

Prepared Statement
of
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Regarding
EFMP and Special Education Challenges
for
Military Families
Before the
House Armed Services Committee
Military Personnel Subcommittee

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Ms. Chairwoman, Congressman Kelly, and distinguished members of the Subcommittee, thank you for the opportunity to discuss the Exceptional Family Member Program (EFMP) and the special education challenges our military families face. It has been almost eight years since the last convening of a Hearing to address issues impacting our military families impacted by disabilities. Sadly, the same issues exist and, in some cases, have increased in severity and frequency.

Thank you for your willingness to take the next step from awareness to action and to do the right thing to support our most vulnerable military families. Tens of thousands of servicemembers need EFMP every day. Many more will need it in the future as families face unexpected medical challenges. Unfortunately, the EFMP system is clearly broken. Due to the lack of EFMP standardization among the service branches, lack of effective resources, and lack of accountability and transparency of Impact Aid funds designed to assist them, our military families and children are suffering, which in turn, is severely impacting military readiness and retention. Military-connected children with disabilities who depend on special education services are caught in systems that operate with impunity because no reasonable enforcement mechanisms exist.

Introduction

I am a proud Navy Spouse of 25 years. My husband, Cassidy, is a Captain in the Navy and commands the forward-deployed USS Mount Whitney based overseas in Italy. My two children, Marisa and Chace, and I are not able to move due to our EFMP status. My husband and I both graduated with engineering degrees from the University of Texas at Austin and shortly afterwards, Cassidy embarked on his Naval career. We married after he was “winged” as a Naval Aviator and have moved together nine times, including both coasts and overseas assignments, not including four additional geobachelor assignments. Cassidy deployed 12 times on 7 ships and will soon command an aircraft carrier. Early on in his career, I managed to find employment as an engineer, first in private industry and then as a civilian engineer with the Department of the Navy.

Life changed dramatically when my daughter Marisa was born prematurely at 27 weeks in 2003 at 2 lbs 3 oz. My daughter suffered a Grade 4 brain bleed and other complications while living her first 8 months in the hospital, resulting in over 21 diagnosed disabilities including cerebral palsy, right hemiplegia, hearing loss, ADHD, OCD, and anxiety. Despite these disabilities and the originally dire prognoses from a myriad of medical specialists, Marisa has beaten the odds and is a bright student of average intelligence. Also, with the hard-won supports and services now in place, she can participate in her private school's volleyball team and

has the opportunity to achieve a standard diploma. However, her current educational and medical situation was only possible by spending hundreds of thousands of dollars out of pocket, in addition to devoting full-time efforts and focus on being Marisa's caregiver and advocate.

EFMP

Despite the challenges of having a medically complex child, my husband has managed to continue to serve this great country, but it has taken an incredible toll on our family, emotionally and financially. Our situation is not unique to EFMP families.

EFMP is still perceived as a detriment to a military family. Although mandated by the services, many service members are hesitant to admit their family members have issues that warrant EFMP registration for fear of promotion challenges or not being assigned to career-enhancing locations. The entire EFMP process seems like an afterthought to detailing assignments. These issues are not unique to the Navy. Air Force Lt Col Oregon noted in a CNAS article,

“There is a lack of oversight, standardization of services, and responsibility at the installation level. With multiple offices in charge of different portions of EFMP, MTF organizations that manage important tasks – like ensuring needed medical and educational services are available prior to orders being issued – lack standardization between installations and the military services. This results in decreased support for EFMP families, delays in service, and extended timelines to process enrollments and assignments. Close coordination among MTF medical staff, EFMP family support, and assignment personnel is essential but inconsistent.”¹

Although approved for a location that should support a medically complex child, many families complain of not having timely access to critical medical appointments and services, lengthy waitlists for those services, lack of providers and never-ending waitlists for Respite Care. Military families also report inadequate support for EFMP adults and those retiring. Throw in a change of regional Tricare providers every couple of years we have to spend hundreds of hours on the phone trying to clear claims or referrals that should have easily transferred. Even Tricare contract changes in participating pharmacies makes our lives increasingly difficult when our children depend on multiple medications. There is no program ownership or “the buck stops here” with EFMP management...no one person is in charge. There is also no standardization between services,

¹ <https://www.cnas.org/publications/commentary/helping-special-needs-families-and-improving-military-readiness>

resulting in a lack of accountability for ensuring mandates are being met. These problems infiltrate all facets of EFMP, especially on Joint bases, which are becoming more common, causing even more confusion and frustration for our families. These issues are well documented, even within the Pentagon. Former Director of the Office of Special Needs, Dr. Ed Tyner noted

"Each service does have [its] own culture and sometimes that is a big factor," he said.

