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Early childhood intervention programs for military families with special needs children

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Doctoral Project

**EARLY CHILDHOOD INTERVENTION PROGRAMS FOR
MILITARY FAMILIES WITH SPECIAL NEEDS CHILDREN**

by

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ABSTRACT

The purpose of my research was to describe the need for Early Childhood Intervention for Military Families with Special Needs Children. The question is really why is there no Early Childhood Intervention (ECI) for military families with special needs children? Poor communication between Exceptional Family Member Program (EFMP) enlisted vs. officer ranks, a poor continuation of services when families have a permanent change of station (PCS) and data that shows the importance of Early Childhood Intervention (ECI) services for children 0–3 years of age. A quantitative methodology was used through interviews with military families, EFMP staff, and retired/active-duty military personnel, demographic data from militaryonesource.mil, and various article research. Key findings: As a result of the questionnaires completed by EFMP and military families (see interview questions in Appendix D) it is obvious to this writer that there needs to be a military-only Early Childhood Intervention program. The program should be available to these families in every state and at every military base that they deploy. Discussions and education should be provided to military enlisted members, this will allow them the opportunity to make choices about their military career if their child is born with special needs. ECI services should provide education to military

families about how to address the needs of their disabled children. Another key finding in my research is by providing a quicker turnaround of services in the new state or continuation of services that are already established before they move there is no deficiency in developmental milestones of the special needs child.

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LIST OF ABBREVIATIONS

AD.....	Active Duty
ADHD.....	Attention Deficit Hyperactivity Disorder
ADL.....	Activities of Daily Living
ASD.....	Autism Spectrum Disorder
CCDF.....	Consumer Centered Disability Funding
DoD.....	Department of Defense
ECEC.....	Early Childhood Education and Care
ECHO.....	Extension for Community Healthcare Outcomes
ECI.....	Early Childhood Intervention
ECSE.....	Early Childhood Special Education
EELM.....	ECHO-like Models
EFMP.....	Exceptional Family Member Program
EI.....	Early Intervention
FMC.....	Family Center Model
IADL.....	Instrumental Activities of Daily Living
IDEA.....	Individuals with Disabilities Education Act
IFSP.....	Individual Family Service Plan
MEISR.....	The Measure of Engagement, Independence, and Social Relationships
MEPS.....	The Medical Expenditure Panel Survey
NDIS.....	National Disability Insurance Scheme
OPA.....	Office of People Analytics

OTP..... Occupational Therapy Practitioner
PCSPermanent Change of Station
RBI.....Routines Based Assessment

CHAPTER ONE – Introduction

Introduction

Early childhood intervention is a service provided to families with children with developmental delays or suspected developmental delays. Families can be referred to services by a physician or self-referral by parents if they suspect delays. However, I have noticed a gap in the number of military families who use our services. In speaking to many of my military families I hear and see that many don't know about early childhood intervention, and those that do have a hard time finding out how to receive our services. They also tell me that each move from state to state the services are called something different, making it difficult to find our services. I propose early childhood intervention services be made accessible and universal to all military families.

Needs Assessment

There is a need for an early childhood intervention program specific to military families who lack easy access to programs for children with special needs that move from state to state and internationally. Currently, many military families are lost in the cycle of paperwork, because they are given the wrong information or no information; on how to access supportive services when moving. "I really had to do my own research on services to back up the EFMP decisions. One location had therapy centers on base that could have worked for my son, but they all had 3-month waiting lists, so EFMP didn't recommend that assignment. But they did recommend another assignment where the waiting lists weren't the issue, but my research showed that the therapy centers on their lists were over an hour from base, one had gone out of business, and one didn't even

serve children. The EFMP person wasn't an expert on my kids' needs, so how were they to know? When I took my research to EFMP, they changed their recommendation, and we didn't go on that assignment." (Kimmel 2015) Many families give up and don't seek further care until much later, at school age, losing valuable time. "We could have moved more often, but getting the right services for my oldest son, in particular, has been tricky. Not just any post is going to have all the therapies that he needs. My husband has been up for some assignments in the past few years in places where we couldn't get the right services. So, we ended up not going" (Kimmel, 2015). I want to see these families have a way to find ECI programs in every state and country they travel to, as well as the opportunity to seamlessly enroll them. Due to a lack of information or mis- information many families don't seek out ECI services. Many children with special needs go without services until they reach school age, leaving the families without resources to help their child meet their basic milestones right after birth." But it hasn't always been easy. It's hard and sometimes frustrating to fill out all the paperwork, find the right doctors who are also on the approved lists, and ask more than once to get things approved." (Kimmel 2015) Without the earliest interventions, these children will lose valuable time to catch up with their developmental milestones, which may affect the rest of their lives.

Many families may also have difficulty gaining access to ECI services after they move to another state, again due to poor follow-up, lack of information, and out-of-date information. This may result in further milestone delays and loss of independence for the child. The families are then burdened further with increased needs for adaptations to their environment, added stress financially due to needs for private therapies, and added

medical expenses to address longer use of medical equipment (i.e., wheelchairs, AFOs, SMOs, adapted strollers, etc.). Early intervention can remove most of these burdens by simply training, educating, and coaching parents to address these milestone delays earlier. The lack of intervention will follow the child and the family for years. It will affect all aspects of the child's occupations; ADLs, IADLs, health management, rest and sleep, education, work, play, leisure, and social participation. "All aspects of the occupational therapy domain have a dynamic interrelatedness. All aspects are of equal value and together interact to affect occupational identity, health, well-being, and participation in life". (OTPF p 6)

Proposed Solution

The military ECI I envision, will meet the specific needs of children with developmental delays, Autism, ADHD, and other childhood delays. This ECI would provide quick access to programs, enrollment centers, daycare providers, and therapy services into ECI or continue where the other states' ECI programs left off. Time is of the essence for these children, and if we can get them the early intervention they need, it will set them and their families up for a better future.

The outcomes I am seeking to meet are four-fold. First, to develop ECI programs that cater to special needs children of military families. Also, to show evidence of how the need for specific ECI services is greater with military families, especially families that move, from state to state, compared to civilian families. Thirdly, to educate in how multiple moves affect military children with special needs, and how ECI enrollment can address these issues. Finally, to streamline the enrollment process so that families can

make an informed decision about whether to enroll in ECI services as early as possible. Allowing their child the best chance at a productive, and happy life. There will be many observable and measurable outcomes to this program, including Military hospital Pediatricians and Obstetricians having access to referral information for an ECI program at birth or soon after when the child is found to have delays. This will allow a higher percentage of children to be seen in ECI enrollments soon after birth. The enrollment is free to families once referred either by Dr or parents can choose to self-refer. Once enrolled in an ECI program, the child may be seen in the program for up to three years.

As I outlined earlier, due to a lack of information or mis- information many families don't seek out ECI services. Many children with special needs go without services until they reach school age. Leaving the families without resources to help their child meet their basic milestones right after birth. This problem matters because without the earliest interventions, these children will lose valuable time to catch up with their developmental milestones, which may affect the rest of their lives.

Key Factors Contributing to the Problem

1. Lack of information: Parents are not fully informed on what ECI is or what ECI can provide them. Families are not referred by medical staff (at birth, or well-child checks) or by military staff that ECI services are available.
2. Outdated information: Information is not updated to reflect changes (ECI services closing, or daycares closing, etc.)

3. Not focused on Military unique circumstances: Current ECI reflects awareness of civilian families, not those of military families who move from base to base.
4. Information about ECI is not universal from state to state (military base to military base): Each state has a different name for its programs and the criteria for enrollment are not universal.

Core Elements of the Problem

1. Establish a protocol for military-specific ECI (Early Childhood Intervention)
 - a. Referral process (i.e., OB, Pediatrician, military hospital) to guide the earliest referral.
 - b. Universal guide; for military families to know what ECI is and what ECI can do for their special needs child.
 - c. Educate OT's; to establish interventions and create ECI programs on each military base to create a unified process and remove any confusion about the ECI process.
 - c. Additional services list: Address the needs of each family; help with financial burden of (diapers, WIC, medical equipment/providers and establish referral lists to outpatient clinics/homecare agencies (OT, PT, SLP).

CHAPTER TWO – Project Theoretical and Evidence Base

Introduction

There is a lack of access to Early Childhood Intervention (ECI) Programs in the military community especially families with special needs children. The areas of most concern are the number of families who lose access to their current ECI program when they relocate to a different state or (PCS) Permanent Change of Station. These families also report having difficulty maintaining consistency in therapy and medical services when they move. This author's areas of focus are relocation, deployment and its effects on the child and spouse left behind, insurance coverage, and the lack of access to ECI programs and its effects on developmentally delayed children. The research questions include: Is there evidence that a lack of access to early childhood intervention programs results in a higher burden of care and cost of care for military families? Is there evidence that deployments have an adverse effect on children in Military families? Is there evidence that lack of communication within the military community limits access to current ECI programs? What is the rate of PCS (Permanent change of station) of different military branches and rank levels? Is there evidence that the lack of ECI services results in greater developmental delays? A search of the literature was conducted using PubMed.gov, ERIC, and PubMed, militaryonesource.mil, and the Department of Defense Demographics. The terms used for the search were low income, disabled child, military parent, special needs, relocation, early childhood intervention, deployments the burden of care lack of access to enrollment, limits set for 2015–2022, English, birth to three years old. Criteria for selection included 1) participation age of 0–3 years 2) developmental

delayed or special needs 3) Military family 4) English publications. The criteria for exclusion were 1) publication date more than 10 years from the present 2) child's age older than 3 years, and 3) Publications about normal developing children.

Evaluative Summary

Is there evidence that a lack of access to ECI programs results in a higher burden of care and costs of care for military families? There was a large amount of evidence stating that military families struggled to get access to care and obtain routine appointments. "These families reported difficulty in receiving referrals to specialists, having appropriate access to care, and obtaining routine appointments suggesting barriers are greater for mental health than for physical health resources for military youth" (Sehadri et al. (n.d.) p. 1384). Using Medical Expenditure Panel Survey included 84,783 children, ages 0–17 from households that participated in the medical expenditure panel survey in the period from 2007–2015. Another article brought to light the need for single-parent military families of the low-income enlisted in a qualitative study by the Catholic University of 150 families. "The demands of soldiering became incompatible with the successful mothering of a child with disabilities" (Taylor et al., 2005. p. 95). The military salaries furthered their role conflicts. (Incomes ranged from \$11,669 to \$24,890) Military housing was inadequate or unavailable and off-post housing was too expensive. The study concluded that active duty and caring successfully for a child with disabilities was impossible, and they 005 left the service to raise their child. Significant effects found in these two studies were both studies found low income and relocation as the main reasons why children with special needs were by insurance. Relocation barriers affect therapeutic

effectiveness (76%), limited providers or therapy services, (80%) lack of therapy continuity (67%), and lack of therapy quality, (67%) (Davis & Finke 2015). Of the four studies reviewed the fourth study takes a different view on the programs available to military families. The study by (McDonald et al., 2016) describes two types of programs, consumer-centered disability funding (CCDF)/national disability insurance scheme (NDIS) and early childhood intervention programs (ECI). The first CCDF/NDIS represents a challenge to the problematic assumptions that people with disabilities do not have the capacity to make decisions about their own lives (Lord & Hutchinson, 2003: Rabiee, Moran & Glendinning, 2009; Scourfield, 2007; Stainton & Boyce, 2004). (p. 1). This is a more traditional approach to therapy (clinic, medical model) Family left out, professional completes direct treatment. The second is Early childhood intervention the key theoretical foundation for contemporary therapeutic approaches in ECI is that all children regardless of their level of ability, learn through their relationships with the important people in their lives (e.g., parents, family members, early education and care (ECEC) professionals and need repeated opportunities to practice skills in everyday settings”.

Is there evidence that deployments have adverse effects on military children?

Overall, there was a considerable amount of evidence supporting the need for more support for military families with children with special needs before, during, and after deployment. Demographic information by (Future Child 2011) from a study of the All-Volunteer Force (AVF) by (Nelson et al., 2016). illustrates the following, number of military Children ages **0–5** = 680,000, **6–11** = 565,834, **12–18** = 443,964, and the

smallest number of children ages **19–22** = 129,309. The authors define relocation as at least one move outside of the continental US and the deployment of a parent. Active duty (AD) families move 2.4 times more often with relocation occurring every 2–3 years, over long distances, across stateliness, or to foreign countries. The study dives deep into the definition of attachment, family functional and system theory, and deployment cycle (pre-deployment, deployment, sustainment redeployment, post-deployment, and reintegration) The effects of deployment on children, increased emotional and behavioral problems, changes in healthcare use, increase in child maltreatment. Lastly, the article discussed infants and toddlers; the increased risk of preterm birth and postpartum depression, disturbances of attachment and development, and increased emotional and behavioral problems. Another study by Aronson, et al. (2016) Illustrates the demographics of diagnoses found in children of military families who deploy Autism (94%), ADHD (93%), emotional behavioral disorders, Speech and Language disorders, asthma, developmental delays, and mental health problems (80–90%). A similar demographic profile survey was conducted in 2019 by (OPA.mil) with 605,716 active-duty spouses looking at their well-being and 937,668 active-duty children and the impact of military life. The results showed increased use of daycare and an elevated level of spouses with a child at home during their spouse's last deployment. The impact of deployment on daily life, over half did not feel a closeness to their family, did not feel pride in having military parents, had difficulty with coping with deployment, more than half experienced more than usual stress, and suffered from nervous and anxiety issues, most felt comfortable using counseling services only a small portion less than 20% had seen a counselor in the

6 months following deployment of a spouse or parent. A retrospective cohort study by (Spieker, et al 2016) examines all birth records between September 2001–2011 at the military medical center and the demographics: active-duty spouses of Army personnel who delivered their babies between these dates. The results of this study; there is a risk of small gestation age, low birth weight, and preterm delivery among active-duty military families. Deployment effects varied by maternal age and the number of children in the household. These findings may inform programs and practitioners to best serve women with military-deployed spouses. Streamlining the process and execution relocation would enhance the continuity of care and reduce the stress that accompanies these moves. Single parents who are on active duty (AD) face challenges such as a lack of extended family support due to living on a military base, the need for a care plan, when they need military training and deployments, and separation in families, is common due to the choice between stable education and social life or financial constraints preventing families to move together.

Is there evidence that the lack of communication within the military community limits access to the current Early Childhood Intervention (ECI) programs? One website that stood out among the others answered this question but lacked concise information. The website militaryonesource.mil. This website is for new military parents to refer to when they are looking for services and programs for their special needs child. Under the service tab, seven areas involve families. They were a child development center, education and development services, and family care/child development homes, a military family support center, a new parent support program, and a relocation assistance

program. Each of these tabs has separate websites embedded into the description creating a “rabbit hole” of information. The Exceptional Family Member Program (EFMP) assessment, used to enroll the family into one of these programs is twenty-five pages long. This website is one example of how the military has too much information for families to sift through. The information is available but to find exactly what you are looking for takes time and effort which most new parents may not have. “A military transition plan may facilitate therapeutic service delivery by outlining responsibilities for all parties and ensuring all team members know and understand their roles” (Davis & Finke 2015, p. 2032). These authors conducted a small study sample of fifteen participants in a qualitative methodology study, with military families who had children with autism spectrum disorder (ASD). The results of the interviews suggested that military families with children with ASD experience challenges like other military families and other ASD families reported in the literature. The challenges of military life exacerbate the challenges associated with relocation and separation (Davis & Fink 2015, p. 2029). Another multi-case qualitative study conducted by (Classen, A.I., Horn, E., & Palmer, S. (2019) answers the question about the lack of communication within military communities for *school-aged* children of military families. Their study focused on two different sites using semi-structured interviews of ECSE teachers, all-female, reading specialists, families, administrators, and paraprofessionals the study concluded that family-centered practices, support communication and collaboration were important to families and educators, collaboration among stakeholders is the cornerstone for implementing a high quality inclusive early childhood education and professional

development practices indicate that routine formal PD was not provided but desired by educators as well as families. There was also a desire for expedited IEP/ IFSP time schedules from military families transitioning from one school or school district to another. The final research article by (DiPietro et al 2019), debunks the myths about the military to promote collaboration with military families. Results find that Military spouses often do not work or chose not to work due to factors including delays in licensures or accreditation and delays in employment. EI/ECSE professionals can facilitate the transition by providing families and receiving teams with detailed and organized Individual Family services plans (IFSP) or Individual Education Plans (IEP). Military lifestyle surveys detail ways to support military families and help reduce feelings of isolation and loneliness. Maintaining routines and expectations and minimizing transitions can support children with deployed parents. Lastly, it is plausible that military families have significantly lower healthcare costs than civilians, however, it is not free.

What is the rate of Permanent Change of Station (PCS) of different military branches and rank levels? A demographic report by militaryonesource.mil from 2021 surveyed the spouses of active-duty enlisted and active-duty officers answers this question clearly. The Army has the highest number of permanent changes of station (PCS), followed by the Airforce, then the Navy, and lastly the Marine Corps. The key concerns voiced in this survey were self-employment, childcare, PCS moves, rising costs, relationships, and healthcare. A similar survey by The US Department of Defense 2011 demographics and the US Census Bureau American Community Survey compared Active Duty with Civilians ages 28–32. There is a comparison between race, education, marital

status, and number of children. Not surprisingly the highest number of children for both populations was preschool aged. The author's summary of the results "The military presents a unique environment in which to understand how various stresses and support systems affect children's resilience and development. In addition, the well-being of military families and children is integral to the successful functioning of our military forces, policymakers need accurate and timely data to respond to these families' needs and develop solutions" (Clever & Segal 2013; p. 33). Another demographic report from the website militaryonesource.mil, prepared by the U.S. Department of Defense for the fiscal year 2021, describes the locations of the largest proportion of military, the Army and Airforce active-duty members are located in Texas and the largest proportion of Navy Active duty is located in Virginia, the largest proportion of Marine Corp active-duty members are in California, and the largest proportion of Space force active-duty members are in Colorado. This report also describes the number of active-duty enlisted (high school diploma) and active-duty officers (College degree) and their ages, enlisted 25 yrs. or younger and officers 26–30 yrs. old. These numbers also put them in the same category for the largest number of children under the age of three.

