was calculated. To explore how both medical and educational service needs were supported, participants were asked whether or not their EFM received required medical and educational services; resulting frequencies were reported. To detect significant differences between demographic strata, chi-square tests were conducted by number of EFMs in the Family (single or multiple), location (CONUS or OCONUS), and across pay grades. To establish how long it took to establish medical and educational services after PCS, survey participants reported the number of weeks it took to establish such services, and analysts collapsed number of weeks into the following categories: no time; 1 month; between 1 and 2 months; between 2 and 3 months; between 3 to 6 months; and between 6 months to 1 year. To explore if time to establish services differed significantly between demographic strata, Kruskal-Wallis tests were performed. In addition, information specifically regarding Individualized Education Program (IEP) and Individualized Family Service Plan (IFSP) were extracted. The frequency of participants whose EFM(s) possessed an IEP or IFSP were reported, stratified by number of EFMs in the Family (one or multiple).

To answer guiding question 2, 'What aspects of the EFMP are most and least valued by Army Families with special needs?' data on how valuable Family support, medical, and educational resources were to participants was elicited through 5-point Likert Scale questions depicting degree of value. For each resource, the proportion of participants who choose 'not valuable,' 'slightly valuable,' 'moderately valuable,' 'valuable,' and 'extremely valuable' was reported.

To answer guiding question 3, 'How can the quality of EFMP services be improved to better serve Army Families with Special needs?', survey participants were asked about the presence of barriers and challenges to receive Family support and medical and educational services were asked of the survey participants. Those who reported not receiving support before PCS were asked to select which barriers prevented them from receiving such support. Frequencies were reported, stratified by pay grade. This process was repeated for barriers that prevented accessing Family support after most recent PCS. Participants who reported not receiving required medical services were asked to select barriers that prevented this access; frequencies were reported by number of EFMs (single or multiple). To test whether the barriers reported to

have prevented access to medical care differed by demographic strata, chi-square tests were also conducted exploring number of EFMs in the Family (single or multiple), location (CONUS or OCONUS), and across pay grades. For participants who responded affirmatively that they had accessed required medical services, they were questioned on the presence of challenges to acquire services, and to select which challenges best described their situation. To test whether the presence of these challenges differed by demographic strata, chi-square tests were also conducted by number of EFMs in the Family (single or multiple), location (CONUS or OCONUS), and across pay grades. A similar process was conducted to analyze the attainment of educational services after PCS.

## Details for Qualitative Analyses

Program evaluators analyzed open-ended questions using a directed content analysis[1] (Hsieh and Shannon, 2005) with *a priori* categories of interest (i.e., the guiding questions and the question topic areas). An initial 10% of all open-ended responses was coded and analyzed to determine if saturation was reached; after determining saturation was reached, program evaluators queried and analyzed coded data in order to identify patterns and themes.

**Table S-2. Analysis Plan**

| Guiding Question | Indicator (Survey Item) | Analysis |
|---|---|---|
| **Demographics** | Location (1)<br><br>Pay Grade (2)<br><br>Number of Family Members enrolled in the EFMP (3)<br><br>Type of Family Member(s) enrolled in EFMP (4)<br><br>Medical/Educational Condition(s) (5) | Descriptive statistics (frequencies, mean and standard deviation) |
| **Q1. To what extent does the EFMP adequately support Army Families with special needs?** | PCS (6)<br><br>Family Support (7-8)<br><br>Medical Services (9)<br><br>Educational Services (10-11) | Descriptive statistics (frequencies, mean and standard deviation) stratified by pay grade, location (CONUS vs OCONUS), number of Family Members enrolled in the EFMP, type of Family Members enrolled in the EFMP<br><br>Inferential statistics (*t*-tests, analysis of variance (ANOVAs)) for differences between groups (e.g., pay grade) |
| **Q2. What aspects of the EFMP are most and least valued by Army Families with special needs?** | Family Support (7ai)<br><br>Medical Services (9ai)<br><br>Educational Services (11ai) | Descriptive statistics (frequencies, mean and standard deviation) stratified by pay grade, location (CONUS vs OCONUS), number of Family Members enrolled in the EFMP, type of Family Members enrolled in the EFMP<br><br>Inferential statistics (*t*-tests, ANOVAs) for differences between groups (e.g., pay grade) |