"Everybody was in agreement that this [EFMP standardization] is something that should happen, but I have to tell you we did go through some rough times... It was never contentious; it was just like 'I don't know if we can do that... We've probably had over 800 meetings trying to hammer out some issues," he said. "When I first started this I thought, 'Oh good, we could do this in a couple years, this will be easy.' It's been a real learning experience for me with how many road blocks you have to work around."²

There has been some improvement in this past decade within EFMP that have supported our families. Approved Applied Behavioral Analysis (ABA) therapy has significantly improved many of our children's lives. Some families have had positive experiences with EFMP if they are able to extensively research their next duty station and lean on online peer groups to get the information they need for a smoother transition.

The inception of the Respite Program, which is available in varying degrees for all service branches, is a lifesaver for our family. After 7 months on a waitlist, we finally got a coveted slot which includes 40 hours of respite care per month, which offers much-needed relief to the burdened caregivers. We were lucky as most families are waitlisted for longer, often for years. The Navy Respite Care Program is the single reason why my husband is still in the Navy. For many military families, there is no other way to receive respite care because many states, such as Maryland, have different eligibility requirements for their Medicaid Waivers. I implore the other service branches to offer a full 40 hours of Respite Care per month like the Navy, work with community leaders to ensure there are plenty of providers available in EFMP-centric duty stations and commit to increasing funding for this very important service.

The Marine Corps is the golden standard for EFMP. They designed and developed an efficient program from the top down when a senior leader said "Fix it" about a decade ago. Their EFMP not only takes care of Marine Corps families with a well-integrated and well-coordinated model, with robust case management and special education attorneys on staff, but they also provide quality feedback in accordance with US Code

² <https://www.military.com/daily-news/2015/11/11/pentagons-special-needs-program-to-take-years-longer.html>

1781c. Although some may say it is easier for the Marine Corps to reform due to its smaller size, it serves as a blue ribbon program for the other service branches to replicate. They did not use the phrase “It is hard” as an excuse to change EFMP. With buy-in from the DoD Leadership, EFMP can be fixed across the services. Let’s not reinvent the wheel. We simply need to use what has been working for our Marine Corps families.

EFMP – Educational

Military children with special needs have been experiencing education challenges at an alarming rate.^{3,4}

Despite federal and state regulations in place to protect students with special needs, including the 2017 *Endrew F. v. Douglas County School District*, the unique aspects of military life, such as frequent moves, lead to significant educational deficiencies for these vulnerable children. The inconsistent delivery of special education and lack of public school accountability has caused special education to fall well below the legal standards, known as Free Appropriate Public Education (FAPE). The lost instruction and insurmountable challenges for parents create undue burdens on military families and their children with special needs, significantly decreasing military readiness and retention.

Cassidy and I never dreamed about the challenges we would have with a school district. It is difficult to imagine that a public institution would consistently violate the law. It is contrary to our military experience, where service members follow the rules and laws and there are checks and balances in place, to include the Office of the Inspector General (IG). We also never imagined we would be forced to fight alone due to the lack of support from the EFMP program.

Marisa’s story

The legal battle for Marisa’s education against Virginia Beach City Public Schools (VBCPS) started in 2014 when we moved on military orders from Fairfax County to Virginia Beach, VA. I want to stress that we had several positive experiences in public schools in several states, where Individualized Education Program (IEP) Teams collaborated with us and truly cared to support our daughter’s education.