Is there evidence that a lack of ECI services results in greater developmental delay? (Shapiro & Derrington 2004) conducted an evaluation of Hawaii's early intervention child find and examined the equity of access to referral and enrollment across various subpopulations. These subpopulations were low-income families, uninsured children, immigrants, and persons with limited English proficiency. Military families defined military status: "A large military presence in Hawaii brings in young

families for 3-year tours of duty. These families may lack stable family and friendship support circles. The possible resulting estrangement from the local community and high rate of mobility may interfere with access to social services, especially EI services, which are available only for the short interval from birth to age 3” (Shapiro & Derrington 2004, p. 201), and the homeless. They defined Access as “access through referral to early intervention (EI) if Dr, the childcare provider, parents, or other adults do not make an initial connection between an eligible child and an EI program, that child will not receive services. Then EI must determine eligibility under state criteria, involving assessment of child development. EI services can be provided legally only under an Individual Family Service Plan (IFSP) completed by staff and parents” (Shapiro & Derrington 2004, p. 201). Using paper intake records and state-wide electronic management database or MIS to determine equity evaluations. They evaluated three data sources’ intake records: Starting from the most recent referral examining up to forty intake records at each program site, attempting to select the twenty most recent direct referrals and twenty indicating assistance from the telephone service within the past 2 years. Intake staff collected study-specific information at the first referral and agreed to ask families at the referral about income and household size, immigrant status, need for interrupter, and insurance. Insurance information to identify indicated military dependents is used as all military families are insured through the Department of Defense health insurance. Lastly an analysis of statewide Early Intervention MIS, to create a data set comparable to Data Sources 1 and 2 they selected records from 912 children referred in 1997. Selected and analyzed records including information on the need for an interrupter and insurance. The

MIS did not have fields for income, immigrant status, or homelessness. In general, this study provided information and evidence of equity in access to early intervention in Hawaii with exceptions being the disparities for uninsured children referral rate was a third less often and enrolled two-thirds less often than would be expected compared to the state population and those from military families with 50% fewer enrollments than expected, “in addition, the lack of coordination between Exceptional Family Member Program (EFMP) and Early intervention(EI), which resulted in our inability to access EFMP data, may mean there is a duplication of services or that eligible children are “Falling through the cracks” (Shapiro & Derrington, 2004, pp. 208–209). Looking outside of my given criteria dates of 2015–2022 this author found a study that looks at early childhood intervention programs (types of services), the populations they serve, contrasting views of development, and the long-term effects written by (Majnemer, 1998) based on seminars in pediatric neurology. The author looks at three at-risk groups, environmentally vulnerable children, deemed disadvantaged, because of a deprived physical and social environment that may limit growth and development. Children who are biologically at risk due to conditions that can result in developmental deficits (i.e., prematurity, fetal alcohol syndrome, asphyxia). And children with established risk with a diagnosis of a medical condition that is known to adversely affect developmental progress (e.g., Downs Syndrome). The environmentally vulnerable populations (low-income, undereducated parents) showed the best evidence of the benefits of early intervention due to being the first population targeted for early intervention, and therefore have conducted short-term and long-term research studies. ECI has enhanced

developmental outcomes (Head Start programs) with a focus on primarily cognitive and social outcomes. Children who participated had less need for special education, were less likely to fail a grade and were more likely to graduate and had less criminality and need for social services. The final article that answers this question is from a website by Harvard, Edu called “Building a Framework That is Science-Based for Early Childhood Policy. This website uses information from four decades of program evaluations. Its main premise is to focus on how early childhood intervention focuses on the earliest and most important years of a developing child’s life. 0–3. “The process of development is continuous and ongoing, but the maximal capacity of the immature brain to grow and change means that the early childhood years offer the ideal time to provide experiences that shape healthy brain circuits” (p.6). The article defines the important influences on the developing brain, adverse pre-postnatal experiences., the period between birth and three years, the science of early childhood development, how stress can affect the developing brain, and the science of program evaluation “successful early childhood program impacts does not have a single answer. The most powerful data on program effectiveness came from randomly assigned participants in experimental studies in which either an intervention or control group. As well as from non-experimental research, such studies cannot definitively answer questions about cause and effect” (p.11) Helping children by strengthening their family environment: improving health and nutrition, effectiveness factors for home visiting programs, and focusing support on resources of toxic stress. As a result of these four decades of evaluations, “researchers can present a unified framework that can guide priorities for science-based early childhood policies built

around common concepts (from neuroscience and developmental-behavioral research) and broadly accepts empirical findings” (p. 6).

Strengths of the studies

The study by (Davis & Finke, 2015) was the only peer-reviewed empirical study to examine military families with a child with ASD (autism spectrum disorder). This study answered the question “Is there evidence that lack of access to ECI results in greater developmental delays and do families have a higher burden of care and cost of care?” With a profound yes, military families do not have the full support of the military and have to rely on their information rather than the assistance of the Exceptional Family Member Program (EFMP)” However despite the efforts by the military, the military spouses in this study still reported numerous difficulties in the accessibility of interventions and services even though 14/15 families were enrolled in EFMP” (Davis & Finke 2015, p. 2029). This statement was also supported by the qualitative study from (Taylor et al., 2005) In which the authors state the following, “It must be recognized that junior enlisted military is low-income workers and will need guidance in obtaining access to such services as Supplemental Security Income, Early Head Start, Head Start and Individuals with Disabilities Education ACT (IDEA) Part C and B services” (p. 97), as they questioned the efficacy of the EFMP services for low-income enlisted single mothers. A comparative study between Medical Home and IDEA part C services of Early childhood Intervention conducted by (Adams et al., 2013), looks at these two service models to encourage collaboration for best practices and best outcomes for children with disabilities. The results of this comparison show that ECI services have a positive

economic effect in both the short term and long term (even into adulthood). ECI services focus on family-centered coordination services that support parent-child relationships as the center of intervention. Evidence for long-term health-related or economic benefits is not yet determined for the medical home. The study by (Cramm et al., 2019) “adds important data about problems of access to and delays in obtaining services; the variability of services and the supports in each jurisdiction; the perennial need to start from scratch in these endeavors at each new posting location; impacts this has on the lives of military families” (p. 483).

Limitations of the Studies

The limitations include in the study by (Taylor et al., 2005) there is no discussion of the level of disability of the children nor did the study describe if the child regressed or progressed after the parent left military service. The study (Davis & Finke 2015) was a small sample of fifteen participants, a few from each military branch, each with different experiences, only the military spouses measured, and as mothers with children with ASD. This study does not fully answer the question does lack of access to ECI services increase the burden of care or cost of care? The study (Majnemer 1998) based on seminars in pediatric neurology had many limitations the unattainable or lack of sensitivity of existing standardized measures, ethical considerations which limit the application of a control (no treatment group), heterogeneity of degree and type of disability in populations of interest, small numbers of children available for study that meet selection criteria and use of a structured, standardized curriculum is less likely to meet the individual treatment needs of disabled children. (Seshadri et al., 2019) “As a

survey panel data the information was subject to reporting bias and misclassification of insurance groups, a subset of children with TRICARE had dual coverage at some point during the data collection round (2.9% also had public insurance and 25% also has commercial insurance) The results that addressed disparities between TRICARE and other insurance groups for special needs population were descriptive only. The results were cross-sectional and did not examine whether disparities were improving or worsening over time. And although hypothesized that the effects observed were related to military culture and the challenges of accessing specialty care on and off base, we could not determine the causal inference of those associations” (p. 1380). The study by (Spieker et al., 2016.) Had potential confounders of smoking, alcohol use, and prenatal care adequacy but were unable to include these due to missing data. “Deployments not measured precisely to include length duration and the number of deployments in relation to pregnancy, rather than just at delivery” (p. 246). “Future research should focus on the relationships between the timing of deployment and gestational age, and differences between branches of service and military treatment facilities” (p. 248).

Conclusion

The results suggest that the lack of support by EFMP (Exceptional Family Member Program) especially with families with children with special needs (ASD) autism spectrum disorder, relocation was another barrier to consistent care for their children, lack of support for low-income enlisted military single mothers as well as the lack of understanding of the benefits available. “When parents are unfamiliar with the benefits of more contemporary therapeutic approaches and when this is combined with a

strong cultural preference for “Real” therapy-for-profit service providers in Consumer-centered disability funding/National disability insurance schemes are likely to provide therapy that aligns more closely with traditional biomedical therapeutic approaches” (McDonald et al., 2016; p. 283). In other words, if parents are not made aware of ECI services whose “theoretical foundation for contemporary therapeutic approaches is that all children regardless of their level of ability, learn through their relationships with the important people in their lives (e.g., parents family members, early childhood education and care (ECEC) professionals and need opportunities to practice skills in everyday settings” (Moore, 2010; National Scientific Council of the Developing Child, 2009). they will choose what they think they know as the best therapy approach for their disabled child. Too much information from the military is not helpful but rather overwhelms new parents of a special needs child, for families to feel supported they need to have a guide as to what programs are available, not left to weed through all the information alone. Lack of Early childhood services has proved to be detrimental to the development of a child with special needs, especially a child from a military family exposed to relocation, separation, stresses such as positive stress, tolerable stress, and toxic stress as described in the Harvard Edu article, and the developing brain.

CHAPTER THREE – Overview of Current Approaches and Methods

There is a lack of access to Early Childhood Intervention (ECI) Programs in the military community, especially for families with special needs children. The biggest concern is the number of families who lose access to their current ECI program when they relocate to a different state or Permanent Change of Station (PCS). These families report having difficulty maintaining consistency in therapy and medical services when they move. With this in mind, let's focus on what has been done in the areas of ethical practices of ECI service providers and their effect on the success of the child developmental growth, what research has been done in the areas of family-centered practices in ECI programs, the Extension for Community Healthcare Outcomes (ECHO) project, what it is and how it can be applied to exceptional family program (EFMP) and interviews have been conducted with both EFMP and military families to discuss access issues, communication issues and barriers to the EFMP program.

An in-depth literature search was conducted using Google Scholar, PubMed, Journal of General Internal Medicine, Rand Corporation, Early Childhood Education Journal, and Maternal Health Journal. The search terms used: Early Childhood intervention, Military families, Special needs, Children, ECHO, EFMP, ethical practices, DoD, Department of Defense, and barriers. Limits were set for 2010–2021, English language, birth to three years old. Criteria for selection included 1) participation age of 0–3 years 2) developmental delays or special needs, 3) Military family 4) research study 5) English language publications. The criteria for exclusion were 1) publication date more than 10 years from the present, 2) child's age older than 3 years 3) research

publications about ethical practices 4) research about ECHO projects 5) research about EFMP and military families with special needs children. Fourteen articles were reviewed, and of those fourteen articles, all shared informative research.

Ethical Practices of ECI Service Providers

It is crucial when providing services to military families with disabled children that as a provider we look at how we present our services. Able et al. (2017) reveals that the professional code of ethics and evidence-based practices can provide a framework for our ongoing reflections. “Systematic and reflexive discussion among professionals, and family members requires an attitude of respect for each position — the professionals, the family’s and most importantly the child’s” (p. 218). Another example of ethical practice research is a synthesis of the literature conducted by Oden (2009). In it, he discusses the past 30 years of research in evidence-based practice, implementation science, and outcomes for children. He defines evidence-based practice used with early intervention and early childhood special education (EI/ECSE), as the “tie that binds”, to provide positive outcomes for children in families, in classrooms, homes, and communities. He describes implementation science as primary support in professional development and enlightened approaches to professional development, with examples:

- Models of teaming
- Coaching and consultation
- Communities of practice
- Online instruction
- Web-based video and visual access

- Web-based interactive systems

He defines these approaches as offering great promise for leading effective practices. These two authors use evidence-based practice to support the importance of having evidence that an approach works before using it in early childhood intervention. The third author from the University of North Carolina at Chapel Hill, McWilliam 1999, discusses the controversial practices of the early intervention fields. He defines five criteria that make a practice controversial.

1. Claims that the practice produces a cure.
2. Requirement of practitioner specialization
3. Questionable research
4. High-intensity requirement, and
5. Legal action

McWilliams 1999, defines *re-acculturate*: “When specialists realize that nearly all the intervention occurs between the specialist visits (i.e., Primary caregivers are providing the real intervention in daily routines), we might see common sense prevail” (p. 186). He goes on to say that when caregivers are empowered, services will be less expensive and specialists will be able to have a wider influence. Here I feel he defines what early childhood intervention should be, the “coaching” of family members by specialists or service providers, a hands-off approach to helping parents help their children.

Throughout my research for evidence about how ethical practices influence a child's development, I did not find any author who gave specific examples of developmental influences, however, Haslip & Gullo (2017) define the changing landscape of early

childhood intervention, and they discuss the need for more diversity in the professional development of service providers and quotes the book, *Children of 2020 Creating a Better Tomorrow*, and give three reasons why early childhood education should be high quality:

- Early education and care systems are the first educators of children outside the home and the first social system to identify children's strengths and potential as contributors to the common good of society.
- Early education and care programs are oftentimes the first experience that children have interacting with individuals from different cultures, religions, languages, and family backgrounds. How these experiences are dealt with will have a great impact on our nationals it rapidly becomes more and more diverse.
- Early education and care that is high quality lays the foundation for children's developing ideas of freedom and democracy through daily routines and through the educational process itself. Each child's value is confirmed through the process of being listened to, and through the process by which they are supported in the learning and care environments.

These three reasons sum up the very nature of early childhood intervention and why it is so important that military families with special needs children are offered ECI as an option. These children are already exposed to multicultural experiences as they move (PCS) from state to state every few years. This exposure to a structured and developmentally supportive environment will only strengthen the bond with their parents and caregivers.

The Research on Family-Centered Practices Used in ECI Programs

The military family is the focus of my research. The family-centered model is a prime example of what ECI for the military should address. What is the family-centered model? As defined by (Dunst et al., 2002), “the family-centered model is mainly philosophy, beliefs, and values from which professionals intend to support the development and capacities of families to promote the progress of the person with a disability.” A study by Dalmau, et al. (2017) used a quantitative and qualitative analysis compiling all the authors of family-centered model research, joint work of families, professionals in early childhood intervention, and researchers Bruder (2000), Dunst and Trivette (1987, 1996, 2009), Dunst, Trivette and Hamby (2008), Espe-Sherwindt (2008), Leal (1999), and McWilliam (2010a, 2010b, 2011). The results show that professionals participating in the study considered the Family Center Model (FCM) of great value for their work with children and families, then the participating families perceive that the FCM allows them to be more capable(empowered) in front of their child's needs and positively assess the fact of focusing on daily routines, a participant pointed to the need for more knowledge about the philosophy and strategies of this approach to meet with professional and other families to training order to implement the FCM more confidently (p. 649). This study is a prime example of how I would like to see the family-centered model used in my proposed military family ECI. The Family unit should be the main focus and secondarily the child, and lastly, the service provider as ‘support only’ to coach and educate the family. Just like a tree cannot stand without a good root system to support its growth, a child without good family support cannot thrive and develop. Meta-

analytic research in the Family-systems intervention conducted by Trivette et al., (2010) explores the intervention practices on parent-child interactions and child development, using eight studies involving 910 infants, toddlers, and preschoolers with or without developmental delays or disabilities and their parents and primary caregivers.

- **Capacity-building, and help-giving practices:** measured by the Help-Giving Practices Scale (Trivette & Dunst, 1994) and the Family-Centered Practices Scale (Dunst & Trivette 2002)
- **Family needs,** are measured by the Family Resource Scale (Dunst & Leet, 1986), Support Functions Scale (Dunst & Trivette, 1986), and Protocol of Resources and Supports (Dunst & Trivette, 1988).
- **Self-efficacy beliefs:** measured by the Personal Assessments of Control Scale (Campis, Lyman & Prentice-Dunn, 1986), and the Parental Locus of Control Scale (Campis, Lyman & Prentice-Dunn, 1986)
- **Parent well-being:** measured by the Center for Epidemiology Studies Depression Scale (Radloff, 1977), Psychological Well-Being Scale (Bradburn 1969) Personal Well-Being Index (Trivette & Dunst, 1986), Questionnaire on Resources and Stress (Holroyd, 1987).
- **Parent interactional behavior:** measured using seven items on the Maternal Behavior Rating Scale (Mahoney, Powell, & Finger, 1986) and the Parent-Child Play Scale (Dunst, 1986).

- **Child development:** measured by the Bayley Scales of Infant Development (Bayley, 1996), Mental development Index Griffiths Mental Measurement Scales (Griffiths 1954, 1970)
- **Parent and family characteristics:** included study participants' education level and their families' socioeconomic status.
- **Impact of child disability:** *was assessed by orthogonal contrast code (Cohen, Cohen, West, & Aiken 2003)* The results showed that capacity-building helping and family systems intervention practices had a direct effect on both parents' self-efficacy beliefs and well-being and indirect effects on parent-child interactions and child development mediated by self-efficacy beliefs and parent well-being.

This study led me to dive deeper into ECI program quality and how family-centered practice influenced the outcomes of the child and family. A pre-to-post-intervention study conducted by Hughes-Scholes and Gavidia-Payne (2019) showed that after ECI, parental self-efficacy and their ability to help their child develop and learn remained stable due to the fact they understood their child's needs and were able to advocate for them. "These results are consistent with a growing body of evidence demonstrating that the use of family-centered practice in ECI programs is more likely to lead to positive outcomes for families" (p. 727).

ECHO What is it and How Can it be applied to the Exceptional Family Member Program (EFMP)?

When I first heard the word ECHO, I immediately thought it was a military acronym. To my surprise, it has to do with healthcare advocacy. Extension for Community Healthcare Outcomes, or ECHO, was researched by Damian et al. (2020). It was found to be very effective to train community health workers. “Project ECHO is a scalable tool with minimal technology requirements that nearly anyone in any location can access” (p. 10). This got me thinking then, why could it not be used for better access to EFMP workers for military families? Researchers Faherty et al. (2019), conducted such a research study on ECHO programs and compiled these findings about ECHO and ECHO-like models (EELM). Technical expert panel members generated numerous research questions related to implementation and discrimination: impacts on patient, provider, and system outcomes and impacts on population health and health equity. The results from the technical panel expert members identified four strategies for future implementors and evaluators. 1) develop a clear understanding of EELM and what they are intended to accomplish; 2) emphasize rigorous reporting of EELM program characteristics; 3) use a wider variety of study designs to fill key knowledge gaps about EELM; 4) address structural barriers through capacity building and stakeholder engagement. (Faherty, 2019; p. 902)

Unfortunately, my research came to the same conclusion in each study I read; there is still too much information unknown about access, too few Dr. are using ECHO as a way to provide healthcare, and there is too little evidence to know if ECHO is being

accessed in the rural areas where it was intended. Maybe in the next decade, this form of healthcare will be better developed and can address the need for better access to EFMP staff for military families with special needs children to allow for consistency of care (healthcare, ECI, outpatient therapy, etc.) from state to state with each PCS the family encounters in their military career.