[1] Hsieh, H.F.and S.E. Shannon. 2005. Three approaches to qualitative content analysis. *Qualitative health research*, 15(9), 1277-1288.

| Guiding Question | Indicator (Survey Item) | Analysis |
|---|---|---|
| **Q3. How can the quality of EFMP services be improved to better serve Army Families with special needs?** | Family Support (7b, 8b)<br><br>Medical Services (9b)<br><br>Educational Services (11b) | Descriptive statistics (frequencies, mean and standard deviation) stratified by pay grade, location (CONUS vs OCONUS), number of Family Members enrolled in the EFMP, type of Family Members enrolled in the EFMP<br><br>Inferential statistics (*t*-tests, ANOVAs) for differences between groups (e.g., pay grade) |
| | Recommendation for improvement (12)<br><br>Additional Comments (13) | Directed Content Analysis |

## S.3 Standard Limitations in Public Health Evaluations

### Survey Data

The specific limitations of the survey were typical of most survey-based studies. These include self-report/positive response/social desirability biases (e.g., the over reporting of desirable behaviors and the underreporting of undesirable behaviors), respondent bias (e.g., people who participate in surveys are more likely to be female and more educated than non-respondents), and recall bias (e.g., participants may not report events accurately that occurred in the past). These biases may lead to additional positivity in the results, a slight overrepresentation of certain demographic groups, and error in reporting events. The evaluation team attempted to minimize these issues by first ensuring that survey respondents were informed that their responses are confidential and also by encouraging respondents to answer honestly so that authentic information can be provided back to leadership.

## S.4 Additional Analyses

### Barriers to Family Support

Those who reported *not* receiving support before PCS were asked to select which barriers prevented them from receiving such support. Frequencies were reported, stratified by pay grade. Of the survey participants who did not obtain information before their PCS, the greatest percentage (39.7%) reported “Other” barriers to these resources, such as: the perception that EFMP is not helpful at most installations, and it is easier to “do things yourself”; unsuccessful attempts to reach an EFMP point of contact; poor communication between the losing and gaining installation; the perception that Family Support is better suited for Families with child EFMs rather than spouse EFMs; the perception that support dwindles for those with adult EFM children; unavailability of services at the gaining installation; and program processes that inadvertently create delays (e.g., being told you must show proof of residency to access services and that you must go through the Primary Case Manager to find eligible services). The pre-specified barriers most frequently selected by survey participants were ‘resources did not provide useful information’ (31.3%), followed by ‘did not know how to access resources’ (22.1%), and ‘did not know resources were available’ (21.1%; see Figure 17 (PHAR No. S.0065576-19)). This process was repeated for barriers that prevented access to Family support *after* the most recent PCS. Of the survey participants who did not obtain Family support after their PCS, half (53.4%) reported “Other” barriers to these resources, such as: the perception that the Army Community Service (ACS) does not provide valued services (e.g.,

ACS does not help the Sponsor get connected to resource requirements such as IEPs; the information provided is no different than what could be gathered on one's own; ACS is not equipped to help EFMP Families and do not help with medical issues); lack of availability of ACS EFMP at the current duty location; preference to independently identify required services; and not knowing ACS could provide help (e.g., unaware that ACS was connected to EFMP). The pre-specified barriers most frequently selected by survey participants were 'conflicting commitments' (15.6%), followed by 'did not know how to contact ACS EFMP Family Support staff' (14.7%), and 'did not know where the ACS EFMP is located' (13.8%; see Figure 18 (PHAR No. S.0065576-19)).

## Issues with Obtaining Primary and Specialty Medical Care

Participants who reported not receiving required medical services were asked to select barriers that prevented this access. Frequencies were reported by number of EFMs (single or multiple). To test whether the barriers reported to have prevented access to medical care differed by demographic strata, chi-square tests were also conducted exploring number of EFMs in the Family (single or multiple), location (CONUS or OCONUS), and across pay grades. For participants who responded affirmatively that they had accessed required medical services, they were questioned on the presence of challenges to acquire services, and to select which challenges best described their situation. To test whether the presence of these challenges differed by demographic strata, chi-square tests were also conducted by number of EFMs in the Family (single or multiple), location (CONUS or OCONUS), and across pay grades.