Upon arriving to Virginia Beach for a third time, we immediately noticed a stark difference. In the first 30 days, goals and services were taken away from Marisa’s IEP. We didn't realize the implications at first, but the

³ <https://www.wrightslaw.com/blog/tag/military-families/>

⁴ <https://www.sandiegouniontribune.com/news/education/story/2019-10-05/expensive-legal-fights-ensue-when-families-say-theyre-not-getting-the-right-special-education-services>

school continued a pattern of minimizing our daughter's disabilities and telling us that everything was "fine." This is common for many EFMP families to be gaslighted. The child receives artificially inflated grades to placate the parents. The concerns of observant parents who advocate for their child are discounted because the schools know they can "wait us out" because we will receive orders again before we can attempt to force the school district to follow the law. When we insisted on appropriate education for our daughter, meetings became hostile, not collaborative, and worse, the school district was not following her IEP. Imagine how hard this was for Marisa. She regressed socially and academically, failing all benchmark testing, yet was placed on the A/B Honor Roll and received a Student of the Month award.

My "gut" was telling me something was not right. To make matters worse, Cassidy was out-of-state for training for 22 months. Meanwhile, school officials kept asking when we were transferring out on military orders, likely following the same pattern military families all across the US have experienced, school districts refusing to provide the legal minimums of special education because they know it is difficult for the parents to fight a school district and military families will likely get military orders and no longer be a burden on the school. Stressed and exhausted, I finally reached out for help. I called the EFMP program. The case manager told me that they could not advocate for families and to try to contact the Parent Liaison at the school district. The case manager also recommended that I contact the Virginia Department of Education (VDOE). I did both. Although sympathetic, both were not able to help me. The IEP meetings became more contentious and less collaborative. Later, I realized that the Parent Liaison was employed by the school district.

We reached into our small savings to pay for a special education advocate as conditions got worse for Marisa and I felt bullied at IEP meetings. Marisa wanted desperately to keep up with the other students but it took her a long time to access the restroom. Out of fear of missing instruction, and frustration that no one would assist her, she avoided using the restroom all day and would hurry to the restroom as soon as she returned home from school. We knew her IEP not being implemented when we saw unfinished classwork and unmodified homework in her backpack. Everything took her longer due to her known physical disabilities and other disabilities we were about to discover. We brought these issues up in meetings so we could help her access the education like her peers. After another contentious meeting, our new advocate confirmed our suspicions that the school was violating federal law.

The process is challenging and frustrating for EFMP families. When a family knows an IEP is not being implemented, how do you hold a school accountable? When EFMP says they cannot advocate and an Education Department (ED) state office says that their hands are tied, what do you do? Webinars and volumes of information available online through Military OneSource (or the internet) do not hold any weight in an IEP meeting. You could be waving the Wrightslaw book in the air quoting the Individuals with Disabilities Education Act (IDEA) law and it won't help you when a school district “interprets” it another way. EFMP families are often put in difficult decisions about their children’s right to an appropriate education, whether it be acknowledging a disability or a proper placement.

We reached out to the local Navy JAG for legal assistance. Their office stated that special education was not one of the tiers that they cover. They do make referrals to the Pro Bono Project, however, it was only for E-6 and below and there was no guarantee that the Pro Bono Project would accept the referral. Although the Marine Corps has two disability law attorneys on staff for their EFMP families, none of the other branches employ attorneys. It is notable to state that Special Education law is considered a “boutique” specialty due the complexity of IDEA. A general attorney cannot be hired to represent a family special education case.

At this point, we borrowed money from family to hire a special education attorney, a military spouse herself with a child with special needs, who lived three hours away since there were no special education attorneys in southeastern Virginia. Plus, we knew that we were in a unique position by having access to the large amount of money it takes to pay for representation by a special education attorney. Typically, the only military personnel that make enough money to afford a lawyer are servicemembers with at least 4 years as a non-commissioned or commissioned officer, approximately the top 15% of all military personnel.⁵

Impact Aid funding is distributed to public school districts serving our military children (Section 7003(b)). Separate Impact Aid funding is allocated for military children with IEPs (Section 7003 (d)). Those two pots of money make up the majority of Impact Aid funding to school districts. There is also a third pot of funding for severely disabled military children that schools can apply for that covers expenses such as private tuition or related services (SD Form 816).