How are Families using the EFMP/What are the Barriers to using EFMP?

To answer this question, I interviewed two military families and one EFMP staff member. I would have preferred to interview two EFMP staff, unfortunately, I was unable to contact any staff at the number given on their website and left several messages on several occasions with no callback. Here is a summary of the results of these interviews. (see the full script of interviews in the appendix) Three questions were posed to each participant first is the interview with a military family who used the EFMP services provided by the military after a recent PCS. (W. Gribble, personal communications, September 15, 2023). He felt the services that the EFMP documents stated would be provided were accurate. They felt the services were fairly transparent, but had difficulty after transferring to a new duty station with no appointment setup to review new services. They had to go off base to access paperwork and receive signed orders from Dr. The second family did not use EFMP services because it would have limited where her husband, an officer, was to be stationed. (A. Vaughn, October 15, 2023). They were instead referred to ECI services by their pediatrician and felt they were receiving services quickly after this referral. My interview with the EFMP staff member referred back to the resources they provided to families. When I emailed her to give me a

list of these resources I never heard back. She did, however, comment on the barriers she encountered as an EFMP staff member working with military families and their special needs children. She stated, "The military is constantly changing and as families leave one installation to the next, they are unsure of what programs are available at their new location and do not reach out to system navigators at the next installation to help them have a smooth transition for their special needs child." (M. Jones, Sept. 15, 2023). What I found interesting about the EFMP staff members' interview responses is they were on the defensive almost blaming the families for not doing their part to find the resources they needed, but is that not the point of having EFMP? (see the full interview in the appendix) These interviews confirm my thesis, that there is not enough help for these families with special needs children. I agree the military has given them the resources, but now they need to provide the people to help these families understand what resources will be most helpful to them in their individual situations, and at every military installation (traditional or non-traditional).

Conclusion

The results of this research have again shown a gap in the communication between EFMP and families regarding continued services, and resources as well as a simple lack of appropriate understanding of what resources are available. The proof of this gap is in the interviews and the difference in responses to the questions, parents' vs EFMP staff. The idea of ECHO being a part of the future of ECI /EFMP services is an exciting yet unrealized notion at this juncture, but one that is a consideration to this author. Not only to address the sheer lack of staff in EFMP to assist the many military

families in need of their services but to address the accessibility of those services as well as bridge the divide between PCS/moves. Access to an EFMP website or an appointed Zoom meeting, when a PCS move is imminent, could allow families to check in and make sure they have all the resources, Dr. referrals, addresses, phone numbers, and contacts they will need once they get to new duty station, allowing for a smooth transition for child and family. The research also points to a strong need for EI/ESCE professional development which should include coaching and consultation, communities of practice, online instruction, web-based video and visual access, and web-based interactive systems. The research on the quality of ECI services and the Family-centered model of care used in some ECI services advocates the family as the core of what ECI services are all about. The empowerment of the parents to be their child's coach through the ECI process is the most effective way to address the needs of the child. Once a family is empowered, a parent can advocate and address their child's needs because they ultimately know their child best.

CHAPTER FOUR – Description of the Proposed Program

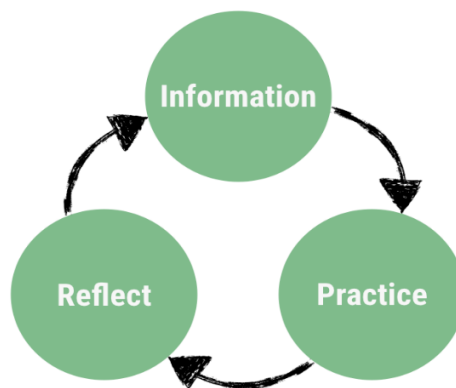
Introduction

There is a history of poor communication between Exceptional Family Member Program (EFMP) staff and military families with special needs children about available Early Childhood Intervention (ECI) programs, resulting in a lack of program enrollment. Another issue is the communication breakdown when the military family is referred and enrolled in an ECI program and then has a permanent change of station (PCS) or moves to another state the re-enrollment may be slower, or no enrollment is completed in this new state. This results in a loss of developmental milestone gains for their child. To address military family's education, I will utilize the adult learning theory specifically *Transformative learning*. (Figure 4.1) As defined by Merriam, transformative learning is dependent on adult life experiences and a more mature level of cognitive functioning than found in childhood (p. 25).

Figure 4.1

Transformation Learning Model

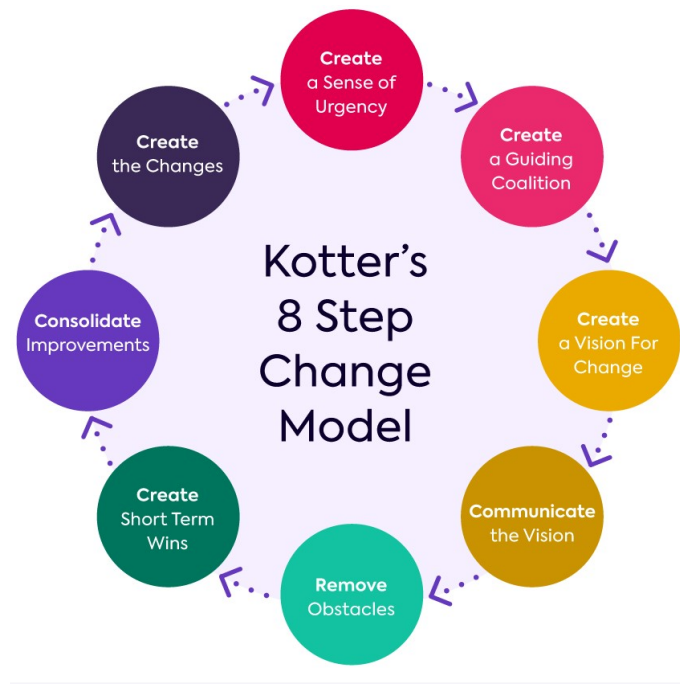
Transformation Learning Model



To address the EFMP/ECI staff education/training I will look to Kotter's eight-stage process, looking at training as a team approach. Figure 4.2, below, is an example of Kotter's eight-step process by Parveen Gupta.

Figure 4.2

Kotter's 8 Step Change Model



By addressing these two groups using different approaches I hope to appeal to their learning styles and gain a “buy-in” to my program. The following chapter describes the program Improving Access to Early Childhood Intervention for Military Families with Special Needs Children. This chapter also includes the intended program outcomes, as well as barriers and challenges impacting program implementation.

This program is a theory-driven program designed to improve the communication between the ECI/EFMP and the military families they serve to ultimately ensure

developmentally delayed children meet their highest potential before entering school. The program will also retain the Family-centered approach that most ECI programs utilize to train and educate families to meet the needs of their disabled children. As defined by authors (Dunst, Boyd, Trivette & Hamby, 2002) The family-centered model is mainly a philosophy, beliefs, and values from which professionals intend to support the development and capacities of families to promote the progress of the person with a disability. Below (Table 4.1) is the overview of the stakeholders of this program, their roles, type of involvement, and specific interests.

Table 4.1

Stakeholder Matrix Table

Military Families	Type of Involvement (Planning, Implementing, Reflecting)	Possible Roles(s)	Specific Interests
As the researcher	P, I, R	Overseeing and coordinating logistics	Successful implementation, usable data.
ECI, EFMP staff OT, PT, SLP, Caseworkers (Persons actively involved in program delivery)	I, R	Administering program activities and data collection	Successful implementation, satisfaction
Military staff, EFMP, ECI staff, DoD (Facility, educational institution or organization administration or management)	P, I, R	Consultation on methodology, analysis, logistics	Design rigor and robust outcomes
The federal government, (IDEA), veteran's Affairs	R	Consultation on possible dissemination	Research quality stands up to scrutiny and can be used to inform policymaking

Below is an example of a case scenario describing a typical situation many military families face.

Illustrative Case Scenario

Gail, an enlisted female member of the army has served 3 years and has just given birth to her first child– a girl. Her baby was born 4 months premature weighed only 2.2oz and spent three months at Darnell Army Hospital in the NICU. She required oxygen and received her nutrition through a nasal gastric tube. While she was in the hospital Gail's Dr. referred her to Early Childhood Intervention, and she began the process to schedule her enrollment. However, because she was an enlisted military member, she had to register with the Exceptional Family Members Program to ensure that when she PCS to her next duty station they would have the services available for her daughter, especially ECI services. She then enrolls in ECI and her daughter begins to slowly catch up on her developmental milestones. She is eating from a bottle and holding her head up now still about a month or two behind her peers but she is making great gains. Gail then received orders to move to another state. She completed her move, confident that the EFMP had done what they said they would and made sure this new state would provide her with the same ECI services, the medical team would have all the paperwork and referral information necessary for her to continue receiving ECI services so her daughter does not fall behind. Unfortunately, the EFMP did not do their job, communicating that Gail's daughter had special needs to the next duty station and Gail was sent to a state that does not provide the same type of services such as ECI to military families. She had to wait up to three months to get into the ECI in this new state and had to go through the whole enrollment process all over again, this took about a month, meanwhile, her daughter has lost some of her developmental gains. Had there only been a universal military ECI in place this could have been avoided, paperwork would have been already completed and the new ECI in the new state would have been able to start services where they had ended in the last state and Gail's daughter would not have lost all that she had gained.

This author intends to address the above scenario by providing the following objectives:

To establish an ECI program for military families with special needs children on every base and every state that military families PCS/move. This will be accomplished only if both EFMP and ECI programs can connect and resolve the communication barriers that

currently exist. Through interviews and face-to-face meetings, this program will establish a new set of criteria that will meet the needs of military families that currently serve and will serve in the future.

First, I will meet with families to hear their stories and experiences with ECI services and EFMP services to determine the needs and barriers of the current system. I will meet with the stakeholders in the system, ECI and EFMP staff, to work on particular strategies to make it better and then come to an agreement or consensus, and hopefully, changes will be carried out. Finally, I will set up an educational program to empower parents to

Increase access to all military families who have special needs children, whether enlisted (lower-ranking military personnel) or officers. Initially, families will be informed about this program through a series of monthly newsletters mailed out or to their personal email addresses giving them important concise information for the next steps in enrollment into both EFMP and ECI programs. The newsletter will have a national list of all military installations and ECI programs near that installation.

Through this newsletter, a quicker turnaround of services in a new state, or continuation of services that were already established before a move can be established so there is no deficiency in developmental milestones of the special needs child. The parents will be well informed about the exact information they will need for whatever state they move to.

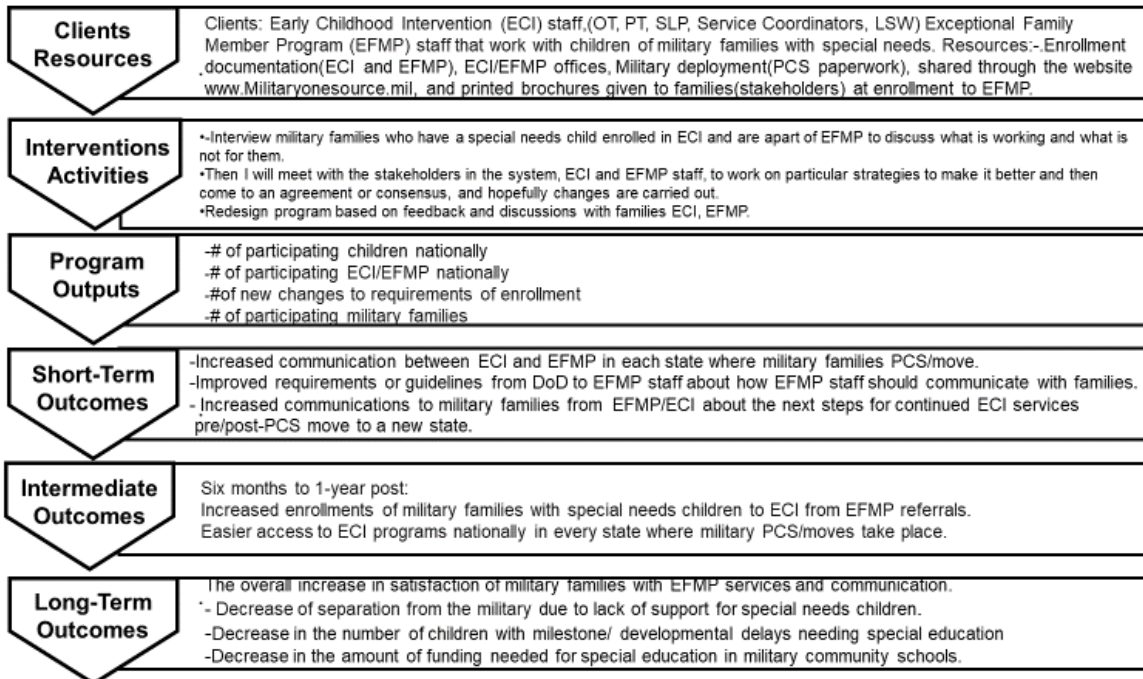
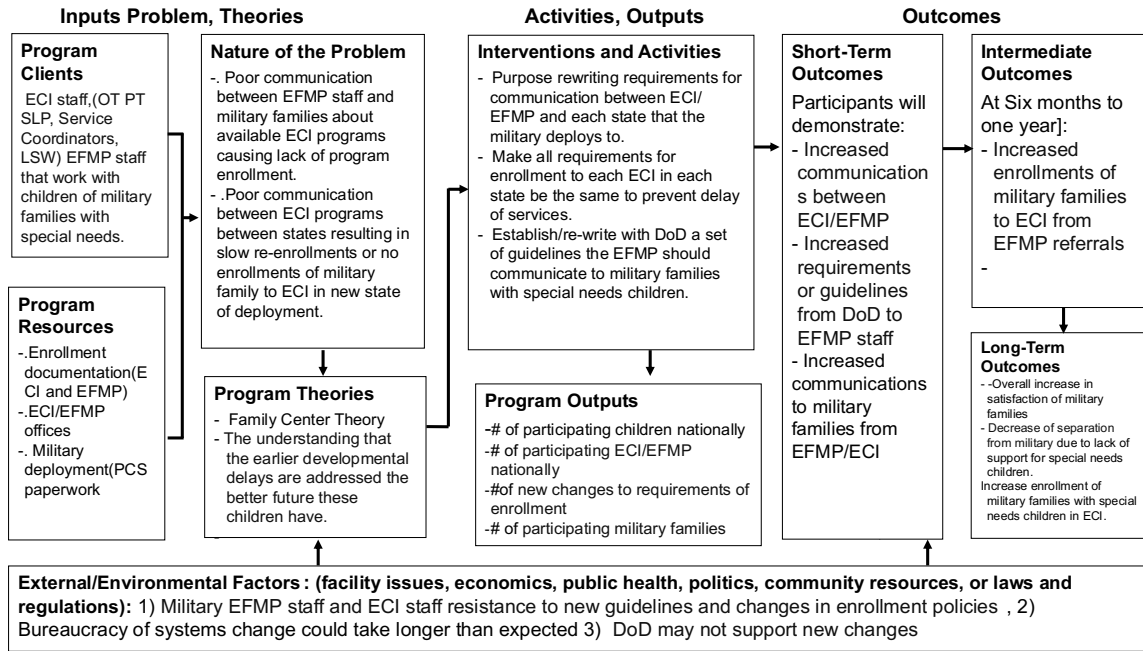
Participants will be military families with children ages 0–3 with special needs, one or both parents are an enlisted military member or officer in any branch of the

military. They will be selected based on these criteria. They will be recruited through email or social media (Facebook, Twitter, etc.). The second group will be EFMP/ECI staff who have worked in this field for at least 2 years and understand the program well. ECI staff must be caseworkers who know EFMP paperwork and requirements. Below (Figure 4.3) is the Full Logic Model of the proposed program and Evaluation.

Figure 4.3

Full Logic Model of the Proposed Program

Program title: Addressing the Need for Better Access to Early Childhood Intervention Programs for Military Families Who PCS(Move) with Special Needs Children



Program Clients and Resources or Program Participants and Resources

Participants, Including Selection and Recruitment

Participants will be military families with children ages 0–3 with special needs, one or both parents are an enlisted military member or officer in any branch of the military. They will be selected based on these criteria. They will be recruited through email or social media (Facebook, Twitter, etc.). The second group will be EFMP/ECI staff who have worked in this field for at least 2 years and understand the program well. ECI staff must be caseworkers who know EFMP paperwork and requirements.

Those Who would be Directly Involved with Program Delivery:

Occupational Therapists, Physical Therapists, Caseworkers (Social workers), and Speech-Language Pathologists who work for Early Childhood Intervention would be providing teaching to the military families.

Those Who Would be Served, Benefit, or Affected by the Program:

This would be the children with special needs, and their parents. The military personnel who may work with the parent of the child with special needs would be asked to be part of the educational program with the parents, so they can learn about how the upgraded system is supposed to work.

The stakeholders I will invite will be service coordinators (LSW) from the ECI programs (military and civilian) and EFMP service providers to one meeting together to discuss communication issues. Then in a separate meeting, I will invite military families with special needs children. The criteria for these families would be that they have had a PCS (move) within the last year, or are preparing for a move within the next 6 months and

are enrolled with EFMP services for their child. Ideally, the meetings should happen in person, but virtual meetings may have a better turnout due to convenience and less travel involved.

I will reach out via email to each staff in the system, giving them two dates to choose from to complete the collaborative meeting. I will provide Phase 1a and 1b interviews with military families and ECI/EFMP staff. I will bring a copy of current DoD guidelines in regards to how EFMP is to conduct enrollments of military families with special needs children, what the current communications are between EFMP and ECI when in one state as well as what happens to communication when a military family moves to a different state, both between EFMP and ECI program as well as between military family and EFMP. I will also bring the Logic Model of my project and how my research can support a new “universal” (universal meaning under the same umbrella of the military rather than based on state guidelines) ECI program for military families with special needs children who PCS. I will ask each stakeholder what is the most important aspect of my research questions that speaks to them. I will keep in mind that each stakeholder comes from a different place and may have strong personal feelings about how the program should proceed. I will then present my plan for the future of my project, hopefully answering those questions and achieving consensus among the stakeholders. If consensus cannot be reached, I would likely lean toward the majority opinion to conclude.