### *Barriers when Medical Services not Received*

Of the survey participants (43.2%, $n$ = 253) who reported "Other" barriers to receiving medical services, they most commonly reported logistical or administrative barriers, such as off-site providers not accepting TRICARE or breakdowns leading to continuity of care issues. Of the survey participants (43.2%, $n$ = 253) who reported "Other" barriers to receiving medical services, they most commonly reported logistical or administrative barriers, such as off-site providers not accepting TRICARE or breakdowns leading to continuity of care issues. The pre-specified barriers most frequently selected by survey participants were 'required medical services are not available' (37.9%), 'long wait list/time to get into see a provider (35.2%), and 'limited appointment availability' (33.7%). Of all the combinations that survey participants could select (survey item was "Select all that apply"), the most common combination for survey participants who selected two barriers was 'limited appointment availability' and 'long waiting list/time to get into see a provider'.

Statistical differences in barriers were not observed between number of EFMs or location; however, a statistically significant effect was found for pay grade where E1–E6 participants more frequently selected 'child care responsibilities' as a barrier relative to the higher pay grades ($p$ = .030).

### *Challenges when Medical Services Received*

Of all the combinations that survey participants could select (survey item was "Select all that apply"), the most common combination for survey participants who selected two challenges was 'limited appointment availability' and 'long waiting list/time to get into see a provider'.

Survey participants with multiple EFMs reported more challenges when accessing medical services relative to survey participants with one EFM, including 'limited appointment availability' ($p$ < .001), 'long wait list/time to get into see a provider' ($p$ = .002), 'dissatisfaction with provider'

and ‘dissatisfaction with treatment’ ($p < .001$ and $p = .040$, respectively), ‘child care responsibilities’ ($p = .030$), and ‘conflicting commitments’ ($p < .001$).
Statistical differences were not observed across pay grades; however, survey participants living in the CONUS were more likely to experience ‘limited appointment availability’ and ‘long waiting list/time to get into see a provider’ (both $p < .001$) and ‘geographic distance’ ($p = .020$) relative to survey participants living OCONUS.

## Issues with Obtaining Educational Services

### *Barriers when educational services not received*

A similar process was conducted to analyze the attainment of educational services after PCS. The half of survey participants who reported "Other" barriers to receiving educational services (50.6%, n = 433) reported the following barriers with re-establishing the EFM at a new school: 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.

The pre-specified barriers most frequently selected by survey participants were 'required educational services were not available' (23.6%) followed by 'delayed IEP/IFSP team meeting' (19.9%). This trend remained consistent regardless of pay grade. Survey participants with multiple EFMs were more likely than those with one EFM to face ‘school did not accept the incoming IEP’ and ‘delayed IEP/IFSP team meeting’ as barriers to educational services ($p = .023$ and $p = .007$, respectively). Additionally, survey participants currently living in OCONUS were more likely to find required services unavailable relative to participants living in the CONUS ($p = .040$).

### *Challenges when educational services received*

Of the survey participants who reported challenges to receiving educational services, the most frequently reported challenge was ‘delayed IEP/IFSP team meeting’ (28.3%), followed by ‘wait list for educational services’ (18.6%). This trend remained consistent regardless of pay grade. Survey participants with one EFM, stationed OCONUS were least likely to experience challenges in receiving educational services, relative to survey participants with multiple EFMs ($p < .001$), or those living in the CONUS ($p = .004$). Specifically, survey participants with multiple EFMs were more likely to report ‘delayed IEP/IFSP team meetings’ ($p < .001$) and ‘wait list for educational services’ ($p = .020$) relative to survey participants with one EFM. Given these challenges, survey participants recommend considering duty location when placing EFMP Families to mitigate challenges prior to, during, and after a PCS move.