⁵ <https://download.militaryonesource.mil/12038/MOS/Reports/2018-demographics-report.pdf>

VBCPS received \$1.4 million of a Congressional \$5 million add to support Children with Severe Disabilities in Impact Aid funds and has access to taxpayer-funded city attorneys. In fact, VBCPS received additional payments for military-connected children with disabilities in FY19, increasing from \$680,000 to \$2 million (see attachment A). How these Impact Aid funds are used is not tracked, reported or audited after being incorporated into school district's General Education Fund. There is no system in place to verify the funds are used as they are intended. However, in VBCPS, the General Education Fund is first utilized to pay in advance for annual cooperative agreements with the City Attorney's office⁶, enabling the school district to use taxpayer dollars to fight parents who are simply advocating for the minimum level of education for their children.

After several more IEP Meetings with our attorney in attendance, we pulled our daughter and placed her in a private school for kids with learning differences, a decision that changed my daughter's life for the better, even though she had to repeat 5th grade due to her regression in public school. Again, this is not a feasible financial option for a large majority of EFMP families. When there are IEP issues, most military families will move and live apart from the active duty service member, pull their child to homeschool, or simply give up and accept the substandard education. There are few families who can afford private school. It is also not a given that private schools will accept children with special education needs. We kept working with the school district for another year by attending a total of 16 IEP Meetings, several of which my husband phoned in from an aircraft carrier on a combat deployment in the Arabian Gulf. When presented yet again with an inappropriate IEP, we had no choice but to file for due process. It was the most stressful and emotional time in our family's life, especially because the legal deck is stacked against parents.

We won our first due process hearing in 2016. The Hearing Officer ordered 1) Marisa to be officially placed at the private school providing FAPE and 2) that the public school pay past and future costs of the private school since the public school failed to provide FAPE. Sadly, the emotional relief was short-lived and the school district appealed to the federal district court. During that time, the school district did not follow the Hearing Officer's **mandatory** orders. That trend has continued for several years: we win legal decisions, even at the Fourth Circuit Court level, the school district fails to comply and acknowledge the stay-put decision, fails to make financial payments, requiring more legal action. Although they have yet to follow the law, the

⁶ <https://www.vbschools.com/common/pages/DisplayFile.aspx?itemId=21510213>, page 5.

school district suffers no penalties. VBCPS took the due process rights outlined in the IDEA and have been using them as a weapon against my family.

Three days after Christmas, in 2018, the school district sued my daughter to get her back in public school. We are the only family the school district has ever sued. To us, this was blatant reprisal.

My husband, again away for training, had only one week to spend at home before leaving for a 15-month overseas deployment. Instead of spending it at home with us, he spent it in a 5-day due process hearing - which almost didn't happen because the school district refused to consider a hearing date he could attend. We were forced to invoke the Servicemembers Civil Relief Act to move the hearing date. This is just one of many examples of distasteful and unethical actions by the school district. In the hearing, Marisa testified for the second time in her life, very stressful events that, combined with the school district refusing to support her education and suing her, caused aggravated spikes in her anxiety. In the end, we won, again. Even though the school district did not appeal this latest decision, they are, once again, not following legal orders. We filed a complaint with VDOE in an effort to get them to comply with the previous legal case. We won that case too. We are now 6-0 in legal decisions. However, the school district did not comply with VDOE orders. Despite PBS, Stars and Stripes, and local news stations covering our story, our legal battle still has no end in sight. This level of harassment is undoubtedly intended to deter other EFMP families from advocating for their children.

This whole process for an appropriate education has been a huge financial and emotional burden on our single-income family with husband forward-deployed for the majority of the time. There has been no help available from School Liaison Officers (SLO), EFMP, or any other DoD program. Regulatory efforts by the VDOE fall of deaf ears at the school district because there is no effective enforcement of VDOE legal decision, no penalties of any kind. Plus, VBCPS has "deep pockets" of taxpayer money to prolong the harassment; currently, over \$600,000 of taxpayer money has been spent in their fight to bring Marisa back into the public system. Consider all that could be funded instead with those dollars. My husband's readiness has been impacted significantly and it will literally take years of therapy for my daughter to heal from this trauma that the school district created (see attachment B). No family should ever go through what we have gone through for an appropriate education for their child.