Intervention Delivery, Activities, and Flow

Preparatory Phase 1 a

First, I will meet with families to hear their stories and experiences with ECI services and EFMP services to determine the needs and barriers of the current system.

Preparatory Phase 1 b

I will meet with the stakeholders in the system, ECI and EFMP staff, to work on particular strategies to make it better and then come to an agreement or consensus, and hopefully, changes will be carried out.

Intervention Phase 2

Finally, I will set up an educational program to empower parents to optimally communicate with the system to ensure they receive needed services.

Dependent Variables and Outcomes Measurements

- Immediate outcome for the families would be measuring knowledge gained from the education program using a pre-post education quiz
- Successful developmental milestone gains may be operationalized as observed by improved communication between EFMP and military families. (BDI-2) [Will they rate communication pre- and post-intervention?]
- Improved access to ECI programs may be operationalized as recorded expansion of ECI programs to national military PCS locations.

Barriers and Challenges

Threats to Internal Validity

History: Military families may lose a child as a result of medical fragility.

Seasonality: Dynamics of military family structure may change due to divorce, or the death of a military member.

Statical regressions: Scores that were high initially due to the number of participants, may regress due to a decrease in participant numbers.

Potential Sources of Bias

Recall bias: Due to the nature of the work that military members do, memory issues or recall may be a reality for my participants.

Summary and Conclusion

My audience will be familiar with the background of my program, they will be military families already involved in ECI or looking for an ECI program. The other group will work either in ECI or EFMP. The goals and objectives that I think participants would most want to know about are the main goals of the program.

- 1) To establish an ECI program for military families with special needs children on every base and every state that military families PCS/move.
- 2) Increase access to all military families who have special needs children, whether enlisted (lower-ranking military personnel) or officers.
- 3) Quicker turnaround of services in a new state, or continuation of services that were already established before a move, so there is no deficiency in developmental milestones of the special needs child.

I will address these goals through a monthly newsletter sent out via email, initially to families who are most interested in ECI services, and how to ensure they will receive services once they move to a different state. My newsletter will include a list of states and

the names of their ECI programs especially ones near military installments. There will be additional information such as reminders to families to make sure they are prepared for the next steps of how to prepare for enrollment, what referral they will need from what Dr., will they need to bring certain items to an enrollment, where the enrollment will take place either the address of center or in their home. Annually there will be reminders about upcoming school enrollment criteria especially if the child will be enrolled in a special education program. Reminders to get referrals from Dr. for school OT, PT, and ST evaluations, set evaluations with schools. I will also encourage families to share their experiences with the process of ECI enrollment during and after PCS. This input will then be added to future newsletters to help others through the process. I hope to include EFMP caseworkers and ECI staff to have copies of the newsletter available to families when they first start the process as a resource and quick guide as they begin this long journey with their special needs child. By giving this resource to families, I hope to expand as time goes on to elicit change in the military community and allow better access, communication, and success for these children.

CHAPTER FIVE – Program Evaluation Research Plan

Program Scenario and Stakeholders

Overview of the Nature of the Program

The name of the author's project is: Early Childhood Intervention Programs for Military Families with Special Needs Children. This is an educational intervention for the military parents of special needs children in which the author will pave the way to achieving goals and objectives by working on a redesign in the system that will address barriers experienced by the families. Then the upgraded system will be incorporated into family education. The long-term aim is to improve access to Early Child Intervention (ECI) services for military families who have a special needs child and adjust procedures in both ECI and the Exceptional Family Member Programs (EFMP), particularly when a permanent change of station (PCS) move is imminent or has already occurred.

Those Who Would be Served, Benefit, or Affected by the Program:

This would be the children with special needs, and their parents. The military personnel who may work with the parent of the child with special needs would be asked to be part of the educational program with the parents, so they can learn about how the upgraded system is supposed to work. Ideally, the meetings should happen in person, but virtual meetings may have a better turnout due to convenience and less travel involved. The stakeholders I will invite will be service coordinators (LSW) from the ECI programs (military and civilian) and EFMP service providers to one meeting together to discuss communication issues. Then in a separate meeting, I will invite military families with special needs children. The criteria for these families would be

that they have had a PCS (move) within the last year, or are preparing for a move within the next 6 months and are enrolled with EFMP services for their child.

Those who would be directly involved with delivering the program, Early Childhood Intervention staff, Occupational therapists, Physical therapists, social workers (Case managers), Exceptional family member program staff, and military families with a child with special needs age 0–3. The military community at large; commanding officers, administrators, school, and daycare providers. These are also the people who will be the intended users of the program evaluation research findings. for services through ECI.

Illustrative Case Scenario

Gail, an enlisted female member of the army has served 3 years and has just given birth to her first child – a girl. Her baby was born 4 months premature weighed only 2.2oz and spent three months at Darnell Army Hospital in the NICU. She required oxygen and received her nutrition through a nasal gastric tube. While she was in the hospital Gail's Dr. referred her to Early Childhood Intervention, and she began the process to schedule her enrollment. However, because she was an enlisted military member, she had to register with the Exceptional Family Members Program to ensure that when she PCS to her next duty station they would have the services available for her daughter, especially ECI services. She then enrolls in ECI and her daughter begins to slowly catch up on her developmental milestones. She is eating from a bottle and holding her head up now still about a month or two behind her peers but she is making great gains. Gail then received orders to move to another state. She completed her move, confident that the EFMP had done what they said they would and made sure this new state would provide her with the same ECI services, the medical team would have all the paperwork and referral information necessary for her to continue receiving ECI services so her daughter does not fall behind. Unfortunately, the EFMP did not do their job, communicating that Gail's daughter had special needs to the next duty station and Gail was sent to a state that does not provide the same type of services such as ECI to military families. She had to wait up to three months to get into the ECI in this new state and had to go through the whole enrollment process all over again, this took about a month, meanwhile, her daughter has lost some of her developmental gains. Had there only been a universal military ECI in place this could have been avoided, paperwork would have been already completed and the new ECI in the new state would have been able to start services where they had ended in the last state and Gail's daughter would not have lost all that she had gained.

Vision

The main goals of this project are to:

- 1) Establish an ECI program for military families with special needs children on every base and every state where military families PCS / or move.
- 2) Increase access to all military families who have special needs children whether enlisted (lower-ranking military personnel) or officers.
- 3) Achieve quicker turnaround of services in the new state or continuation of services that were already established before a move so there is no deficiency in developmental milestones of the special needs child.

The long-term objectives are that there will be:

- 1) An overall increase in the satisfaction of military families regarding the EFMP and ECI program communication and enrollment process.
- 2) Decrease in the number of separations from the military due to lack of support for special needs children.
- 3) Decrease in the number of children with milestone/developmental delays needing additional special education services in the military community schools.
- 4) Decrease in the amount of funding needed for special education in the military community schools

Below is (Table 5.1) describes stakeholders, type of involvement, possible roles and specific interests.

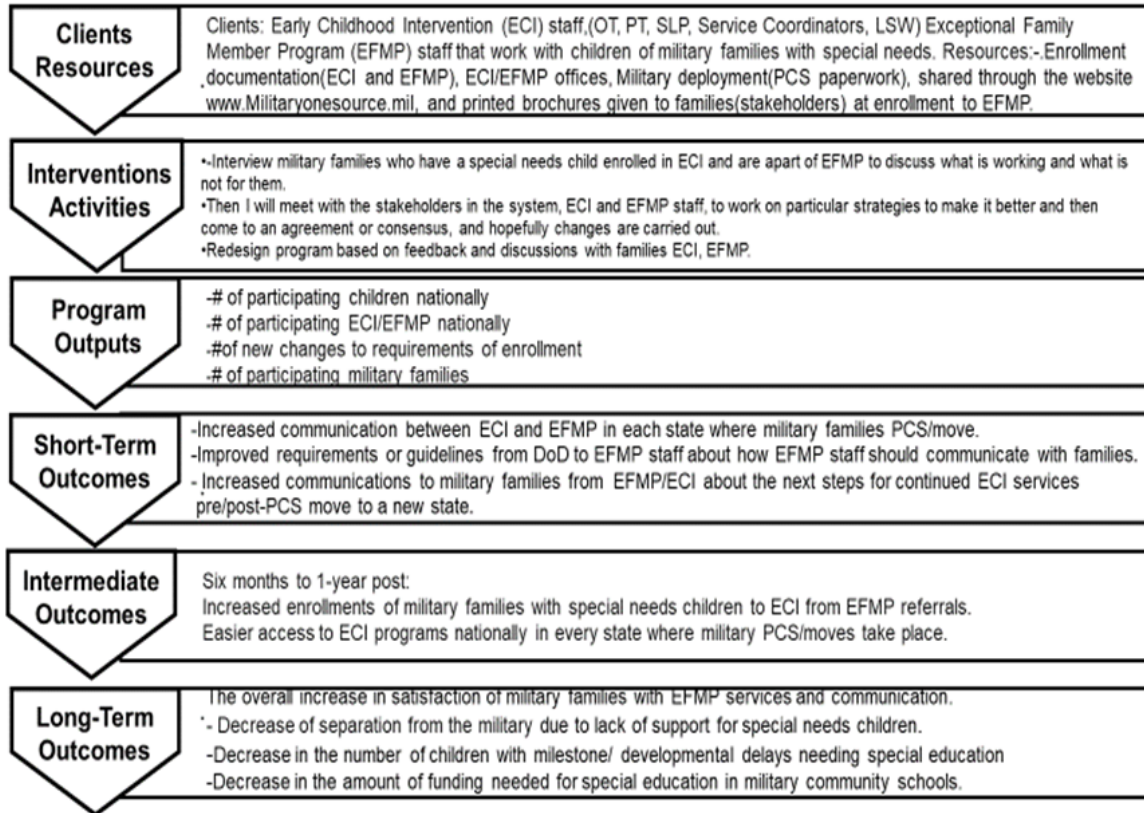
Table 5.1*Stakeholders Roles & Responsibilities*

Military Families	Type of Involvement (Planning, Implementing, Reflecting)	Possible Roles(s)	Specific Interests
As the researcher	P, I, R	Overseeing and coordinating logistics	Successful implementation, usable data.
ECI, EFMP staff OT, PT, SLP, Caseworkers (Persons actively involved in program delivery)	I, R	Administering program activities and data collection	Successful implementation, satisfaction
Military staff, EFMP, ECI staff, DoD (Facility, educational institution or organization administration or management)	P, I, R	Consultation on methodology, analysis, logistics	Design rigor and robust outcomes
The federal government, (IDEA), veteran's Affairs	R	Consultation on possible dissemination	Research quality stands up to scrutiny and can be used to inform policymaking

Below, (Figure 5.1), is a *Simplified Logic Model* of the proposed program; *Improving Access to Early Childhood Intervention Programs for Military Families with Special Needs Children*. This model outlines the client resources, intervention activities, program outputs, short-term outcomes, intermediate outcomes, and long-term outcomes we hope to achieve with this new program.

Figure 5.1

Simplified Logic Model



Preliminary Exploration and Confirmatory Process

Plan to Involve Key Stakeholders in the Evaluation Process

The stakeholders I will invite will be service coordinators (LSW) from the ECI programs (military and civilian) and EFMP service providers to one meeting together to discuss communication issues. Then in a separate meeting, I will invite military families with special needs children. The criteria for these families would be that they have had a PCS (move)within the last year, or are preparing for a move within the next 6 months and are enrolled with EFMP services for their child.

Evaluability assessment

Ideally, the meetings should happen in person, but virtual meetings may have a better turnout due to convenience and less travel involved.

Confirmatory Process

I will reach out via email to each staff in the system, giving them two dates to choose from to complete the collaborative meeting. I will provide Phase 1a and 1b interviews with military families and ECI/EFMP staff. Good I will bring a copy of current DoD guidelines in regards to how EFMP is to conduct enrollments of military families with special needs children, what the current communications are between EFMP and ECI when in one state as well as what happens to communication when a military family moves to a different state, both between EFMP and ECI program as well as between military family and EFMP. I will also bring the Logic Model of my project and how my research can support a new “universal” (universal meaning under the same umbrella of the military rather than based on state guidelines) ECI program for military families with special needs children who PCS. I will ask each stakeholder what is the most important aspect of my research questions that speaks to them. I will keep in mind that each stakeholder comes from a different place and may have strong personal feelings about how the program should proceed. I will then present my plan for the future of my project, hopefully answering those questions and achieving consensus among the stakeholders. If consensus cannot be reached, I would likely lean toward the majority opinion to conclude.

Table 5.2*Program Evaluation Research Questions that may Interest Stakeholders*

Military Families	Types of Program Evaluation Research Questions
Me, as the researcher	<p>Formative:</p> <ul style="list-style-type: none"> ○ Was the Education program content and delivery sufficient for the participating OTs and rehabilitation professionals to begin using the skills that were taught? <p>Summative:</p> <ul style="list-style-type: none"> ○ Will the program participants report increased perceived confidence in using the skills they have gained?
ECI staff OT, PT, SLP, and Caseworkers	<p>Formative:</p> <ul style="list-style-type: none"> ○ What other key issues or problems faced by participants were not addressed in the program? <p>Summative:</p> <ul style="list-style-type: none"> ○ Did participants gain needed knowledge consistent with program goals?
Military staff, EFMP staff, DoD, ECI	<p>Formative:</p> <ul style="list-style-type: none"> ○ Did recipients of the intervention and family members report a favorable experience with the care received? <p>Summative:</p> <ul style="list-style-type: none"> ○ Can the research data be used to demonstrate improved quality of care provided to recipients of the intervention? ○ Is delivery of the program more costly than other means of delivery?
The federal government, veteran's affairs, EFMP staff, ECI staff, and AOTA	<p>Formative:</p> <ul style="list-style-type: none"> ○ Are participants confident that they will be able to advocate for the role of occupational therapy as a change agent in areas relevant to the project? ○ Are the long-term goals of the project realistic and achievable? ○ Will the project increase awareness of developments in the field? <p>Summative:</p> <ul style="list-style-type: none"> ○ Can the research data be used to demonstrate desired change in the recipients of OT intervention as the result of the project? ○ Will findings demonstrate that the course content matches the knowledge needed to close the clinical gap the project is addressing?

Research design

Category of Research Design

The category of design I have chosen will be non-experimental or pre-experimental, I will be collecting data from two groups ECI/EFMP staff and Military families, pre-and post-intervention. I will be trying to determine the usefulness of my idea to change ECI access for military families, and another reason would be to have them present during the educational program so they can provide feedback.

For the qualitative research design that answers stakeholder formative evaluation questions, I will likely use semi-structured interviews either in person or online meeting format.

Overview of Summative and Formative Approaches

For my *summative* numerical data collecting I will use a Likert-style survey to ask military families and ECI/EFMP staff about their experience with EFMP and ECI programs. I will use a computer-based delivery system to send this to each participant.

For my formative research design, I will pose an open-ended survey administered to staff of ECI and EFMP and military families to record their written responses. I will send an email with these questions to each participant.

Methods

Intervention Delivery, Activities, and Flow

Preparatory Phase 1 a, First, I will meet with families to hear their stories and experiences with ECI services and EFMP services to determine the needs and barriers of the current system.

Preparatory Phase 1 b I will meet with the stakeholders in the system, ECI and EFMP staff, to work on particular strategies to make it better and then come to an agreement or consensus, and hopefully, changes will be carried out.

Intervention Phase 2: Finally, I will set up an educational program to empower parents to optimally communicate with the system to ensure they receive needed services. Excellent flow

Dependent Variables and Outcomes Measurements

- Immediate outcome for the families would be measuring knowledge gained from the education program using a pre-post education quiz.
- Successful developmental milestone gains may be operationalized as observed by improved communication between EFMP and military families. (BDI-2)
Families will rate communication pre- and post-intervention.
- Improved access to ECI programs may be operationalized as recorded expansion of ECI programs to national military PCS locations.

Confidentiality and Informed Consent. An informed consent form will have information about *the purpose of the study*, which is to establish a base measure of people interested in ECI specific to military families with special needs children. *What participants will be asked to do*, which will be to answer open-ended questions about the current ECI access and communication or lack of communication from EFMP staff about ECI services? *Potential risks and benefits to participants.* I don't anticipate there will be any risks to participants but the benefits are being a part of changing how ECI is accessed by military families. *Confidentially of information collected*, access to

information will be password-protected, and only the study participants and staff will have access. *Participants right to withdraw without penalty*, this study is voluntary so there will be no penalty for withdrawal and a disclaimer will be on the consent form. *Participants voluntary participation*, participants will be made aware that this study is voluntary. (Giancola, S. 2021 (p. 193).

Data Collection and Storage Protocols. iCloud will be my central server and backup resource, linked to individual desktop or laptop computers, iPads, or smartphones. All will be locked/unlocked with password codes that only the study administrators will have access to.

Quantitative Statistical Testing. A non-experimental design, which entails the collection and analysis of numerical data pre-and post-intervention, should be sufficient to determine that desired changes occurred in military families. I will likely use a multiple-choice knowledge quiz to determine the knowledge gained by participants (i.e., ECI, EFMP, Military families).

Qualitative Coding. I am unsure if I will use audio or video equipment for my interviews, currently, it has all been through email correspondence. My compiled text versions of responses to open-ended survey questions and verbal questions will be coded using descriptive codes. I will use this code for both interviews with military parents and interviews with EFMP to differentiate the interviews completed, and track the different responses to questions.

Example: code: Interview with a military parent:

Interviewer: Did the services listed by EFMP documents match the services you

were given access to? Why or why not?

Interviewee: Yes, the services matched. Not all services were needed at the time. The service schedule is valid for about 3 years for issuance; so, no major changes were required during treatment.

Qualitative Data Management and Analysis

I will likely combine both manual and computer to complete my coding. I will use a transcribing application called AnSWR—Analysis Software for Word-based Records.