**Table S-3. Locations Categories**

| CONUS | | | OCONUS | Europe | Pacific | Korea |
|---|---|---|---|---|---|---|
| Aberdeen Proving Ground | USAG Fort Carson | USAG Fort Polk | USAG Ansbach | USAG Ansbach | USAG Fort Greely | USAG Camp Casey-Red Cloud |
| Adelphi Laboratory Center | USAG Fort Detrick | USAG Fort Riley | USAG Bavaria | USAG Bavaria | USAG Fort Wainwright | USAG Daegu |
| Fort A.P. Hill | USAG Fort Devens | USAG Fort Rucker | USAG Benelux | USAG Benelux | USAG Hawaii | USAG Humphreys |
| Joint Base - McGuire-Dix-Lakehurst | USAG Fort Drum | USAG Fort Sill | USAG Camp Casey-Red Cloud | USAG Italy | USAG Japan | USAG Yongsan |
| Joint Base-Myer-Henderson Hall | USAG Fort Gordon | USAG Fort Stewart | USAG Daegu | USAG Rheinland-Pfalz | USAG Kwajalein | |
| Joint Base-Langley-Eustis | USAG Fort Hamilton | USAG Miami | USAG Fort Greely | USAG Stuttgart | USAG Okinawa | |
| Joint Base-Lewis-McChord | USAG Fort Hood | USAG Natick | USAG Fort Wainwright | USAG Wiesbaden | | |
| Joint Base San Antonio | USAG Fort Huachuca | USAG Picatinny Arsenal | USAG Hawaii | | | |
| USAG Carlisle Barracks | USAG Fort Hunter Liggett | USAG Presidio of Monterey | USAG Humphreys | | | |
| USAG Detroit Arsenal | USAG Fort Irwin | USAG Redstone Arsenal | USAG Italy | | | |
| USAG Dugway Proving Ground | USAG Fort Jackson | USAG Rock Island Arsenal | USAG Japan | | | |
| USAG Fort Belvoir | USAG Fort Knox | USAG West Point | USAG Kwajalein | | | |
| USAG Fort Benning | USAG Fort Leavenworth | USAG White Sands Missile Range | USAG Okinawa | | | |
| USAG Fort Bliss | USAG Fort Lee | Yuma Proving Ground | USAG Rheinland-Pfalz | | | |
| USAG Fort Bragg | USAG Fort Leonard Wood | | USAG Stuttgart | | | |
| USAG Fort Buchanan | USAG Fort McCoy | | USAG Wiesbaden | | | |
| USAG Fort Campbell | USAG Fort Meade | | USAG Yongsan | | | |

Note:
USAG: U.S. Army Garrison

## S.5 Survey Tool

# Frequently Asked Questions

## *The 2019 Army Exceptional Family Member Program Survey*

In early May 2019, Secretary of the Army Dr. Mark T. Esper will invite a random sample of EFMP-enrolled Soldiers to complete an electronic survey about their experiences with the program. If you receive an e-mail invitation, please complete the survey. Your feedback is important. We want to know your thoughts on how EFMP is working for your Family and where it may be improved to better meet your needs.

**Q: Who is the sponsor of this survey?**

A: Dr. Mark T. Esper, Secretary of the Army has directed that EFMP Soldiers be surveyed to share their experiences with the program.

**Q: Why is this survey important?**

A: Your input will help leaders understand how well EFMP is linking the unique needs of *your* Family with the right resources. Your responses are critical in ensuring Army leaders have the best information possible to improve services or resolve issues.

**Q: Who is being asked to take the survey?**

A: The survey will be administered to a random sample of EFMP enrolled active duty Soldiers – not to every Soldier enrolled in the program. Those selected to participate will receive an e-mail from the Human Resources Command (HRC) on behalf of the U.S. Army Public Health Center (APHC) with a link to the survey on a secure website. The Soldier may consult with other adults in the home, but the survey must be completed by the Soldier only. The survey may only be completed once; only one survey will be allowed per invited EFMP Soldier.

**Q: Can I participate if I don't get a survey?**

A: You may only respond to the survey if you receive an e-mail invitation to participate. Even if you are not invited to participate in this survey, Soldiers and Families are encouraged to provide feedback about the EFMP to the local Army Community Service EFMP system navigator.

**Q: Do I need to take the survey on a military computer or use a CAC card?**

A: The survey link will be sent to your government email. A CAC is not required to access the survey, so you may complete it from any computer.

**Q: How long does the survey take?**

A: The survey should take approximately 10 minutes to complete.

**Q: Can I come back to the survey if I don't finish?**

A: No, the survey must be completed in one sitting. Please reserve sufficient time to complete the survey.

**Q: Are there any risks associated with the survey?**

A: No, there are no known risks associated with participating in this survey. Your participation is voluntary, confidential, and you can stop at any time.

**Q: Are my responses confidential?**

A: Yes, your responses are confidential. Any personally identifiable information will be removed to ensure confidentiality. The APHC evaluation team who are involved in this project will be the only individuals who access the data, which will be kept private and confidential, and housed on a protected secure server.