Most importantly, this story is not just about Marisa. It's about the tens of thousands of similarly-situated military students in EFMP whose parents do not have the ability to fight. If, after spending over \$220,000 in legal expenses out of our own pockets and winning all legal decisions, we are still suffering from the school district failing to adhere to the law and legal orders, how can an enlisted service member even begin to fight? Ironically, while our uniformed service members are fighting to support and defend the Constitution, the school districts are not providing even the minimum education for their children, forcing their spouses to fight for education that is already mandated by law. We are too burdened, too tired, too spent on deployments, and too broke to obtain the resources we need. Since IDEA allows autonomy for each state and school district to determine how it will carry out the law, our military-connected kids, who move on average 6-9 times during their K-12 years, are highly vulnerable to the corrupted special education system. School districts and states can get away with arguing that just because it happens to one student, doesn't mean that it happens to others. It shouldn't happen to any child. IDEA does not take into account a category of students like highly mobile, military-connected students. That is why we need data (Milsped2020) and legislation policy (**PROMISE Act**) to universally address these challenges for all EFMP families.

EFMP – Systemic Issues

It is widely recognized that the EFMP program is broken. There is a lack of general knowledge from EFMP Coordinators of what is mandated by law. Last year, I had to send the EFMP case manager language from US Code 1781c that mandates service plans because she was not educated on the subject. Even so, she still told that the service plans were only completed “by request.” Finally, we received a service plan only after my repeated insistence (see attachment C). It was riddled with outdated and ineffective resources. However, it was the best the case manager could do at that time.

We are not alone. Families, even the most determined, need help. EFMP needs educated and energetic coordinators. Our children's health and well-being literally depend on it. It would have been incredibly helpful to have an EFMP case manager attend an IEP meeting with me when my husband was deployed (like Marine case managers do). Or offer personalized advice when I was frustrated and stressed. When military families like the Reardon Family are frustrated with inadequate services offered at the schools for dyslexia or even the acknowledgement of dyslexia as a disability, the EFMP program should help them fight for an IEP and those necessary services. When our military families like the Penhale Family who have children with Autism are bullied to accept a non-appropriate placement for their child, the EFMP program should help

them fight for an appropriate placement instead of what happens now: the family is forced to homeschool. When our military families like the McCarley Family have a child with Down syndrome and are told that he is not allowed to be educated in the same classroom as his peers, the EFMP program should help fight this discrimination and secure an appropriate placement and his basic educational rights. These are military families across all service branches that are already taxed with fighting for a family member with extensive special needs. Fear of reprisal and dealing with these types of struggles are the primary reasons many EFMP families cannot effectively organize or sustain advocacy. Granted, some EFMP programs and locations are better than others, but all fall short of supporting our exceptional children so that they can become productive members of our society. And the incredible stress that our families experience impact the servicemember's readiness and safety every single day. Even while deployed overseas and executing daily combat operations on the USS Harry S. Truman, Cassidy's biggest concern, and worry, was how his daughter was being treated by the public school system back in the US.

2018 IG Complaint

There have been a few studies to try to look into EFMP issues, with most of them lacking any significant data on special education challenges. The most complete study to date to investigate military families and the EFMP program was the 2018 GAO Report GAO-18-348⁷, which recommended assessing and monitoring DoD support for EFMP families and develop common performance metrics between the services for assignment coordination.

In the summer of 2018, over 30 families (including mine) petitioned the DoD Inspector General to investigate and correct the multiple discrepancies detailed in the GAO Report, related to DoD's implementation of 10 U.S.C. § 1781c, "*Office of Special Needs*"⁸ (OSN) and DoD Instruction 1315.19, "*The Exceptional Family Member Program (EFMP)*"⁹. This GAO report, as well as previous GAO reports, other IG complaints and DoD findings from the last decade, consistently illustrate DoD's non-compliance with congressionally mandated support of military families impacted by special needs.

Our story stands out based on the extreme measures a public-school district has gone through to avoid following federal law and harass a military family with a severely disabled child. However, the DoD IG Complaint confirmed that our story is not unique among EFMP families.

⁷ <https://www.gao.gov/products/GAO-18-348>.

⁸ Created by the National Defense Authorization Act for Fiscal Year 2010, Pub. L. No.111-84, § 563, 123 Stat. 2190, 2304 (2009). Amended in 2011 and 2016.

