Program Evaluation for the Exceptional Family Member Program

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HMSV440W

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Nov 12, 2017

**Summary**

The Exceptional Family Member Program (EFMP) is a mandatory enrollment program for active duty military dependents who have medical, physical, psychiatric and psychological diagnosis. By making this program mandatory, all branches of the military can ensure that families aren’t stationed in areas where support services are limited or non-existent. Enrollment in the EFMP consists of three steps; a qualifying diagnosis, enrollment paperwork and approval by that military branch of service EFMP headquarters office and case management. Although each branch of the military conducts their program differently, the intent of this program is to maintain a continuity of care for the exceptional family member (EFM) as the active duty service member transitions through their career.

In the last ten years, the Marine Corps EFMP program has seen a continued increase in enrollment of EFMs. As of late 2015, there were 10, 837 EFMs enrolled in the Marine Corps branch of the program. The top six diagnosis enrollments include attention deficient disorder (ADD)/ hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and anxiety/depression. These three diagnoses are divided as such, roughly 1,800 with ADD/ADHD, 1,700 with Anxiety/depression and 1,500 with ASD diagnosis. My evaluation will focus on the Marine Corps Camp Pendleton Exceptional Family Member Program, which serves 2,026 EFMs. Camp Pendleton EFMP offices consists of one program director, five caseworkers and one training, education and outreach specialists. Caseworkers are geographically assigned to EFMs based on where they live both on base and out in town (Cross, 2007).

**Results**

During my evaluation, I spoke with Lauren Anderson and Chu Trani two of the EFMP caseworkers at Camp Pendleton. During our interview, I learned that each caseworker is assigned a different number of cases based on how often active duty members arrive or leave to that assigned workers area. Each caseworker handles roughly 80-105 cases per year on average. If a caseworker leaves or their case load is unusually high, cases will be distributed between the remaining five workers. Currently Ms. Anderson has 83 cases and Ms. Trani has 78 cases. Each caseworker is required to have a minimum of a bachelor’s degree in a Sociology or a related field, understanding of how the Marine Corp ranks systems works and basic understanding of military life and some experience of working with special needs families. It should be noted that this experience doesn’t have to be with any specific diagnosis. Caseworkers are given basic training on working with special needs children and their families however, any research or understanding about specific illness is left for the caseworker to complete (Aronson et al., 2016, p. 427).

Over the last four years’ caseworkers have seen a rise in childhood mental health diagnosis, ADD/ADHD and ASD which has led to a higher demand for specialized services and educational liaisons who can help make the transition easier. Unfortunately, staff are ill equipped to give each EFM the time needed to provide in-depth case management and individualized resources. Each caseworker expressed the desire to help clients but feel limited by time constraints and their workload. Caseworkers can provide EFMs and their family with any well-known resources in the community and encourage them to attend EFMP planned events so that they can begin to build support within the EFMP community at their duty station. Another service caseworker can provide, if knowledgeable, representation at any individual education plan (IEP) meeting. Their role is to provide support during the meeting and help answer any questions about services that the military is or can offer for the EFM. EFMP caseworkers often work closely with an outreach specialist who is assigned to each office. This specialist is tasked with providing training to the EFMP caseworkers, Marine Corps units and families on family support plans, IEPs and other educational resources available. They are also responsible for keeping an updated database of outreach resources and maintains any in house support groups for eligible members. After speaking with Hope, the Camp Pendleton outreach specialist I was given a clearer picture of what the program limitations are and what their current goals are for the Camp Pendleton program. While speaking with EFM families, the main concerns were lack of communication from the EFMP office and caseworkers, insufficient resources provided and lack of understanding of what their EFMs needs are. For some families, the frustration they feel with the EFMP office keeps their contacted limited to check in when they first arrive and check out when they are headed to their next duty station.

**Conclusions**

After spending time evaluating the EFMP I have learned that while the program provides a necessary service, it needs improvements. Caseworkers are overwhelmed with their caseloads, limiting time spent working with clients. Inadequate training has led to a lack in understanding of the types of diagnosis clients have and leads to confusion about what type of resources are needed. There is currently a lack of coordination between the EFMP caseworkers and local school administration which makes it difficult to find reliable information about education needs, specialized schools and day treatment programs for children with special needs. Families aren’t accessing the resources of the program due to frustration and misunderstanding. The EFMP office does provide training to its families, it is often limited to IEP workshops and stress management for parents. Overall, the Camp Pendleton EFMP has the potential to offer families a unique one on one case management service that connects them to support service in both the military community and the civilian community however, it lacks the appropriate resources to accomplish this task.