**Q: Will the results be anonymous?**
A: Yes, the results will be anonymous. To protect your identity, data findings will only be reported in aggregate without individual identifiers.

**Q: What will happen to the results?**
A: Results will be analyzed and compiled into reports for Army leaders and service providers to enable them to better serve EFMP Families.

**Q: Who is the official Army Point of Contact for this survey?**
A: The Army POC for this survey is Mr. Paul Grossman, paul.m.grossman3.civ@mail.mil

**Q: Does this survey have an official control number?**
A: The 2019 Exceptional Family Member Survey has been approved by the U.S. Army Research Institute for the Behavioral and Social Sciences, Survey Control Number: cc-xxx-xxx, expiration date xx-xx-xxxx. Additionally, the APHC Public Health Review Board reviewed and approved the survey as Public Health Practice on [insert date], Project Plan #xx-xxx.

**Do you agree to participate in this survey?**
○ Yes, begin survey. ○ No, end survey.

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## Demographics

**While your responses to this survey are anonymous and confidential, the following demographic information is collected to target improvements for the EFMP. Please answer each question honestly; only group (aggregate) responses will be reported and your individual responses will never be identified.**

**1. What is the closest installation to where you currently live?**

| | | |
|---|---|---|
| Aberdeen Proving Ground | USAG Fort Campbell | USAG Italy |
| Adelphi Laboratory Center | USAG Fort Carson | USAG Japan |
| Fort A.P. Hill | USAG Fort Detrick | USAG Kwajalein |
| Joint Base McGuire-Dix-Lakehurst | USAG Fort Devens | USAG Miami |
| | USAG Fort Drum | USAG Natick |
| Joint Base-Myer-Henderson Hall | USAG Fort Gordon | USAG Okinawa |
| Joint Base-Langley-Eustis | USAG Fort Greely | USAG Picatinny Arsenal |
| Joint Base-Lewis-McChord | USAG Fort Hamilton | USAG Pine Bluff Arsenal |
| Joint Base-San Antonio (Fort Sam Houston) | USAG Fort Hood | USAG Presidio of Monterey |
| | USAG Fort Huachuca | USAG Redstone Arsenal |
| Joint Expeditionary Base-Fort Story | USAG Fort Hunter Liggett | USAG Rheinland-Pfalz |
| | USAG Fort Irwin | USAG Rock Island Arsenal |
| Moffett Federal Airfield | USAG Fort Jackson | USAG Stuttgart |
| USAG Ansbach | USAG Fort Knox | USAG West Point |
| USAG Bavaria | USAG Fort Leavenworth | USAG White Sands Missile Range |
| USAG Benelux | USAG Fort Lee | |
| USAG Camp Casey-Red Cloud | USAG Fort Leonard Wood | USAG Wiesbaden |
| USAG Camp Parks | USAG Fort McCoy | USAG Yongsan |
| USAG Carlisle Barracks | USAG Fort Meade | Walter Reed National Military Medical Center |
| USAG Daegu | USAG Fort Polk | |
| USAG Detroit Arsenal | USAG Fort Riley | Yuma Proving Ground |
| USAG Dugway Proving Ground | USAG Fort Rucker | Other - Assigned to a special duty assignment and not near a military installation (please specify) _____ |
| USAG Fort Belvoir | USAG Fort Sill | |
| USAG Fort Benning | USAG Fort Stewart | |
| USAG Fort Bliss | USAG Fort Wainwright | |

| | | |
|---|---|---|
| USAG Fort Bragg<br>USAG Fort Buchanan | USAG Hawaii<br>USAG Humphreys | Unknown |

**2. What is your pay grade?**

○ E1-E3 ○ E4-E6 ○ E7-E9 ○ W1-W5 ○ O1-O3 ○ O4-O6 ○ O7 and above

**3. How many Family Members are enrolled in the EFMP?**

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 or more

**4. Which Family Member(s) are enrolled in the EFMP? (Select all that apply.)**

□ Spouse
□ Child/Children (please specify number of children) _____
□ Parent/Adult (please specify number of adults) _____

**5. What type of medical/educational condition(s) qualified your Family Member(s) for the EFMP? (Select all that apply.)**