⁹<https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/131519p.pdf>

School districts are eager to receive Impact Aid. In the San Diego Unified School District, the administration will actually threaten students with detention if their parents refuse to sign the Impact Aid federal card. VBCPS, a school district highly recognized as a military-friendly school district, received \$10,679,220 in Impact Aid in 2016/17, Impact Aid money is still so valued by the administration that parents are denied parent-teacher conferences in the new school year unless the parent brings a signed impact aid federal card to the meeting.

School districts have become brazen in dismantling or rejecting new family IEPs because they do not want to allocate resources to provide an appropriate special education (e.g., student 4 in attachment D). In other cases, such as the DeBlock's, a school district will sue a military child with a complicated IEP shortly after they arrive to the new duty station. Moreover, military families are at a disadvantage in trying to effect change in the local school district and community. Since military families typically move every 2 to 3 years, the school districts do not have to take military parents seriously. Additionally, many military members are not able to vote for school board members due to having a legal residence out of state. If the family is lucky enough to be a resident of the state, it is unlikely they will live there long enough to participate in a complete school board election cycle of between 2 to 4 years. School boards know this and can discount concerns without sacrificing votes. Since they operate independent of any other government organizations, and with no effective enforcement of the regulatory oversight by the ED, school boards often consider themselves a form of government that operates with "legal autonomy."¹⁰

Interestingly, two weeks ago, Military One Source sent an email stating that legal assistance was available for all service branches. That was not the answer I received when I asked during an OSN Webinar. I was informed that only the Marine Corps EFMP program allowed for advocacy and retained special education attorneys. When the Navy was questioned about their surveying, we discovered that one was sent in 2017. I am unsure of the scope of the survey. None of my many friends in the EFMP program ever saw the survey. My family, with two EFMP members, did not receive one either, which brings us back to accountability. When asked about the survey, the Navy representative stated that there were no specific questions on special education but the survey did ask if EFMP families were satisfied with the EFMP Program in general. The

¹⁰ "School Board Operating Budget FY 2014-2015" by Virginia Beach City Public Schools, page 51, https://www.vbschools.com/UserFiles/Servers/Server_78010/File/About%20Us/Our%20Leadership/Our%20Departments/Budget/op_budget_2015.pdf

results were half and half. The main takeaway is if you don't ask the right questions, you don't get the right answers - you cannot know if there are problems. EFMP program management allows checking a box of having “surveyed” families, even though the survey seems intentionally designed to avoid feedback that could drive action and truly help our families.

Legislative Answers

Students with special needs are often seen as a burden on society and on the educational system. When school districts do not follow the law, it brings irreparable damage to the student in the form of emotional trauma, lost learning, and increased gaps in development. We have proven that it is very difficult to hold a school district accountable and comparable services, as outlined in IDEA, is often unattainable for military families moving from state to state or even district to district. Receiving schools can withhold comparable services with impunity because no reasonable enforcement mechanism exists. IDEA is to be enforced by states upon receipt of federal funds but the State's EDs lack effective ways to force compliance. Special education law may not be simple, but that is not an excuse for inaction from leadership. It is no wonder that very few military service organizations have tried to improve special education for our most vulnerable children, much less fix it. They have too many stakeholders to please. But we military families have only one stakeholder: our children with disabilities, and they need your urgent help.

Despite the fact that U.S Supreme Court rulings on the *Board of Education of the Hendrick Hudson Central School District v. Rowley* and *Endrew F. v. Douglas County School District* were considered huge wins for parents and advocates, there is still no specific legislation to support military-connected students. Military students are a highly-mobile population and due to their unique circumstances, their educational needs are not addressed in IDEA alone. Additionally, even though it is widely known that IDEA is underfunded, providing a FAPE is not intended to be contingent on available funding.

“The U.S. Department of Education says even if schools have budget concerns, that doesn't change their legal obligations to your child . . . Under IDEA, special education services depend on the needs of the student, not on money.”¹¹

To be clear, military families with children with special needs are not advocating for a *high quality* or even *good quality* of education for their children. We are simply asking for the minimum education mandated by IDEA.

NDAAs 2020

¹¹<https://www.understood.org/en/school-learning/your-childs-rights/if-losing-services/10-smart-responses-for-when-the-school-cuts-or-denies-services>

Recognizing the lack of data on military families and special education, a few of us worked with Congressional leaders to insert the following language in the NDAA 2020.