Summary

Anticipated Strengths and Limitations

Intervention Fidelity. I am counting on the ECI programs being very similar to the current ones because they work. The innovation is in the establishment of more ECI programs geared to military families at each outpost military installation. I will consider the fidelity of teaching to the updates in the system to the military families, and have ECI/EFMP staff as observers. As well as educating them on how the system works, and how to get the most out of the programs that are available to them.

Threats to Internal Validity.

History: Military families may lose a child as a result of medical fragility.

Seasonality: Dynamics of military family structure may change due to divorce, or the death of a military member.

Statistical regressions: Scores that were high initially due to the number of participants, may regress due to a decrease in participant numbers.

Potential Sources of Bias

Recall bias: Due to the nature of the work that military members do, memory issues or recall may be a reality for my participants.

CHAPTER SIX – Dissemination Plan

Introduction

Early Childhood Intervention Programs for Military Families with Special Needs Children is an educational intervention for the military parents of special needs children. The author will pave the way to achieving goals and objectives by working on a redesign in the system that will address barriers experienced by the families. Then the upgraded system will be incorporated into family education. The long-term aim is to improve access to Early Child Intervention (ECI) services for military families who have a special needs child and adjust procedures in both ECI and the Exceptional Family Member Programs (EFMP), particularly when a permanent change of station (PCS) move is imminent or has already occurred.

Dissemination goals

- ***Long-Term Goal:*** The dissemination of the program to both the primary and secondary audiences will result in an overall increase in the satisfaction of military families regarding the EFMP and ECI program communication and enrollment process.
- ***Short-term Goal 1:*** The dissemination of the program to the primary audience will establish an ECI program for military families with special needs children on every base and every state where military families PCS / or move.
- ***Short-term Goal 2:*** The dissemination of the program to the secondary audience will lead to EFMP and ECI staff members establishing a communication and enrollment process that includes the military families as they navigate the

program from military base to military base and state to state they move to in the first three years of their child's life.

- ***Short-term Goal 3:*** The dissemination of this program to primary and secondary audiences will lead to an increase in access to all military families who have special needs children whether enlisted (lower-ranking military personnel) or officers.

The dissemination plan will begin at the start of the program. The dissemination plan outlined next describes the primary and secondary target audiences, key messages for each audience, influential stakeholders, dissemination activities, and expenses for these activities.

Primary Target Audience

The primary audience for the dissemination efforts will be military families with special needs children. They will be primarily enlisted military members who experience a permanent change of station (PCS) every two to three years as part of their military career. Dissemination efforts will focus on this audience because they are currently underserved by the military and civilian ECI community.

Key Messages for Primary Target Audience

- Establish an ECI program for military families with special needs children on every base and every state where military families PCS / or move, using the Family-Centered Care (FCC) model the occupational therapist using “the coaching model” approach,

- Educate families in the needs of their special needs child and assist them in achieving their child's developmental milestones without using the traditional therapist-patient or medical model of care. This approach allows the parent to be the therapist and use the strategies that best fit their child's needs in daily routines.
- Increase access to all military families with special needs children whether enlisted (lower-ranking military personnel) or officers. By providing services in every state and military base these families will always have access to and information they need to move forward with their child therapy, and medical care.
- Provide access to resources for military families with special needs children through the use of the ECI directory.
- Achieve quicker turnaround of services in the new state or continuation of services that were already established before a move so there is no deficiency in developmental milestones of the special needs child.
- The military-only ECI will have access to the same systems used by the current EFMP these two groups will work together to continually provide up-to-date and quick access to the military families when they move to the next military base.

Primary Influential Spokesperson

Ann Cervantes OTR/L will be the primary spokesperson given her experience working with Early Childhood Intervention and military families with special needs children. After completing a few Early Childhood Intervention sessions, parents will be spokespeople for the program through testimonials of their experience.

Activities

Dissemination activities for the primary target audience will consist of interviews and face-to-face meetings. This program will establish a new set of criteria that will meet the needs of military families that currently serve and will serve in the future. Initially, families will be informed about this program through a series of monthly newsletters mailed out or to their personal email addresses giving them important concise information for the next steps in enrollment into EFMP and ECI programs. The newsletter will have a national list of all military installations and ECI programs near that installation.

Through this newsletter, a quicker turnaround of services in a new state, or continuation of services that were already established before a move can be established so there is no deficiency in developmental milestones of the special needs child. The parents will be well informed about the exact information they need for whatever state they move to.

Participants will be military families with children ages 0–3 with special needs, where one or both parents are enlisted military members or officers in any branch of the military.

Secondary Target Audience

The secondary target audience for the dissemination plan is current ECI providers (OT, PT, SLP, LSW), and EFMP staff. Dissemination efforts will target this group to increase concise communication between both groups.

Key Message for Secondary Target Audience

- *Early Childhood Intervention for Military Families with Special Needs Children* will provide services that will leave the families with an overall increase in the satisfaction of military families regarding the EFMP and ECI program communication and enrollment process.
- *Early Childhood Intervention for Military Families with Special Needs Children* will decrease the number of separations from the military due to a lack of support for special needs children.
- *Early Childhood Intervention for Military Families with Special Needs Children* will decrease the number of children with milestone/developmental delays needing additional special education services in military community schools.
- *Early Childhood Intervention for Military Families with Special Needs Children* will decrease the amount of funding needed for special education in military community schools.

Primary Influential Spokespeople

Ann Cervantes OTR/L will be the primary spokesperson given her experience working with Early Childhood Intervention and military families with special needs children. Former program participants through testimonials of their experience going through the program.

Activities

Communication via email to each staff ECI (OT, PT, SLP, Licensed Social Worker (LSW), and EFMP caseworker, giving them two dates to choose from to

complete the collaborative meeting. I will provide interviews with ECI/EFMP staff. I will bring a copy of current DoD guidelines in regards to how EFMP is to conduct enrollments of military families with special needs children, what the current communications are between EFMP and ECI when in one state as well as what happens to communication when a military family moves to a different state, and communications both between EFMP and ECI program as well as between military family and EFMP. I will also bring the Logic Model of my project and demonstrate how my research can support a new “universal” (universal meaning under the same umbrella of the military rather than based on state guidelines) ECI program for military families with special needs children who PCS. I will keep in mind that each stakeholder comes from a different place and may have strong personal feelings about how the program should proceed. Each participant will be asked to complete a survey to determine their knowledge of ECI and EFMP procedures, history and concerns of current programs, and how they feel it could be made better giving 2–3 examples. See below (Table 6.1) for budget for dissemination plan.

Table 6.1*Budget for Dissemination Plan*

Audience	1st Year	2nd Year
Primary	Card stock \$24.99 for 50 x 10 pks = \$249.90	Card Stock \$25.50 for 50 x10 pks \$255.00
	Printer ink from Amazon \$63.00/pk of 2 large cartages	Printer ink 64.00/pk of 2 large cartages
	copy paper \$2.99/pk x 2 =\$5.98/mo. x 12 mo. =\$71.76 yr.	copy paper \$3.10/pk x2 = 6.20/mo. x 12 mo. = \$74.40/yr.
Secondary	Card stock \$24.99 for 50 x 10 pks = \$249.90	Card Stock \$25.50 for 50 x10 pks \$255.00
	Printer ink from Amazon \$63.00/pk of 2 large cartages	Printer ink 64.00/pk of 2 large cartages
	copy paper \$2.99/pk x 2 =\$5.98/mo. x 12 mo. =\$71.76 yr.	copy paper \$3.10/pk x2 = 6.20/mo. x 12 mo. = \$74.40/yr.
Total Expense	\$769.32	\$787.80

Evaluation of the Success of the Dissemination

To determine the success of the dissemination efforts on the primary target audience, the military families with special needs children will complete a pre-program evaluation or survey to determine their knowledge of the Early Childhood Intervention program. Following completion of the program, the families will complete a post-program assessment (anywhere from 1–3 years) depending on their child's age at the time of enrollment. Their answers will determine if they gained knowledge from participating in the ECI program. In this survey, they will also be asked to provide a testimonial about their experience with ECI for both our benefit as a program, and for future military families. Another measure of our success will be the child's ability to thrive, and what developmental milestones were met during and at the end of their participation.

To determine the success of dissemination efforts on the secondary target audience, current ECI and EFMP staff will be given a survey, at their one-year review, similar to when they started working for the program. They will be asked to rate on a Likert scale of 1–5 (one being poor and five being excellent) how the program met their criteria, how it compared to programs they had worked in before, etc. They will also be asked to share comments and suggestions, on how communication could be improved between ECI and EFMP.

Conclusion

The dissemination of *Early Childhood Intervention for Military Families with Special Needs Children* will target two audiences. The primary audience is, the military families and their children with special needs, and the secondary audience is the Early Childhood Intervention staff and Exceptional Family Member Program staff. The goals of the dissemination plan are to make Early Childhood Intervention accessible to all military families in every state where military members PCS and — to improve the communications between ECI and EFMP staff so no child “falls through the cracks”. Dissemination efforts will include written materials, person-to-person contact, email communications, and Zoom meetings. The total expenses for the two-year dissemination plan will be \$1,557.12.

CHAPTER SEVEN – Funding Plan

Introduction

The proposed program is Early Childhood Intervention (ECI) for Military Families with Special Needs Children. The first year a newsletter will be sent out, via email to current ECI (military) or via Facebook to introduce this program to the military community. This newsletter will contain information about Early Childhood Intervention and how it may help their special needs child. The newsletter will go out monthly focusing on subjects such as ECI enrollment, referrals, services provided, and what to ask for from the Exceptional Family Member Program (EFMP) staff when the family deploys to a new state. By making these processes less confusing for young military families and giving them the tools they need to make informed decisions about their child's care. The newsletter will act as a marketing tool, and an education tool so that when the program is ready to launch, military-only ECI, there will be a large population to serve. The first military-only early childhood program will start at Fort Cavazos in Killeen, Texas.

Population served

Children, birth to three from military families who PCS (Permanent Change of Status) for their military career. Children may or may not be suspected to have developmental delays, the family can self-refer or Dr can refer them for enrollment in our services. This ECI will be a military-exclusive early intervention service that caters to families that PCS. The target audience is young, enlisted military families, and most income will be generated from Current Procedural Technology (CPT) units, Medicaid, Tricare, and out-of-pocket expenses from families who enroll in our program. Profit may

not happen until the second or third year (see Financial Projections), and this is looking at the profits from therapy services (OT, PT, and SLP). In the first year of the ECI program, finances will be managed from grant money from the state and federal governments. (see grant section for grant details)

Local experts: Former colleagues from the Early Childhood Intervention program here in Texas will be a great resource to advise on strategies to reach out to Exceptional Family Member Programs (EFMP) caseworkers as well as to help build a list of potential clients who may need a referral to other ECI programs nationally. Provide a postcard with a QR code explaining what services are offered, including a sample newsletter, shared with local hospitals, and pediatric clinics (McClennan's Children, Baylor, Scott, and White Hospital, Darnell military hospital and clinics) and Central Counties Services, who provide staffing and resources to ECI in Bell, Coryell, Hamilton, Lampasas, and Milam Counties. Local VFW, Elks, and Moose Clubs may be willing to display or hand out postcards to military families during fundraisers.

Volunteers: I will reach out to local colleges with COTA and OTR programs (McClennan Community, University of Mary Hardin Baylor (UMHB), Temple College) for student volunteers to help with clerical jobs, making email lists, filing, phone calls, etc. Elks, Moose, VFW groups may be willing to provide additional staff and resources to a handout postcard, at the many military fundraisers they have every year.

Marketing: I will solicit a friend who is a marketer to help advise me on "best practices" to get the word about this unique program for military families, as well as strategies to use online sources (Facebook, X, Instagram, etc.) to release my newsletter.

See below (Table 7.1) for expenses.

Table 7.1

Expenses

Budgeted Item	1st year	2nd year	Justification
Salary	\$0	\$0	No money will be needed for salary therapist will be volunteering hours
Supplies	<ul style="list-style-type: none"> • Computers = \$1000 • Phones \$275mo = \$3,300/yr. • Internet \$100/mo = \$1200/yr. 	<ul style="list-style-type: none"> • Computer = \$1000 • Phones \$300/mo – \$3,600/yr. • Internet \$125/mo = \$1500/yr. 	<p>The therapist will use own computer, phone until money can be allotted for computer purchase, possibly grant money (see VHPA grant) Internet used is Xfinity. www.xfinityspecial.com/internet Phone is through Verizon. https://www.verizon.com</p>
Materials	Card stock \$24.99 for 50 x 10 pks = \$249.90	Card Stock \$25.50 for 50 x10 pks = \$255.00	Grant money may be used to fund these expenses. (see Beacon grant from Elks)
Other (Misc)	<ul style="list-style-type: none"> • Printer ink \$63.00/pk for 2 large cartridges • Copy paper \$2.99/pk x 2 = \$5.98/mo. = \$71.76/yr. 	<ul style="list-style-type: none"> • Printer ink \$64.00/pk for 2 large cartridges • Copy paper \$3.10/pk x 2 = \$6.20/mo. = \$74.40/yr. 	Grant money may be used to fund these expenses (See Beacon Grant from Elks)
Total Cost	\$4,884.66/year	\$6,493.40/year	

Summary of justification: Expenses were estimated to show total expenses if the therapist needed a computer, phone or internet. Without these expenses, the total costs would equal in the first year \$615.34 and in the second year \$393.40 due to no computer needs to be purchased if purchased in the first year. If after the second year, there is a large interest in a military Early Childhood Intervention (ECI) program, other expenses such as staff salaries, rent, additional computers, internet and office supplies would need

to be added to the budget. Along with additional grant funds to be requested. See below (Table 7.2), for a list of potential grants.

Table 7.2

Grants

Grant Title	Requirements
OSEP Grant	<p>Office of Special Education Programs (OSEP) – State Personnel Development Grants Eligible Applicants: An SEA of one of the 50 States Estimated Available Funds: \$3,573,754. Estimated Number of Awards 5 awards / 5 years DATES: Applications Available: May 6, 2024. Deadline for Notice of Intent to Apply: June 6, 2024. Deadline for Transmittal of Applications: July 22, 2024. Deadline for Intergovernmental Review: September 20, 2024.</p>
2024–2026 Virtual and Hybrid Program Accelerator Continuation	<p>The Virtual and Hybrid Program Accelerator (VHPA) aims to support Local Education Agencies (LEAs) in developing and refining high-quality virtual and hybrid programs and schools. The models are tailored to students and families seeking more personalized and flexible education pathways, including working students, student-athletes, individuals with medical conditions, those who need self-paced learning, families with frequent travel, or those seeking homeschooling alternatives.</p> <ul style="list-style-type: none"> • Virtual School Program – a virtual school established to support remote learners in the LEA • Hybrid School Program – hybrid grade(s) or school(s) with learners who are on campus part of the day or week and remote the rest of the day or week <p>Application start: 4/1/2024 Due date: 4/30/2026 Award: \$500,000</p>
OSEP Grant	<p>Personnel Development to Improve Services and Results for Children with Disabilities Program—Preservice Improvement Enhancement Grants to Support Related Services Providers to Effectively Serve Children with Disabilities and their Families an estimated \$2,000,000 for this competition. Estimated Range of Awards: \$125,000 to \$150,000 per year. Estimated Average Size of Awards: \$135,000 per year. Maximum Award: We will not make an award exceeding \$450,000 per project for a project period of 36 months. DATES: Applications Available: May 6, 2024. Deadline for Notice of Intent to Apply: June 6, 2024. Deadline for Transmittal of Applications: July 22, 2024. Deadline for Intergovernmental Review: September 20, 2024.</p>

Elks National Foundation Beacon Grant	<p>Beacon Grant Aware Description: Includes the following individuals:</p> <ul style="list-style-type: none"> • Children of parents that are actively serving in the military • Children that are in the foster care system • Children that have a disability • Children that are in the Juvenile justice system or have a parent that is currently incarcerated • Children that come from families with lower income <p>Support: Awards are granted every year on June 1st in the amount of \$4000. Deadline: Application opens April 1st, 2024 and closes January 22nd, 2025. Funds must be spent by March 31st, 2025 (Elks National Foundation, 2024)</p>
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Conclusion

In conclusion, this program will provide a unique opportunity for military families and their special needs children. It aims to provide a consistent early childhood intervention service to their child from birth to three no matter where they move in the United States. Ultimately the program will provide services from all disciplines (OT, PT, SLP) as well as the support of knowledgeable caseworkers to be the translators of the IDEA and TEA requirements, as well as give additional resources to families. The collaboration will be key between this ECI and the EFMP caseworkers to allow open and transparent communication for PCS dates, times, and locations so that a smooth transition will occur from one ECI to another.

CHAPTER EIGHT – Conclusion

In conclusion, the Early Childhood Intervention for Military Families with Special Needs Children program attempts to illustrate how to address the needs of enlisted military families who PCS every 2–3 years as a part of their military career. It is a program specific to this population of the military community that both the military EFMP communities and the civilian ECI community have underserved.

In chapter one this author describes the key factors to this project they are, lack of information: Parents are not fully informed on what ECI is or what ECI can provide them. Families are not referred by medical staff (at birth, or well-child checks) or by military staff that ECI services are available. Outdated information: Information is not updated to reflect changes (ECI services closing, or daycares closing, etc.) Not focused on Military unique circumstances: Current ECI reflects awareness of civilian families, not those of military families who move from base to base. Information about ECI is not universal from state to state (military base to military base): Each state has a different name for its programs and the criteria for enrollment are not universal.

In chapter two this author answers the questions posed and summarizes the results. The results suggest that the lack of support by EFMP (Exceptional Family Member Program) especially with families with children with special needs (ASD) autism spectrum disorder, relocation was another barrier to consistent care for their children, lack of support for low-income enlisted military single mothers as well as the lack of understanding of the benefits available. “When parents are unfamiliar with the benefits of more contemporary therapeutic approaches and when this is combined with a

strong cultural preference for “Real” therapy-for-profit service providers in Consumer-centered disability funding/National disability insurance schemes are likely to provide therapy that aligns more closely with traditional biomedical therapeutic approaches” (McDonald et al., 2016; p. 283). In other words, if parents are not made aware of ECI services whose “theoretical foundation for contemporary therapeutic approaches is that all children regardless of their level of ability, learn through their relationships with the important people in their lives(e.g., parents family members, early childhood education and care (ECEC) professionals and need opportunities to practice skills in everyday settings”(Moore, 2010: National Scientific Council of the Developing Child, 2009). they will choose what they think they know as the best therapy approach for their disabled child. Too much information from the military is not helpful but rather overwhelms new parents of a special needs child, for families to feel supported they need to have a guide as to what programs are available, not left to weed through all the information alone. Lack of Early childhood services has proved to be detrimental to the development of a child with special needs, especially a child from a military family exposed to relocation, separation, stresses such as positive stress, tolerable stress, and toxic stress as described in the Harvard Edu article, and the developing brain.