□ Physical (e.g., asthma, epilepsy, cancer, multiple sclerosis)
□ Developmental (e.g., autism spectrum disorder)
□ Behavioral/Emotional (e.g., depression, bi-polar disorder, substance abuse)
□ Communication (e.g., articulation, dysfluency, voice, language/phonology)
□ Sensory (e.g., visually impaired, deaf)
□ Mobility impairment (e.g., quadriplegic, wheelchair-bound)
□ Other medical condition
□ Other educational condition

**<u>Permanent Change of Station (PCS)</u>**

**6. In your military career, how many times have you experienced a permanent change of station (PCS) with your Family Member(s) with special needs?**

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 or more

**[If 0, directed to the last page to provide open-ended feedback and recommendations for improvement.]**

**6a. [If 1 or more] When was your most recent PCS with your Family Member(s) with special needs?**

○ 0 to 6 months ago ○ 7 to 12 months ago ○ 13 to 18 months ago
○ 19 to 24 months ago ○ Longer than 24 months ago

**6b. After your most recent PCS, how long did it take to re-establish <u>primary</u> medical care services for your Family Member(s) with special needs?**

Number of weeks: ____

**6c. After your most recent PCS, how long did it take to re-establish <u>specialty</u> medical care services for your Family Member(s) with special needs?**

Number of weeks: ____

**6d. After your most recent PCS, how long did it take to re-establish educational services at the gaining early intervention program/school for your Family Member(s) with special needs?**

Number of weeks: ____

**6e. What was the impact of the PCS on your Family Member(s) with special needs?**
○ No impact ○ Minimal impact ○ Moderate impact ○ Major impact ○ Severe impact

## Family Support

**Please answer the following questions about your experiences with EFMP Family Support.**

**7. Prior to your most recent PCS, did you obtain information about EFMP Family and Community Support at the gaining installation?** ○ Yes ○ No

**7a. [If Yes] How did you obtain this information prior to your most recent PCS? (Select all that apply.)**
☐ Visit with ACS EFMP System Navigator
☐ Visit with EFMP Medical Staff
☐ U.S. Army Morale, Welfare, and Recreation (MWR) EFMP website
☐ Army OneSource website
☐ Military OneSource website
☐ EFMP Resources, Options, and Consultations (ROC) website
☐ U.S. Army Medical Department EFMP website
☐ U.S. Army Human Resources Command (HRC) EFMP website
☐ Other (please specify) _____

**7ai. [Matrix auto-populated with resources selected in 7a] How valuable were these resources for you and your Family?**

| | Not valuable | Slightly valuable | Moderately valuable | Valuable | Extremely Valuable |
|---|---|---|---|---|---|
| [Selected resources from 7a] | | | | | |

**7b. [If No] What prevented you from obtaining EFMP Family Support prior to your most recent PCS? (Select all that apply.)**

☐ Did not know resources were available
☐ Did not know how to access resources
☐ Unable to access resources
☐ Resources did not provide useful information
☐ Other (please specify) _____

**8. After your most recent PCS, did you contact Army Community Service (ACS) for EFMP Family Support at the gaining installation?**
○ Yes ○ No

**8a. [If Yes] Why did you contact the ACS EFMP at the gaining installation? (Select all that apply.)**

☐ Information and referral
☐ Respite Care
☐ Systems Navigation Support
☐ EFMP Lending Library
☐ School information/Advocacy
☐ In-processing
☐ Assistance with specialized childcare access
☐ Specialized Recreation and Inclusion Activities

☐ Other (please specify) _____

**8ai. How did you contact the ACS EFMP? (Select all that apply.)**
☐ Face-to-face
☐ Telephone
☐ Email

**8aii. Who did you speak with at the ACS EFMP? (Select all that apply.)**
☐ ACS EFMP Family Support Manager
☐ EFMP Family Support Specialist
☐ ACS EFMP System Navigator
☐ Other (please specify) _____

**8b. [If No] What prevented you from contacting the ACS EFMP at the gaining installation? (Select all that apply.)**
☐ Did not know where the ACS EFMP is located
☐ Did not know how to contact the ACS EFMP Family Support staff
☐ Unable to contact the ACS EFMP Family Support staff
☐ Geographic distance from ACS
☐ Child care responsibilities
☐ Conflicting commitments
☐ Other (please specify) _____

**Medical Services [Completed only if medical conditions are selected in Q5]**

**Please answer the following questions about your experience with obtaining required medical services for your Family Member(s) with special needs after your most recent PCS.**