“The Committee is concerned that many families participating in the EFMP program are not provided with consistent educational opportunities throughout each Permanent Change of Station (PCS) move. The Committee is concerned that each PCS is disruptive to the educational plans for the child, as the services provided to special needs children can vastly differ between states and school systems, and that each PCS is disproportionately more difficult for EFMP families, who may need more time to make better educational choices. The Committee is also concerned the Department of Defense and Services lack the common performance measures and metrics to assess assignment coordination and family support.”

The Committee tasks the Secretary of Defense with studying this issue and completing a report by February of 2020. This study was designed to fulfill the requirements of US Code 1781C, which directs DoD to “identify gaps in services...for military families with special needs” and provide recommendations for legislative action to congressional defense committees. Historically, DoD has not met these mandates. We need to demand that this will be a robust, thorough investigation into EFMP and special education compared to the 2012 DoD Study. We all agree that accurate data is needed.

Milsped2020

Despite the service branches’ attempts to satisfy their obligation to survey EFMP on a triennial basis (US Code 1781c), there has been no significant data collection or surveying of EFMP families on their educational experience. Parents’ voices have been silenced by reprisal from school districts. In the second half of 2019, there was finally an authentic effort to truly “survey” EFMP parents. Our group of 4 military spouses, comprised of Shannon DeBlock, Grace Kim, Kaci McCarley and me, founded the Partners in PROMISE (Protect the Rights Of Military children In Special Education) to bring awareness to special education challenges for our military families. The Partners in PROMISE created the **Military Special Education 2020 Survey (MilSped2020)** (see attachment D), a grassroots advocacy effort to collect feedback from military families across all service branches with children who depend on special education services. Some families contacted us to let us know that they still refused to take the survey for fear of reprisal, but over 200 families from across the different service branches responded because they knew they could trust other military families, who would protect their identities to prevent reprisal from the school districts, which has become common for any family who speaks out publicly about a school district’s failure to provide FAPE.

The survey asked participants to “share your experience with special education.” Although many parents compared schools or mentioned both good and bad experiences in public schools, the response was overwhelmingly negative. Only 3% related positive experiences. The remaining 97% of families related some or all negative experiences. Narrative responses varied in length from one sentence to several pages, but among the responses were the following words parents to describe their experiences with public school special education: *horrible, tough, horrific, lacking, disappointing, difficult, garbage, awful, challenging, horrible, extremely poor, utter failure, and absolute nightmare.*

These preliminary results, which we acknowledge are not statistically significant, indicate that special education is an unspoken challenge for military families at duty stations around the world. Parents reported special education issues in schools spanning 39 states, Washington D.C., Guam and all DODEA schools. Military families representing all Service Branches responded, with Army representing the largest percentage of responses at 50%, Air Force at 23%, Navy at 17%, Marine Corps at 6%, and Coast Guard at 4%. These proportions mirror the current populations of each of our services, showing that the systemic problems with special education of our military children span the entire population of the U.S. Armed Forces. Service member ranks range from E-3 to O-6 with the largest amount of feedback from E-6s and E-7s, pay-grades that are generally too low to hire an advocate or attorney to ensure a child is receiving appropriate special education. Many of the most negative experiences occur in EFMP approved locations that are receiving additional DoD Impact Aid for military students with IEPs. Most of these are families who have served 10-15 years and have moved numerous times, often reporting significant and compounding challenges in ensuring their child receives a FAPE, the legally mandated minimums for special education in public schools in the IDEA.

The survey results also indicated a concerning amount of EFMP families geographically separated from their service member based on inadequate services and support at the next duty station. It is common for EFMP families like the DeBlocks, the Wilsons, or mine to intentionally separate geographically to provide better chances that our childrens’ educational and medical needs will be met. For security reasons, these separations are not openly discussed, and the caregiver is often isolated and overburdened without a robust support system in place. Being separated has a detrimental effect on family mental health and wellbeing, degrading family readiness and resiliency.