In chapter three this author completes an overview of current approaches and methods. The results of this research have again shown a gap in the communication between EFMP and families regarding continued services, and resources as well as a simple lack of appropriate understanding of what resources are available. The proof of this gap is in the interviews and the difference in responses to the questions, parents vs

EFMP staff. The idea of ECHO being a part of the future of ECI /EFMP services is an exciting yet unrealized notion at this juncture, but one that is a consideration to this author. Not only to address the sheer lack of staff in EFMP, but to assist the many military families in need of their services but to address the accessibility of those services as well as bridge the divide between PCS/moves. Access to an EFMP website or an appointed Zoom meeting, when a PCS move is imminent, could allow families to check in and make sure they have all the resources, Dr. referrals, addresses, phone numbers, and contacts they will need once they get to new duty station, allowing for a smooth transition for child and family. The research also points to a strong need for EI/ECSE professional development, which includes coaching and consultation, communities of practice, online instruction, web-based video and visual access, and web-based interactive systems. The research on the quality of ECI services and the Family-centered model of care used in some ECI services advocates the family as the core of what ECI services are all about. The empowerment of the parents to be their child's coach, through the ECI process, is the most effective way to address the needs of the child. Once a family is empowered, a parent can advocate and address their child's needs because they ultimately know their child best.

In chapter four this author describes the proposed program. The audience will be familiar with the background of my program, they will be military families already involved in ECI or looking for an ECI program. The other group will work either in ECI or EFMP. The goals and objectives that I think participants would most want to know about are the main goals of the program.

- 1) To establish an ECI program for military families with special needs children on every base and every state that military families PCS/move.
- 2) Increase access to all military families who have special needs children, whether enlisted (lower-ranking military personnel) or officers.
- 3) Quicker turnaround of services in a new state, or continuation of services that were already established before a move, so there is no deficiency in developmental milestones of the special needs child.

These goals will be addressed through a monthly newsletter sent out via email, initially to families who are most interested in ECI services, and how to ensure they will receive services once they move to a different state. The newsletter will include a list of states and the names of their ECI programs especially ones near military installments. There will be additional information such as reminders to families to make sure they are prepared for the next steps of how to prepare for enrollment, what referral they will need from what Dr., will they need to bring certain items to an enrollment, where the enrollment will take place either the address of center or in their home. Annually there will be reminders about upcoming school enrollment criteria especially if the child will be enrolled in a special education program. Reminders to get referrals from Dr. for school OT, PT, and ST evaluations, set evaluations with schools. Families will be encouraged to share their experiences with the process of ECI enrollment during and after PCS. This input will then be added to future newsletters to help others through the process. The hope is to include EFMP caseworkers and ECI staff to have copies of the newsletter available to families when they first start the process as a resource and quick guide as

they begin this long journey with their special needs child. By giving this resource to families there is a hope to expand as time goes on to elicit change in the military community and allow better access, communication, and success for these children.

In chapter five this author describes the program evaluation research plan this is an educational intervention for the military parents of special needs children in which the author will pave the way to achieving goals and objectives by working on a redesign in the system that will address barriers experienced by the families. Then the upgraded system will be incorporated into family education. The long-term aim is to improve access to Early Child Intervention (ECI) services for military families who have a special needs child and adjust procedures in both ECI and the Exceptional Family Member Programs (EFMP), particularly when a permanent change of station (PCS) move is imminent or has already occurred.

In chapter six this author describes the dissemination plan for the program. The dissemination of *Early Childhood Intervention for Military Families with Special Needs Children* will target two audiences. The primary audience is, military families and their children with special needs, and the secondary audience is the Early Childhood Intervention staff and Exceptional Family Member Program staff. The goals of the dissemination plan are to make Early Childhood Intervention accessible to all military families in every state where military members PCS and — to improve the communications between ECI and EFMP staff so no child “falls through the cracks”. Dissemination efforts will include written materials, person-to-person contact, email communications, and Zoom meetings. The total expenses for the two-year dissemination

plan will be \$1,557.12. These expenses will be covered by grants from the Office of Special Education Programs (OSEP) and the Elks National Beacon Grant.

APPENDIX A – Executive Summary

In this example it is assumed you'll include one or more program documents. Point is, you'll need to adjust the Appendix titles accordingly but remember to keep the *order* of the titled appendices the same for the following: Executive Summary before Fact Sheet, then References, followed by the C.V.

Executive Summary for

Early Childhood Intervention for Military Families with Special Needs Children

Introduction

There is a lack of access to Early Childhood Intervention (ECI) Programs in the military community. This author's research focused on military families with children ages 0–3 with special needs, where one or both parents are enlisted military members or officers in any branch of the military.

The areas of concern are the number of families who lose access to their current ECI program when they relocate to a different state or Permanent Change of Station (PCS). These families also report having difficulty maintaining consistency in therapy and medical services when they move. This author focuses on relocation, deployment and its effects on the child and spouse left behind, insurance coverage, and the lack of access to ECI programs and the effects this has on developmentally delayed children. There was an abundance of evidence stating that military families struggled to access care and obtain routine appointments. “These families reported difficulty in receiving referrals to specialists, having appropriate access to care, and obtaining routine appointments suggesting barriers are greater for mental health than for physical health resources for military youth” (Sehadri, et al., (n.d.), p. 1384).

This author also focuses on what has been done in the areas of ethical practices of ECI service providers and their effect on the success of the child developmental growth, what research has been done in the areas of family-centered practices in ECI programs, the Extension for Community Healthcare Outcomes (ECHO) project, what it is and how

it can be applied to exceptional family member program(EFMP), and interviews that have been conducted with both EFMP and military families to discuss access issues, communication issues and barriers to the EFMP program.

Project Overview

Relocation, or Permanent Change of Station (PCS), is a common occurrence for military personnel and their families. Based on demographic reports of active-duty officers and their spouses the Army has the highest number of PCS, followed by the Airforce, then the Navy, and lastly the Marine Corps, (See figure 7.1 below).

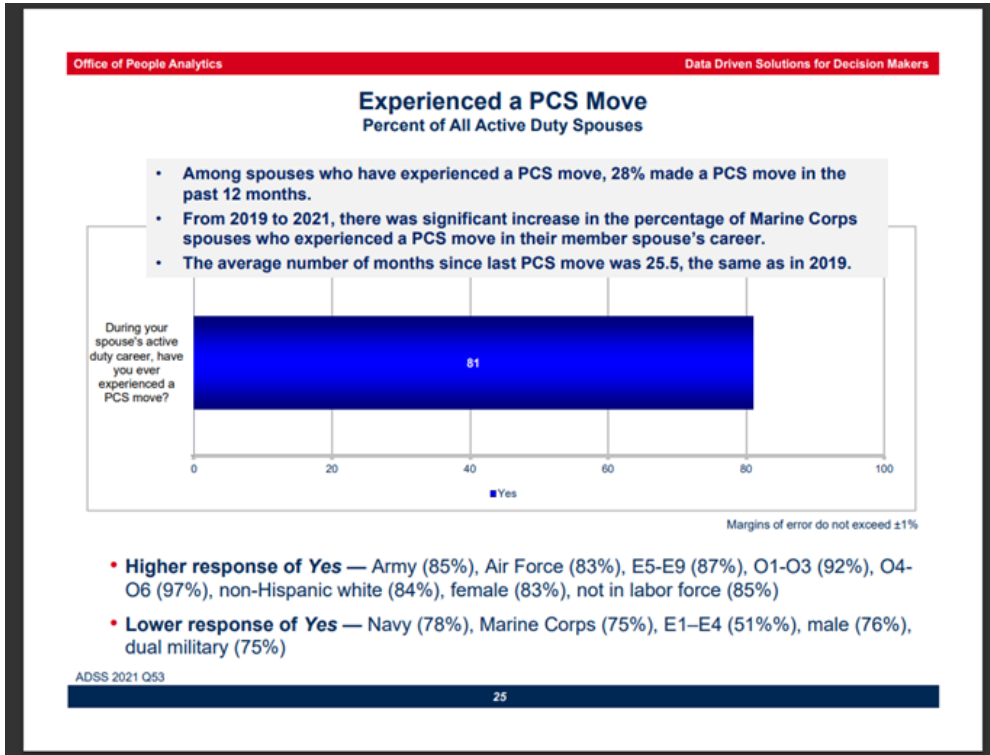
Clever and Segal (2013) summarize the impact of these results:

“The military presents a unique environment in which to understand how various stresses and support systems affect children’s resilience and development. In addition, the well-being of military families and children is integral to the successful functioning of our military forces, policymakers need accurate and timely data to respond to these families’ needs and develop solutions” (p.33).

Figure 1 illustrates the percentage of military spouses experiencing PCS between 2019–2021, active-duty Spouses Experiencing a PCS Move with the average number of months since the last PCS 25.5, and the rank level of each military branch (E=enlisted, O=officer)

Figure 1

Percentage of military spouses experiencing PCS between 2019–2021



(DoD, 2021a), Office of People Analytics, 2020)

See below (Table 1) the number of children Affected by PCS moves

Table 1

Children Affected by PCS moves

Children Ages	Numbers
0–5	680,000
6–11	565,834
12–18	443,964
19–21	129,309

(Future Child, 2011; Nelson et al., 2016)

The lack of early childhood services has proved to be detrimental to the development of a child with special needs, especially a child from a military family exposed to relocation, separation, stresses such as positive stress, tolerable stress, and toxic stress as described in the Harvard Edu article, and the developing brain. as well as the lack of understanding of the benefits available. (Harvard.edu., n.d.)

Hughes-Scholes and Gavidia-Payne (2019) conducted a study involving sixty-six families with children with developmental disabilities that included completed measures of family outcomes, parental self-efficacy, and perceptions of family practices at pre-post intervention to demonstrate the effects of Family Centered Care provided through ECI programs. After ECI, parental self-efficacy and their ability to help their child develop and learn remained stable due to the fact they understood their child's needs and were able to advocate for them. "These results are consistent with a growing body of evidence demonstrating that the use of family-centered practice in ECI programs is more likely to lead to positive outcomes for families" (p. 727). The research on the quality of ECI services and the Family-centered model of care used in some ECI services advocates the family as the core of what ECI services are all about. The empowerment of a parent to be their child's coach, through the ECI process, is the most effective way to address the needs of the child. Once a family is empowered, a parent can advocate and address their child's needs because they ultimately know their child best.

Key Findings

As a result of the questionnaires completed by EFMP and military families (see interview questions in Appendix B) it is obvious to this writer that there needs to be a

military-only Early Childhood Intervention program. The program should be available to these families in every state and at every military base that they deploy. The communication needs to start before a child is born to these military families. Discussions and education should be provided to military enlisted members, this will allow them the opportunity to make choices about their military career if their child is born with special needs.

ECI services should provide education to military families about how to address the needs of their disabled children. This education should include strategies to achieve developmental milestones, using the coaching model approach which allows the parent to be the therapist to their child during daily routines.

The family-centered care model supports this approach and emphasizes the importance of the family unit. Researchers Bruder (2000), Dunst and Trivette (1987, 1996, 2009), Dunst, Trivette and Hamby (2008), Espe-Sherwindt (2008), Leal (1999), and McWilliam (2010a, 2010b, 2011), state; “FCM allows them, the parents, to be more capable (empowered) in front of their child's needs and positively assess the fact of focusing on daily routines, a participant pointed to the need for more knowledge about the philosophy and strategies of this approach to meet with professional and other families to training order to implement the FCM more confidently” (p. 649).

Another key finding in my research is by providing a quicker turnaround of services in the new state or continuation of services that are already established before they move so there is no deficiency in developmental milestones of the special needs child. In my many in-person therapy sessions with military families and recent

interviews, the lack of information and communication before, during, and after a PCS (move) was brought to light. This lack of information made finding ECI services difficult for military enlisted families. This research shows that improving communication between ECI, EFMP personnel, and military families will help to address this issue.

Recommendations

Early childhood intervention programs (0–3 years old) are missing a large part of the military population. If we can fill the gap in this service need the following will likely occur: first, there will be a decrease in the number of children with milestone/developmental delays needing additional special education services in the military community schools; second, a decrease in the funding need for special education in military community schools will occur; and third, this program will decrease the number of separations from the military due to a lack of support for special needs children. Lastly, an early childhood intervention program for military families with special needs children will not only strengthen the bonds of these families but will result in stronger military personnel.

Conclusion

An early childhood intervention program for military families with special needs children is needed. Improved communication systems between the ECI and EFMP programs will allow better access to these families on any military base or in any state they PCS. Improved access will ensure these families can address their child's developmental delays sooner, resulting in better achievement of developmental milestones for their child. Military families already take on the burden of defending our

everyday freedoms, we should help free them from the burdens and stress that come with raising a special needs child by providing them easy access to this early childhood intervention program.

APPENDIX B – Fact Sheet

BOSTON
UNIVERSITY

**Early Childhood Intervention Program
for Military Families with Special Needs
Children**

Ann Cervantes, OTR/L
OTD Candidate

Program at a Glance

Early Childhood Intervention (ECI) is a program for children birth to 3 with developmental delays, this program supports children to meet developmental milestones. Current programs use a coaching model to conduct all home visits. The coaching model approach allows the parent/care partner to control how and what is addressed in the home visits based on their unique daily routine. The occupational therapy practitioner (OTP) is there as a support to the parent/care partner in the use of strategies that may help the child meet developmental milestones.

Visual Model of Problem

Frequent moves from state to state

Different names of ECI programs in each state

Each ECI program has different standards and protocols

Universal military ECI will have own protocol

Poor communication from military administration

Poor access or no access to ECI in new state

Relocation, or Permanent Change of Station (PCS), is common, about every 2-3 years, for military personnel and their families. Based on a review of the evidence-based research it was concluded that the military program, the Exceptional Family Member Program (EFMP), was not communicating with these families about Early Childhood Intervention (ECI) services, or these services did not continue for these families when they PCS.

**PCS statistics
2019**

Children Affected by PCS moves

Children Ages Numbers

0-5 680,000

6-11 565,834

12-18 443,964

Office of People Analytics Data Driven Solutions for Decision Makers

Experienced a PCS Move
Percent of All Active Duty Spouses

- Among spouses who have experienced a PCS move, 28% made a PCS move in the past 12 months.
- From 2019 to 2021, there was significant increase in the percentage of Marine Corps spouses who experienced a PCS move in their member spouse's career.
- The average number of months since last PCS move was 25.5, the same as in 2019.

During your spouse's active duty career, have you ever experienced a PCS move?

Margins of error do not exceed ±1%

- Higher response of Yes** — Army (85%), Air Force (83%), E5-E9 (87%), O1-O3 (92%), O4-O6 (97%), non-Hispanic white (84%), female (83%), not in labor force (85%)
- Lower response of Yes** — Navy (78%), Marine Corps (75%), E1-E4 (51%), male (76%), dual military (75%)

A088 2021 053 29

**Frameworks Guiding the Program
Family-Centered Model**

What is the family-centered model?

“Placed within the context of empowerment theory, family-centered programs (FCP) include capacity-building experiences that provide family members opportunities to use existing abilities and acquire new abilities in ways that positively affect their beliefs about control over important life events in ways that influence health-related outcomes” (Mas, J., et al. p. 10).

•This military-only ECI program will use:

- The “coaching model approach” the OTP will be there as a support to help with strategies and techniques.
- The parent/care partner will be responsible for carrying out these approaches during daily routines/cares.
- The parent/care partner and OTP will work as a team to address the child’s developmental needs.

**Proposed Program: Early Childhood Intervention for Military Families
with Special Needs Children**

Establish an ECI program for military families with special needs children on every base and every state where military families PCS / or move, using the Family-Centered Care (FCC) model and “the coaching model” approach. Educate

APPENDIX C– Military Installment Initials**Military installment initials**

ACW - Air control wing

AF - Army armed force

AFB - Airforce base

ARB - Air reserve base

ARW - Air Refueling Wing

ATKW - Attack wing Air national guard

AW - Air lift Wing

BW - Biological warfare

CES - Civil engineering services (national guard)

DLI/FLC - Army defense language institute, foreign language center

FW - fighter wing

IW - Information warfare

MCAGCC - Marine corps air ground combat center

MCLB - Marine corps logistics base

RQW - rescue wing (Airforce)

SFB - space force base

SOW - special operations wing

WG - Airforce wing

APPENDIX D– Interview Questions & Responses

Parents Response from William Gribble via email

1. Did the services listed by EFMP documents match the services you were given access to? Why or why not?

Response: “Yes, the services matched. Not all services were needed at the time. The service schedule is valid for about 3-years for issuance; so, there were no major changes required during treatment”.

2. Did you have difficulty accessing EFMP services as well as ECI services? Please explain.

2A) *Response:* “EFMP services were fairly transparent. There was not much support required and /or relevant support offered for our situation. During PCS, a warm handoff was requested and a point of contact was assigned by ACS at the nearest duty station: however, there was no appointment scheduled to review or case review scheduled to ensure all services were met. After the initial email from the case manager; there have been no further attempts to contact us or emails about events/services. Additionally, there was difficulty assessing what services would/wouldn’t be offered at the next duty station. While the new EFMP portal provides historical denial reasons graphically; it is limited to only known cases that are logged into the system (i.e., if the specialist has never needed in the area you’re moving to, you’re going to get no results when trying to assess the feasibility in requesting that duty station).”

2B) *Response:*” ECI seemed pretty streamlined in that it was referred and then proceeded through. The problem we did have was getting access to speech therapy as there was no speech therapist available.”

3. What were the barriers you encountered when working with EFMP staff, and /or documentation?

Response: “The only barrier was having to go off post to get the paperwork filled out by the medical provider. Had our doctor not already been familiar with the process, it could have been very frustrating as there did not seem to be a connection that could be made behind the scenes, despite the large civilian employee and contractor staff that supports the fixed facility military hospital. Additionally, the barrier during the PCS process (described in 2A) was also a barrier. Due to our location of PCS (not on a traditional military installation), we received little to no support from EFMP.”