**Implications of findings**

My findings don’t impact the program overall, however it does impact the type of services that caseworkers offer. Being a part of the EFMP community has unfortunately turned into a joke for many, they feel angry and confused about the program. Caseworkers can’t build relationships with clients because the caseloads are so heavy. This can lead to many clients failing to receive the resources they will need to make their EFM successful. This is especially necessary for individuals with new diagnosis who are feeling overwhelmed and unsure of where to begin to look for services. Instead of fostering a community of support, many refuse to use EFMP services because they feel they are useless and inadequate, this also limits support group participation among EFMP families. The EFMP caseworkers are enthusiastic about helping the military community but they often are unsure of where to begin to find resources for complex diagnosis and meet resistance from families who have negative experiences in the past. When a program is not fulfilling its responsibilities, everyone associated with the program is on the losing end not just the clients.

**Recommendations**

My recommendation is for the EFMP to continue to build on the foundation that program already has in place. I think the idea of this part of the program is a good one however, it needs to be made more practical. Caseworkers would be more efficient if they were assigned cases based on diagnosis type. This would allow for workers to become familiar with that type of illnesses and the types of resources and services needed to help those diagnosed. Understanding what a client goes through allows for case management to be a helpful process and allows caseworkers to build rapport with clients and their family. Training should be conducted by subject matter experts on a quarterly basis with caseworkers. During this training, new techniques and therapies can be discussed along with any new support services being offered in the local community. Yearly training should be conducted with local school administration and support staff to ensure that caseworkers having a working relationship with local schools. Department of Defense school often lack the services needed for special needs children so knowing which school can provide services is vital.

While the EFMP office employees an outreach specialist to manage its support groups, it would be beneficial to designate support group management to an individual who focuses solely on support groups offered both on base and those in the community. This person would also serve as a liaison in the community. The area where I live in San Diego, has a large Autism Society chapter that many Marine Corps families could benefit from joining and attending group meetings with the possibility of hosting meetings on base. Along with establishing support liaisons, this person would oversee a parent volunteer board. This board would be comprised of parents and caseworkers who plan special events throughout the year that allow families to get together and form friendships and support groups. The EFMP does host some events at Camp Pendleton however, there is little turn out. By involving parents, the program helps to solidify its relationship with clients and their family (Hoshmand, Hoshmand, 2007).

By making these changes in the services offered by the EFMP, the program will see more confidence in their caseworker’s abilities to help clients. Designating cases by type of illnesses allows time for caseworkers to develop an understanding of the difficulties faced by clients and their loved ones, and understand the time it takes to manage that illness. This type of knowledge and understanding will give clients the confidence to use the EFMP resources and have a relationship with the program that isn’t adversarial.

**Goals and Objectives**

The Exceptional Family Member Program will implement a quarterly training program that hosts speakers from the local community who specialize in Mental Health illness.

* By November 30th 2017, the EFMP will have a quarterly training schedule in place that features experts from the community that provide training to caseworkers.
* By December 30th, 2017 the EFMP training specialist will have made liaison with the San Diego National Alliance on Mental Health (NAMI) and schedule a speaker to attend the years first quarterly training.
* By January 15th, 2018 the EFMP will have its first quarterly training.

The Exceptional Family Member Program will set up a parent volunteer board

* By January 1st, 2018 the outreach specialist will send through email communication a letter describing their intent to organize a volunteer board. This letter will give a description of what the board will do and ask for individuals who want to participate to sign up through the EFMP website.
* By March 1st, 2018 the EFMP will host its first parent volunteer board meeting to discuss upcoming event ideas for the summer of 2018.
* By May 15th, 2018 the EFMP will have scheduled its first summer event to include reserving the place it will be held, type of event and flyer for the event.
* By July 1st, 2018 the EFMP parent volunteer board will host its first summer vent.

**Supporting Research**

During my research, I focused on finding articles that highlighted the need for more individualized case management when working with military families who have mentally ill children. This management included providing support services, education on the different illnesses, school liaison programs and the need for community involvement. Many of the articles discussed the lack of adequate services and accessibility of service intended to help families who are struggling with raising children who have either a mental health illness or an illness defined in the DSM. A few of my articles discussed the need for interventions for children diagnosed with these illnesses and the import role that interventions play in creating a successful way to cope and manage their illness

**References**

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