**9. After your most recent PCS, did your Family Member(s) with special needs receive the required medical services at the gaining installation?** ○ Yes ○ No

**9a. [If Yes] What medical services have your Family Member(s) with special needs received at the gaining installation? [Select all that apply.]**
☐ Special equipment (e.g., pacemaker, cochlear implant, insulin pump, etc.)
☐ Artificial opening/prosthetics (e.g., gastrostomy, tracheostomy, cerebral spinal fluid (CSF) shunt, etc.)
☐ Occupational Therapy
☐ Physical Therapy
☐ Intensive Behavioral Intervention
☐ Psychological Counseling
☐ Other Specialist Services (please specify) _____

**9ai. [Matrix auto-populated with services selected in 9a] How valuable are these medical services for your Family Member(s) with special needs?**

| | Not valuable | Slightly valuable | Moderately valuable | Valuable | Extremely Valuable |
|---|---|---|---|---|---|
| [Selected services from 9a] | | | | | |

**9aii. What issues did your Family Member(s) with special needs experience in receiving required medical services? (Select all that apply.)**

☐ Limited appointment availability
☐ Geographic distance
☐ Long waiting list/time to get into see a provider
☐ Dissatisfaction with provider
☐ Limited treatment options
☐ Dissatisfaction with treatment
☐ Adverse effects of treatment
☐ Transportation
☐ Child care responsibilities
☐ Conflicting commitments (e.g., work schedule)
☐ Other (please specify) _____

**9b. [If No] What prevented your Family Member(s) with special needs from receiving required medical services at the gaining installation? (Select all that apply.)**

☐ Required medical services are not available
☐ Difficulty finding information about medical services
☐ Limited appointment availability
☐ Geographic distance
☐ Long waiting list/time to get into see a provider
☐ Transportation
☐ Child care responsibilities
☐ Conflicting commitments (e.g., work schedule)
☐ Other (please specify) _____

**<u>Educational Services</u> [Completed only if child/children is selected in Q4 & educational conditions are selected in Q5]**

**Please answer the following questions about your experience with obtaining required educational services for your Family Member(s) with special needs after your most recent PCS.**

**10. Does your Family Member(s) with special needs have an:**

| | **Yes** | **No** |
|---|---|---|
| Individualized Education Program (IEP) | ○ | ○ |
| Individualized Family Service Plan (IFSP) | ○ | ○ |

**11. After your most recent PCS, did your Family Member(s) with special needs receive the required educational services at the gaining installation?** ○ Yes ○ No

**11a. [If Yes to Q11] What educational services have your Family Member(s) with special needs received at the gaining installation? (Select all that apply.)**

☐ Counseling
☐ Occupational Therapy
☐ Physical Therapy
☐ Speech Therapy
☐ Intensive Behavioral Intervention
☐ Special Transportation
☐ Other (please specify) _____

**11ai. [Matrix auto-populated with services selected in 11a] How valuable are these educational services for your Family Member(s) with special needs?**

| | Not valuable | Slightly valuable | Moderately valuable | Valuable | Extremely Valuable |
|---|---|---|---|---|---|
| [Selected services from 11a] | | | | | |

**11aii. What issues did your Family Member(s) with special needs experience in receiving required educational services? (Select all that apply.)**

☐ School did not accept the incoming Individualized Education Program (IEP)
☐ School did not accept the incoming Individualized Family Service Plan (IFSP)
☐ Delayed IEP/IFSP team meeting
☐ Wait list for educational services
☐ Geographic distance to another school that provides required services
☐ Special transportation is not available
☐ Other (please specify) _____

**11b. [If No] What prevented your Family Member(s) with special needs from receiving required educational services at the gaining installation? (Select all that apply.)**

☐ Required educational services are not available
☐ Difficulty finding information about educational services
☐ School did not accept the incoming Individualized Education Program (IEP)
☐ School did not accept the incoming Individualized Family Service Plan (IFSP)
☐ Delayed IEP/IFSP team meeting
☐ Wait list for educational services
☐ Geographic distance to another school that provides required services
☐ Special transportation is not available
☐ Other (please specify) _____

## Recommendations for Improvement

**12. How can the EFMP be improved to better serve you and your Family [during a PCS]?**

_____
_____
_____

**13. What additional comments do you have about your experiences with the EFMP [during a PCS]?**

_____
_____
_____

**Thank you for your participation!**