EFMP Staff: Michiko Jones via email

1. Do you feel you have a strong knowledge of what services EFMP can offer families who have a child with special needs?

Response: “I feel I have a strong knowledge of services available for Exceptional Family Members with children with special needs because our program consistently collaborating with community programs to ensure we are familiar with necessary resources to help meet their needs. Attempts to get clarification of what these programs were was not successful.”

2. Do you feel the EFMP documents that families receive convey a clear list of all services that military families have access to? Why or why not?

Response: “There are a variety of resources provided to EFMers and a resource database provided through military one source to help families navigate the system from installation to installation. The program also hosts a variety of support groups both in person and virtual and all military members are briefed on enrollments and services consistently.”

3. What are the barriers you encounter as an EFMP staff member working with military families and their special needs children?

Response: “The military is constantly changing and as families leave one installation to the next, they are unsure of what programs are available at the new location and do not reach out to systems navigators at the losing installations to help them to have a smooth transition for their special needs child. — again, attempts to get clarification about this statement went unanswered. This author was not able to successfully contact this caseworker again after this initial email correspondence.”

Military Staff: Felipe M. Ogas Sargent Major SGM-E-9 via email

1. What is the focus of the military when it comes to families with children with special needs?

Response: “I do not know the exact mission and vision of the EFMP program, but I know that the EFMP serves to ensure that family members of the service member are not stationed at a location that cannot service their specific need. If a dependent with a medical, mental or educational need gets stationed at a location where they cannot receive services for that specific need, it puts a burden on the service member and his command. BLUF (bottom line up) the EFMP serves as a system to ensure that family members are taken care of so it does not affect the service member’s ability to do their job and or deploy as needed.”

2. How does rank affect how active-duty personnel receives information about services for their special needs child Why or Why not?

Response: “I think the information is readily available for all service members, regardless of rank. However, having said that, the educational background and positions of a service member can certainly be a factor in receiving appropriate service for their child. A young, enlisted service member with family may not have the awareness and experience to access the information and care their dependent might need. While a senior NCO (non-commissioned officer) or an officer, even with limited-service time, might be more able to access info and services.”

3. Explain the chain of command and communication through the ranks of the military. Enlisted vs. officers in regards to needs of their families (i.e., special needs child medical care)?

Response: “To be honest, the status of a service member’s family’s needs might not always be communicated efficiently to a command. Each commander has staff to track the EFMP status of each service member. I think it is the service member's responsibility to access the resources and services their dependent requires. However, if they run into obstacles or have issues accessing that care, they can certainly bring the issue to their chain of command. It is the chain of command’s responsibility to assist the service members in accessing services if they run into issues.”

APPENDIX E– Military Bases by State**Alabama**

- Fort McClellan Army Base (Training Center) in Anniston, AL
- Aviation Training Center Coast Guard Base in Mobile, AL
- Anniston Army Depot Base in Bynum, AL
- Maxwell Gunter Air Force Base in Montgomery, AL
- Redstone Arsenal Army Base in Madison, AL
- Fort Rucker Army Base in Dale, AL

Alaska

- Clear Air Force Station Base in Denali Borough, AK
- USCG Juneau Coast Guard Base in Juneau, AK
- Marine Safety Unit Valdez Coast Guard Base in Valdez, AK
- ISC Kodiak Coast Guard Base in Kodiak Island, AK
- Fort Greely Army Base in Fairbanks, AK
- Elmendorf Air Force Base in Anchorage, AK
- Eielson Air Force Base in North Pole, AK
- Fort Wainwright Army Base in Fairbanks, AK
- Fort Richardson Army Base in Anchorage, AK

Arizona

- Barry M Goldwater Range Air Force Base in Phoenix, AZ
- Camp Navajo Army Base in Flagstaff, AZ
- Yuma Proving Ground Army Base in Yuma County, AZ
- MCAS Yuma Marine Corps Base in Yuma, AZ
- Davis Monthan Air Force Base in Tucson, AZ
- Luke Air Force Base in Glendale, AZ
- Fort Huachuca Army Base in Cochise, AZ

Arkansas

- Camp Joseph Robinson Army Base in North Little Rock, AR
- Fort Chaffee Army Base in Fort Smith, AR
- Pine Bluff Arsenal Army Base in Jefferson County, AR
- Little Rock Air Force Base in Jacksonville, AR

California

- Camp Pendleton's Camp Talega Part of San Diego, CA
- Sierra Army Depot Army Base in Herlong, CA
- San Joaquin Depot Joint Operations San Joaquin County, CA
- Military Ocean Terminal Concord Navy Base Concord, CA
- Los Alamitos Joint Forces in Los Alamitos, CA

- Camp San Luis Obispo Army Base in San Luis Obispo, CA
- Camp Roberts Army Base in Monterey, CA
- Camp Haan Army Base in Riverside, CA
- Chocolate Mountain Range Navy in Chocolate Mountain, CA
- McClellan Air Force Base in Sacramento, CA
- Camp Parks PRFTA Army Base in Dublin, CA
- Tracen Petaluma Coast Guard Base in Petaluma, CA
- ISC Alameda Coast Guard Base in Alameda, CA
- Mountain Training Center Marine Corps Pickel Meadows, CA
- NWS Seal Beach Navy Base in Seal Beach, CA
- Naval Postgraduate School Navy Base in Monterey, CA
- Naval Hospital Pendleton Navy Base Camp Pendleton, CA
- Naval Air Facility Navy Base in El Centro, CA
- Naval Medical Center Navy Base in San Diego, CA
- Fort Hunter Liggett Army Base in Monterey, CA
- March Air Reserve Base Air Force in Riverside, CA
- NS San Diego Navy Base in San Diego, CA
- Naval Battalion Center Navy Base in Port Hueneme, CA
- NAS Point Mugu Navy Base in Point Mugu, CA
- Point Loma Navy Base in San Diego, CA
- North Island Naval Complex Navy Base in San Diego, CA
- NAS Lemoore Navy Base in Lemoore, CA
- Naval Base Coronado Navy Base in San Diego, CA
- NAWS China Lake Navy Base in China Lake, CA
- Twentynine Palms Marine Corps Twentynine Palms, CA
- MCRD San Diego Marine Corps Base in San Diego, CA
- MCAS Miramar Marine Corps Base in San Diego, CA
- Camp Pendleton Marine Corps Base in San Diego, CA
- MCLB Barstow Marine Corps Base in Barstow, CA
- Vandenberg Air Force Base in Lompoc, CA
- Travis Air Force Base in Fairfield, CA
- Los Angeles Air Force Base in El Segundo, CA
- Edwards Air Force Base in Edwards, CA
- Beale Air Force Base in Marysville, CA
- Presidio Of Monterey Army Base in Monterey, CA
- Fort Irwin Army Base in Barstow, CA

Colorado

- Pueblo Chemical Depot Army Base in Pueblo, CO
- Schriever Air Force Base in El Paso, CO
- Peterson Air Force Base in Colorado Springs, CO

- Cheyenne Mountain Air Force Base Colorado Springs, CO
- Buckley Air Force Base in Aurora, CO
- Air Force Academy AFB in Colorado Springs, CO
- Fort Carson Army Base in El Paso, CO

Connecticut

- Coast Guard Academy in New London, CT
- Research And Development Center Coast Guard Groton, CT
- Marine Safety Center Marine Base in Groton, CT
- Naval Submarine Base New London in Groton, CT
- Delaware
- Dover Air Force Base in Dover, DE

Florida

- Homestead Air Reserve Base in Miami, FL
- ISC Miami Coast Guard Base in Miami Beach, FL
- District 7 Coast Guard Base in Miami, FL
- Air Station Clearwater Coast Guard Base in Clearwater, FL
- Blount Island Command Marine Corps in Jacksonville, FL
- NAS Panama City Navy Base in Panama City, FL
- Naval Hospital Pensacola Navy Base in Pensacola, FL
- Naval Hospital Jacksonville Navy Base in Jacksonville, FL
- Naval Air Warfare Center Navy Base in Orlando, FL
- Autec Complex Navy Base in West Palm Beach, FL
- Camp Blanding Army Base in Starke, FL
- NAS Whiting Field Navy Base in Milton, FL
- NAS Pensacola Navy Base in Pensacola, FL
- NS Mayport Navy Base in Duval, FL
- NAS Key West Navy Base in Key West, FL
- NAS Jacksonville Navy Base in Jacksonville, FL
- Training Center Corry Navy Base in Pensacola, FL
- MacDill Air Force Base in Tampa, FL
- Tyndall Air Force Base in Panama City, FL
- Patrick Air Force Base in Brevard, FL
- Hurlburt Field Air Force Base in Mary Esther, FL
- Eglin Air Force Base in Valparaiso, FL

Georgia

- Dobbins Air Reserve Base in Marietta, GA
- Camp Frank D Merrill Army Base in Dahlenega, GA
- Kings Bay Submarine Navy Base in Kings Bay, GA
- NAS Atlanta Navy Base in Marietta, GA

- MCLB Albany Army Base in Albany, GA
- Robins Air Force Base in Houston, GA
- Moody Air Force Base in Valdosta, GA
- Hunter Army Airfield Army Base in Savannah, GA
- Fort Stewart Army Base in Liberty, GA
- Fort McPherson Army Base in East Point, GA
- Fort Gordon Army Base in Augusta, GA
- Fort Gillem Army Base in Forest Park, GA
- Fort Benning Army Base in Columbus, GA

Hawaii

- Wheeler Army Airfield Base in Wahiawa, Hawaii
- Pohakula Training Center Army North Central Hawaii, HI
- Kulia Field Station Navy Base in Oahu
- Fort Derussy Army Base in Honolulu, HI
- USCG ISC Honolulu Coast Guard Base in Honolulu, HI
- Station Maui Coast Guard Base in Wailuku, HI
- Barking Sands Missile Range Navy Base in Kekaha, HI
- NS Pearl Harbor Navy Base in Oahu, HI
- Bellows Air Force Station Base in Waimanalo, HI
- NCTAMS PAC Navy Base In in Wahiawa, HI
- MCB Hawaii Marine Corps Base in Kaneohe, HI
- Hickam Air Force Base in Honolulu, HI
- Tripler Medical Center Army Base in Honolulu, HI
- Schofield Barracks Army Base in Oahu, HI
- Fort Shafter Army Base in Honolulu, HI

Idaho

- Mountain Home Air Force Base in Elmore, ID

Illinois

- Camp Price Support Center Army Base in Granite City, IL
- Rock Island Arsenal Army Base in Arsenal Island, IL
- Great Lakes Training Center Navy Base North Chicago, IL
- Scott Air Force Base in St Clair, IL

Indiana

- Camp Atterbury Army Base in Edinburgh, IN
- Grissom Air Reserve Base Air Force in Kokomo, IN
- NSWC Crane Division Navy Base in Martin County, IN

Iowa

- Iowa Army Plant Army Base in Des Moines County, IA
- Fort Des Moines Army Base in Des Moines, IA
- Camp Dodge Army Base in Johnston, IA

Kansas

- United States Disciplinary Barracks in Fort Leavenworth, KS
- McConnell Air Force Base in Sedgwick, KS
- Fort Riley Army Base in Riley, KS
- Fort Leavenworth Army Base in Leavenworth, KS

Kentucky

- Blue Grass Army Depot Base in Richmond, KY
- Fort Knox Army Base in Hardin, KY
- Fort Campbell Army Base in Hopkinsville, KY

Louisiana

- Marine Corps Support Facility in New Orleans, LA
- Camp Beauregard Army Base in Pineville, LA
- Joint Reserve Base New Orleans Navy New Orleans, LA
- NSA New Orleans Navy Base in New Orleans, LA
- Barksdale Air Force Base in Bossier City, LA
- Fort Polk Army Base in Vernon Parish, LA

Maine

- NS Portsmouth Navy Base in Portsmouth, ME
- NAS Brunswick Navy Base in Brunswick, ME

Maryland

- Carderock Division of the Naval Surface Warfare Center, MD
- Naval Support Facility Thurmont/Camp David, MD
- Surface Forces Logistics Coast Guard in Baltimore, MD
- Coast Guard Yard in Baltimore, MD
- NSF Indian Head Navy Base in Indian Head, MD
- NSA Annapolis Navy Base in Annapolis, MD
- NAS Patuxent River Navy Base in Lexington Park, MD
- Naval Medical Center Navy Base in Bethesda, MD
- Naval Academy Navy Base in Annapolis, MD
- Andrews Air Force Base in Point Mugu, CA
- Fort Meade Army Base in Odenton, MD
- Fort Detrick Army Base in Frederick, MD
- Aberdeen Proving Ground Army Base in Aberdeen, MD

Massachusetts

- Westover Air Force Base in Westover, MA
- Sector SE New England Coast Guard in Woods Hole, MA
- Air Station Cape Cod Coast Guard Base in Cape Cod, MA
- Fort Devens Army Base in Devens, MA
- Hanscom Air Force Base in Bedford, MA
- Soldier Systems Center Army Base in Natick, MA

Michigan

- Detroit Arsenal Army Base in Warren, MI
- Selfridge ANGB Air Force Base in Harrison, MI

Mississippi

- Mississippi Ordnance Plant Army Base Monroe County, MS
- Camp Shelby Army Base in Hattiesburg, MS
- NS Pascagoula Navy Base in Pascagoula, MS
- NAS Meridian Navy Base in Meridian, MS
- Mississippi Gulfport Battalion Center
- Keesler Air Force Base in Biloxi, MS
- Gulfport Battalion Center Navy Base in Gulfport, MS

Missouri

- MC Mobilization Command Marine Corps in Kansas City, MO
- Whiteman Air Force Base in Johnson, MO
- Fort Leonard Wood Army Base in Pulaski, MO

Montana

- Malmstrom Air Force Base in Cascade, MT

Nebraska

- Offutt Air Force Base in Bellevue, NE

Nevada

- Hawthorne Army Depot Base in Hawthorne, NV
- Creech Air Force Base in Indian Springs, NV
- NAS Fallon Navy Base in Fallon, NV
- Nellis Air Force Base in Clark, NV

New Hampshire

- Portsmouth Shipyard Navy Base in Portsmouth, NH

New Jersey

- Training Center Cape May Coast Guard Cape May, NJ
- Loran Support Unit Coast Guard Base in Wildwood, NJ
- Picatinny Arsenal Army Base in Morris County, NJ
- Fort Monmouth Army Base in Monmouth, NJ
- NAES Lakehurst Navy Base in Lakehurst, NJ
- NWS Earle Navy Base in Colts Neck, NJ
- McGuire Air Force Base in New Hanover, NJ
- Fort Dix Army Base in Burlington, NJ

New Mexico

- Los Alamos Demolition Army Base in North Central, NM
- Kirtland Air Force Base in Bernalillo, NM
- Holloman Air Force Base in Otero, NM
- Cannon Air Force Base in Curry, NM
- White Sands Missile Range Army Base in Otero, NM

New York

- Stewart ANGB
- Watervliet Arsenal Army Base in Watervliet, NY
- Saratoga Springs NSU Navy Base in Saratoga Springs, NY
- US Military Academy Army Base in West Point, NY
- Fort Hamilton Army Base in Brooklyn, NY
- Fort Drum Army Base in Jefferson, NY

North Carolina

- Simmons Army Airfield in Cumberland, NC
- Military Ocean Terminal Sunny Point Brunswick County, NC
- Camp Mackall Army Base in Southern Pines, NC
- National Strike Force Coast Guard in Elizabeth City, NC
- Air Station Elizabeth City Coast Guard Base in Elizabeth City, NC
- MCAS New River Marine Corps Base in Jacksonville, NC
- MCAS Cherry Point Marine Corps Base in Havelock, NC
- Camp Lejeune Marine Corps Base in Onslow County, Jacksonville NC
- Seymour Johnson Air Force Base in Goldsboro, NC
- Pope Air Force Base in Manchester, NC
- Fort Bragg Army Base in Fayetteville, NC

North Dakota

- Minot Air Force Base in Ward, ND
- Grand Forks Air Force Base in Emerado, ND

Ohio

- Youngstown–Warren Air Reserve Station in Vienna, OH
- ISC Cleveland Coast Guard Base in Cleveland, OH
- Wright Patterson Air Force Base in Montgomery, OH

Oklahoma

- McAlester Army Ammunition Army Base in McAlester, OK
- Coast Guard Institute in Oklahoma City, OK
- Container Inspection Training USCG Oklahoma City, OK
- Vance Air Force Base in Enid, OK
- Tinker Air Force Base in Oklahoma City, OK
- Altus Air Force Base in Altus, OK
- Fort Sill Army Base in Lawton, OK

Oregon

- Umatilla Chemical Depot Army Base in Umatilla, OR

Pennsylvania

- Naval Support Activity in Northeast Philadelphia, PA
- New Cumberland Army Depot Army Base in Fairview, PA
- Letterkenny Army Depot Army Base in Chambersburg, PA
- NSA Mechanicsburg Navy Base in Mechanicsburg, PA
- Tobyhanna Army Depot Base in Tobyhanna, PA
- JRB Willow Grove Navy Base in Horsham Twp, PA
- Carlisle Barracks Army Base in Carlisle, PA

Rhode Island

- Station Point Judith USCG Narragansett, RHODE ISLAND
- Station Castle Hill Coast Guard Newport, RHODE ISLAND
- NS Newport Naval Base in Newport, RI
- South Carolina
- NWS Charleston Navy Base in Goose Creek, SC
- Naval Hospital Charleston Navy Base North Charleston, SC
- Naval Hospital Beaufort Navy Base in Beaufort, SC
- MCRD Parris Island Marine Corps Base in Port Royal, SC
- MCAS Beaufort Marine Corps Base in Beaufort, SC
- Shaw Air Force Base in Sumter, SC
- Joint Base Charleston Air Force North in Charleston, SC
- Fort Jackson Army Base in Columbia, SC

South Dakota

- Ellsworth Air Force Base in Rapid City, SD

Tennessee

- Milan Army Ammunition Plant Army Base in Milan, TN
- Holston Army Plant Army Base in Kingsport, TN
- Arnold Air Force Base in Tullahoma, TN
- NSA Mid-South Naval Base in Millington, TN

Texas

- Medical Education and Training Campus Fort Sam Houston, TX
- Corpus Christi Army Depot, TX
- Biggs Army Air Field at Fort Bliss in El Paso, TX
- Martindale Army Airfield Army Base in San Antonio, TX
- Camp Swift Army Base in Bastrop County, TX
- Camp Stanley Storage Activity Army in San Antonio, TX
- Camp Mabry Army Base in Austin, TX
- Camp Bullis Army Base in San Antonio, TX
- Camp Bowie Army Base in Brownwood, TX
- Red River Army Depot Army Base I in Bowie County, TX
- NAS Kingsville Navy Base in Kingsville, TX
- NS Ingleside Navy Base in Ingleside, TX
- JRB Fort Worth Navy Base in Fort Worth, TX
- NAS Corpus Christi Navy Base in Flour Bluff, TX
- Sheppard Air Force Base in Wichita Falls, TX
- Randolph Air Force Base in Universal City, TX
- Laughlin Air Force Base in Del Rio, TX
- Lackland Air Force Base in San Antonio, TX
- Goodfellow Air Force Base in San Angelo, TX
- Dyess Air Force Base in Abilene, TX
- Brooks City Air Force Base in San Antonio, TX
- Fort Sam Houston Army Base in San Antonio, TX
- Fort Hood Army Base in Killeen, TX
- Fort Bliss Army Base in El Paso, TX

Utah

- Tooele Army Depot Base in Tooele, UT
- Dugway Proving Ground Army Base in Tooele County, UT
- Hill Air Force Base in Ogden, UT

Virginia

- Naval Support Activity Hampton Roads, VA
- Marine Corps Air Facility Quantico, VA
- Warrenton Training Center Army Base in Alexandria, VA
- Radford Army Ammunition Plant Army Base in Radford, VA

- Fort Pickett Army Base in Blackstone, VA
- Training Center Yorktown Coast Guard Base Yorktown, VA
- Telecomo Systems Command Coast Guard Alexandria, VA
- Sector Hampton Roads Coast Guard Base Portsmouth, VA
- Navigation Center Coast Guard Base in Alexandria, VA
- National Pollution Center Coast Guard in Arlington, VA
- National Maritime Center Coast Guard in Arlington, VA
- Finance Center Coast Guard Base in Chesapeake, VA
- SCSC Wallops Island Navy Base in Wallops Island, VA
- NSA Northwest Annex Navy Base in Chesapeake, VA
- NSA Norfolk Navy Base in Norfolk, VA
- Medical Center Portsmouth Navy Base in Portsmouth, VA
- Joint Expeditionary Fort Story Naval Base Little Creek, VA
- Fort AP Hill Army Base in Bowling Green, VA
- NWS Yorktown Navy Base in Yorktown, VA
- NAS Oceana Naval Base in Virginia Beach, VA
- Norfolk Naval Shipyard Navy Base in Portsmouth, VA
- NS Norfolk Naval Base in Norfolk, VA
- NSWC Dahlgren Naval Base in Dahlgren, VA
- NAB Little Creek Navy Base in Norfolk, VA
- Quantico Military Reservation Marine Corps in Triangle, VA
- Henderson Hall Marine Corps Base in Arlington, VA
- Langley Air Force Base in Hampton, VA
- Fort Myer Army Base in Arlington, VA
- Fort Monroe Army Base in Hampton, VA
- Fort Lee Army Base in Prince George, VA
- Fort Eustis Army Base in Newport News, VA
- Fort Belvoir Army Base in Fairfax, VA

Washington DC

- Naval Research Laboratory Navy Base in Washington, DC
- National Response Center Coast Guard in Washington, DC
- Marine Safety Center Coast Guard Base in Washington, DC
- Coast Guard Headquarters in Washington, DC
- Navy Yard Navy Base in Washington DC
- The Pentagon in Washington, DC
- Marine Barracks Marine Corps Base in Washington, DC
- Bolling Air Force Base in Washington, DC
- Walter Reed Medical Center in Washington, DC
- Fort McNair Army Base in Washington, DC

Washington

- Naval Magazine Indian Island, WA
- Camp Murray Army Base in Tacoma, WA
- Yakima Training Center Army Base in Yakima, WA
- Naval Hospital Bremerton Naval Base in Bremerton, WA
- NAS Whidbey Island Navy Base in Oak Harbor, WA
- NS Everett Navy Base in Everett, WA
- Navy Base Kitsap Navy Base in Silverdale, WA
- McChord Air Force Base in Tacoma, WA
- Fairchild Air Force Base in Spokane, WA
- Fort Lewis Army Base in Pierce, WA

West Virginia

- Operations Systems Center Coast Guard Martinsburg, WV
- Vessel Document Center Coast Guard Falling Waters, WV

Wisconsin

- Fort McCoy Army Base near Tomah, WI

Wyoming

- Francis E Warren Air Force Base in Cheyenne, WY

APPENDIX F– Number of Military Bases and ECI Programs by State

<i>State/ Territory</i>	<i>Offices</i>	<i>Military Installations</i>	<i>Counties</i>	<i>State/ Territory</i>	<i>Offices</i>	<i>Military Installations</i>	<i>Counties</i>
Alaska	18	9	35	Ohio	164	7	89
Alabama	7	8	36	Oklahoma	77	8	77
Arizona	13	8	15	Oregon	30	3	36
Arkansas	4	4	75	Pennsylvania	5	7	66
California	71	33	253	Puerto Rico	5	1	-
Colorado	21	7	66	Rhode Island	10	2	39
Connecticut	168	2	8	Islands of Saipan	1	-	-
Delaware	-	2	3	South Carolina	16	7	-
District of Columbia	-	3	0	South Dakota	6	2	-
Florida	15	17	69	Tennessee	9	6	95
Georgia	20	12	159	Texas	268	19	-
Guam	1	1	19	US Virgin Islands	3	1	-
Hawaii	8	13	5 Islands	Utah	15	4	36
Idaho	9	2	44	Vermont	11	1	14
Indiana	9	8	103	Virginia	50	21	86
Illinois	25	8	92	Washington	39	9	-
Indiana	9	4	92	West Virginia	8	2	63
Iowa	-	2	99	Wisconsin	4	4	73
Kansas	29	5	112	Wyoming	14	2	-
Kentucky	15	8	120				
Louisiana	10	5	65 Parishes				
Maine	10	3	16				
Maryland	24	13	24				
Massachusetts	1	5	14				
Michigan	32	3	32				
Minnesota	244	3	87				
Mississippi	3	7	84				
Missouri	10	5	112				
Montana	5	2	56				
Nebraska	29	2	103				
Nevada	14	5	16				
New Hampshire	10	1	10				
New Jersey	21	7	21				
New Mexico	5	5	34				
New York	63	12	62				
North Carolina	-	9	100				
North Dakota	7	3	53				

REFERENCES

- 2020 demographics profile*. Military OneSource. (2023, January 10). Retrieved March 5, 2023, from <https://www.militaryonesource.mil/data-research-and-statistics/military-community-demographics/2020-demographics-profile/>
- 2021 spouses survey | militaryonesource*. <https://www.militaryonesource.mil>. (n.d.). Retrieved March 5, 2023, from <https://www.militaryonesource.mil/data-research-and-statistics/survey-findings/2021-spouses-survey/>
- Able, H., West, T. A., & Lim, C. I. (2017). Ethical issues in early intervention. *Infants & Young Children, 30*(3), 204–220. <https://doi.org/10.1097/iyc.0000000000000098>
- Adams, R. C., Tapia, C., Murphy, N. A., Norwood, K. W., Adams, R. C., Burke, R. T., Friedman, S. L., Houtrow, A. J., Kalichman, M. A., Kuo, D. Z., Levy, S. E., Turchi, R. M., Wiley, S. E., & council on children with disabilities. (2013). Early Intervention, IDEA Part C services, and the Medical Home: Collaboration for Best Practice and Best Outcomes. *Pediatrics, 132*(4), 1073–1082. <https://doi.org/10.1542/peds.2013-2305>
- Aronson, K. R., Kyler, S. J., Moeller, J. D., & Perkins, D. F. (2016). Understanding military families who have dependents with special health care and/or educational needs. *Disability and Health Journal, 9*(3), 423–430. <https://doi.org/10.1016/j.dhjo.2016.03.002>
- A science-based framework for early childhood policy*. (n.d.). Retrieved April 26, 2023, from http://developingchild.harvard.edu/wpcontent/uploads/2016/02/Policy_Framework_k.pdf.
- Bamm, E. L., & Rosenbaum, P. (2008). Family-centered theory: Origins, development, barriers, and supports to implementation in rehabilitation medicine. *Archives of Physical Medicine and Rehabilitation, 89*(8), 1618–1624. <https://doi.org/10.1016/j.apmr.2007.12.034>
- Classen, A. I., Horn, E., & Palmer, S. (2019). Needs of military families: Family and educator perspective. *Journal of Early Intervention, 41*(3), 233–255. <https://doi.org/10.1177/1053815119847235>
- Clever, M., & Segal, D. R. (2013). The demographics of military children and families. *The Future of Children, 23*(2), 13–39. <https://doi.org/10.1353/foc.2013.0018>
- Cramm H; Smith G; Samdup D; Williams A; Rühland L; (2019). Navigating Health Care Systems for military-connected children with autism spectrum disorder: A qualitative study of military families experiencing mandatory relocation.

Paediatrics & Child Health, 24(7), 478–484. Retrieved March 5, 2023, from <https://pubmed.ncbi.nlm.nih.gov/31660044/>

Dalmau, Mariona, et al. “How to Implement the Family-Centered Model in Early Intervention.” *Anales de Psicología*, Oct. 2017, scielo.isciii.es/scielo.php?pid=S0212-97282017000300022&script=sci_abstract&tlng=en.

Damian, April Joy, et al. (2020) “A mixed methods evaluation of the feasibility, acceptability, and impact of a pilot project echo for community health workers (chws).” *Pilot and Feasibility Studies*, 6(1), 2020, <https://doi.org/10.1186/s40814-020-00678-y>.

Data collection and use in early childhood education programs: Evidence ... (n.d.). Retrieved March 5, 2023, from https://ies.ed.gov/ncee/edlabs/regions/northeast/pdf/REL_2015084.pdf

Davis, J. M., & Finke, E. H. (2015). The experience of military families with children with autism spectrum disorders during relocation and separation. *Journal of Autism and Developmental Disorders*, 45(7), 2019–2034. <https://doi.org/10.1007/s10803-015-2364-2>

DeVoe, E. R., & Ross, A. (2012). The parenting cycle of deployment. *Military Medicine*, 177(2), 184–190. <https://doi.org/10.7205/milmed-d-11-00292>

DiPietro-Wells, R., Krippel, M. D., Ostrosky, M. M., & Milagros Santos, R. (2019). Debunking myths to promote collaboration with military families. *Young Exceptional Children*, 23(4), 175–186. <https://doi.org/10.1177/1096250619856015>

Download.militaryonesource.mil. (n.d.). Retrieved March 5, 2023, from <https://download.militaryonesource.mil/12038/MOS/Reports/2021-demographics-report.pdf>

Early learning standards and guidelines - hhs.gov. (n.d.). Retrieved March 5, 2023, from https://childcareta.acf.hhs.gov/sites/default/files/public/state_elgs_web_final_2.pdf

Faherty, Laura J., et al. (2020). “Assessing and expanding the evidence base for Project Echo and echo-like models: Findings of a technical expert panel.” *Journal of General Internal Medicine*, 35(3), 899–902, <https://doi.org/10.1007/s11606-019-05599-y>.

- Fourali, C., & French, J. (2022, February 26). *The Palgrave Encyclopedia of Social Marketing*. SpringerLink. Retrieved March 22, 2023, from <https://link.springer.com/referencework/10.1007/978-3-030-14449-4>
- Gavidia-Payne, S., Meddis, K., & Mahar, N. (2014). Correlates of child and family outcomes in an Australian community-based early childhood intervention program. *Journal of Intellectual and Developmental Disability, 40*(1), 57–67. <https://doi.org/10.3109/13668250.2014.983056>
- Greenwood, C. R., Buzhardt, J., Walker, D., Howard, W. J., & Anderson, R. (2011). Program-level influences on the measurement of early communication for infants and toddlers in early head start. *Journal of Early Intervention, 33*(2), 110–134. <https://doi.org/10.1177/1053815111403149>
- Haslip, Michael J., and Dominic F. Gullo (2017). “The Changing Landscape of Early Childhood Education: Implications for Policy and Practice.” *Early Childhood Education Journal, 46*(3), 249–264, <https://doi.org/10.1007/s10643-017-0865-7>.
- Hero, J. O., Farmer, C. M., Taniellian, T., Qureshi, N., & Gidengil, C. A. (2022, August 31). *Access to health care among Tricare-covered children*. RAND Corporation. Retrieved March 5, 2023, from <https://www.rand.org/pubs/periodicals/health-quarterly/issues/v9/n4/18.html>
- Hughes-Scholes, C. H., Gavidia-Payne, S., Davis, K., & Mahar, N. (2017). Eliciting family concerns and priorities through the routines-based interview. *Journal of Intellectual & Developmental Disability, 44*(2), 190–201. <https://doi.org/10.3109/13668250.2017.1326591>
- Jagger, J. C., and S. Lederer (2014). “Impact of geographic mobility on military children’s access to Special Education services.” *Children & Schools, 36*(1), 15–22, <https://doi.org/10.1093/cs/cdt046>.
- Kuo, Dennis Z., et al. “Family-Centered Care: Current Applications and Future Directions in Pediatric Health Care.” *Maternal and Child Health Journal, 16*(2), 297–305, <https://doi.org/10.1007/s10995-011-0751-7>.
- Lieberman, A. F., & Van Horn, P. (2013). Infants and young children in military families: A conceptual model for intervention. *Clinical Child and Family Psychology Review, 16*(3), 282–293. <https://doi.org/10.1007/s10567-013-0140-4> :
- Majnemer, A. (1998). Benefits of early intervention for children with developmental disabilities. *Seminars in Pediatric Neurology, 5*(1), 62–69. [https://doi.org/10.1016/s1071-9091\(98\)80020-x](https://doi.org/10.1016/s1071-9091(98)80020-x)

- Mas, Joana Maria, et al. (2019). "Family-centered practices and the parental well-being of young children with disabilities and developmental delay." *Research in Developmental Disabilities*, 94, 103495, <https://doi.org/10.1016/j.ridd.2019.103495>.
- McBain, Ryan K., et al. (2019). "Impact of project ECHO models of Medical Tele-Education: A systematic review." *Journal of General Internal Medicine*, 34(12), 2842–2857, <https://doi.org/10.1007/s11606-019-05291-1>.
- McDonald, M., Davis, K., & Mahar, N. (2016). When funding meets practice: The fate of contemporary therapeutic approaches and self-determination in a consumer-centred disability funding scheme. *Journal of Policy and Practice in Intellectual Disabilities*, 13(4), 277–286. <https://doi.org/10.1111/jppi.12195>
- McWilliam, R. A. (1999). Controversial practices. *Topics in Early Childhood Special Education*, 19(3), 177–188. <https://doi.org/10.1177/027112149901900310>
- Meadows, Sarah O., Diana Y. Myers, et al. "The Exceptional Family Member Program (EFMP)." *RAND Corporation*, 3 May 2021, www.rand.org/pubs/research_reports/RRA742-1.html.
- Military spouse survey: Survey reports & briefings*. Military Spouse Survey: Survey Reports & Briefings | Spouse & Family | Research & Analysis | OPA.mil. (n.d.). Retrieved March 5, 2023, from <https://www.opa.mil/research-analysis/spouse-family/military-spouse-survey-survey-reports-briefings>
- Nelson, S. C., Baker, M. J., & Weston, C. G. (2016). Impact of military deployment on the development and behavior of children. *Pediatric Clinics of North America*, 63(5), 795–811. <https://doi.org/10.1016/j.pcl.2016.06.003>
- Odom, S. L. (2008). The tie that binds. *Topics in Early Childhood Special Education*, 29(1), 53–61. <https://doi.org/10.1177/0271121408329171>
- Osofsky, J. D., & Chartrand, L. C. (2013). Military children from birth to five years. *The Future of Children*, 23(2), 61–77. <https://doi.org/10.1353/foc.2013.0011>
- Promoting children's social and emotional well-being*. ECLKC. (2022, May 6). Retrieved March 5, 2023, from <https://eclkc.ohs.acf.hhs.gov/mental-health/article/promoting-childrens-social-emotional-well-being>
- RAND Corporation provides objective research services and public policy ...* (n.d.). Retrieved March 5, 2023, from https://www.rand.org/content/dam/rand/pubs/research_reports/RR1000/RR1034/RAND_RR1034.pdf

- Seshadri R; Strane D; Matone M; Ruedisueli K; Rubin DM; (2019). Families with TRICARE report lower healthcare quality and access compared to other insured and uninsured families. *Health Affairs*, 38(8), 1377–1385. Retrieved March 5, 2023, from <https://pubmed.ncbi.nlm.nih.gov/31381389/>
- Shapiro, B. J., & Derrington, T. M. (2004). Equity and disparity in access to services. *Topics in Early Childhood Special Education*, 24(4), 199–212. <https://doi.org/10.1177/02711214040240040201>
- Spieker, A., Schiff, M. A., & Davis, B. E. (2016). Spousal military deployment during pregnancy and adverse birth outcomes. *Military Medicine*, 181(3), 243–249. <https://doi.org/10.7205/milmed-d-14-00371>
- Taylor, N. E., Wall, S. M., Liebow, H., Sabatino, C. A., Timberlake, E. M., & Farber, M. Z. (2005). Mother and soldier: Raising a child with a disability in a low-income military family. *Exceptional Children*, 72(1), 83–99. <https://doi.org/10.1177/001440290507200105>
- “The Leader’s Journey.” *The Leader’s Journey*, theleadersjourney.us/. Accessed 11 July 2024.
- Trivette, Carol M., et al. (2010). “Influences of Family-Systems Intervention Practices on Parent-Child Interactions and Child Development.” *Topics in Early Childhood Special Education*, 30(1), 3–19, <https://doi.org/10.1177/0271121410364250>.
- Trussell, R. P., Hammond, H., & Ingalls, L. (2008). Ethical practices and parental participation in rural special education. *Rural Special Education Quarterly*, 27(1–2), 19–23. <https://doi.org/10.1177/8756870508027001-204>

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