PROMISE Act

Upon the request of the Congressional Military Families Caucus, after a successful Summit in October 2019 that featured our Special Education Reform panel, the Partners in PROMISE drafted proposed legislation named the **PROMISE Act** (see attachment E). This legislation is designed to impose a minimum standard for military students whose unique circumstances are not addressed by IDEA alone, as schools have used it as a weapon against military students in special education rather than it was intended, to provide a FAPE. In many cases, including mine, when the school district used the due process rights outlined in IDEA as a weapon against our children, we military families have nowhere to turn for support.

Through 12 initiatives of re-regulation and directives, the **PROMISE Act** provides safeguards for military families with children with special needs, provides accountability and transparency of taxpayer dollars, and further supports military families forced to pursue legal action to ensure their child receives a FAPE. The legislation, sponsored by Congresswoman McMorris Rodgers and Congressman Bishop, is currently in Legislative Counsel. We understand that several of the proposed initiatives will make various organizations uncomfortable when talking about Impact Aid Funding. We anticipate their focus will be on simply advocating for more school funding. However, it must be emphasized that EFMP challenges will not be solved by increased funding alone. Oversight, accountability, and integrity of services have to accompany the funding. As highly mobile military families, we dearly love our teachers, our schools, and our communities. We all agree that more funding will help our exceptional students. However, our focus is on accountability, transparency, and integrity of spending any funds specifically allocated to support military-connected students with disabilities. Years ago, the formula for Impact Aid funds for children with IEPs was adjusted and more funds were funneled to EFMP-centric base locations. Ironically, the Milsped2020 survey results showed that the school districts that benefited most from those increased Impact Aid funds are now among the worst offenders for FAPE violations. We do not believe throwing more Impact Aid funds at these school districts is the single, correct answer. There needs to be accountability and transparency on what those funds are being used for and the **PROMISE Act** addresses that.

Additionally, within the **PROMISE Act**, we have included provisions for an external entity to collect data versus self-reporting from public school districts to ensure reliability and transparency. For example, a Virginia Department of Education (VDOE) Systemic state complaint was filed against Virginia Beach City Public Schools in 2018 for FAPE violations (see attachment F). The findings, which included grave concerns

for military families, stated that the school district was in systemic non-compliance with developing and implementing secondary IEP goals and transition services, which is mandated by IDEA. Interestingly, VDOE requires public school districts annually to self-report on state-wide benchmarks for special education per IDEA. For the 2017-2018 school year, VBCPS self-reported 100% compliance with secondary IEP goals and transition services.¹² Similarly, Fairfax County Public Schools self-reported to VDOE for years zero incidents of restraint and seclusion when in reality, numerous students were regularly subjected to seclusion and restraint.¹³ Self-reporting cannot be trusted. We need checks and balances.

Navy Model

Although in early stages, the Navy Mid-Atlantic Region (NMRA) is making a significant attempt to improve EFMP through actionable items and deadlines to provide educational support to our military families. Using the successful Marine Corps model as its guide, the Navy is looking into boosting support at all levels to include a pilot program for positioning special education attorneys on both coasts, working with state officials to standardize IEP forms and leading working groups to address known concerns. We hope the Army and Air Force would join the Navy in these worthwhile endeavors.

Conclusion

Any military family member, at any time, is one life-changing event away from needing the services of EFMP. Nearly all military members know someone in EFMP. Yet EFMP is a broken system that needs standardization, more effective resources across all service branches, and accountability. In its current state, it is not supporting our most vulnerable families. The resulting problems are negatively impacting military readiness and retention. We are tired of hearing the lip service that “EFMP is hard.” Are we going to come back to the table in eight years, recognize no significant improvement, and talk about these very same issues again?

I am attaching family stories regarding EFMP experiences to this written statement (see attachment G). Many are anonymous due to fear of retaliation. I am in awe of how brave and strong these families are as they face significant challenges everyday. Their challenges could be as simple as having an IEP for executive

¹²http://www.doe.virginia.gov/special_ed/reports_plans_stats/special_ed_performance/division/2017-2018/spp-app/virginiabeac_h.pdf

¹³https://www.washingtonpost.com/local/education/fairfax-school-district-launches-review-of-seclusion-and-restraint-policies/2019/03/20/f8c880ca-475c-11e9-90f0-0ccfeec87a61_story.html

functioning goals. Other challenges could be life-threatening such as being trained to handle a trach tube change or ensuring the safety of a non-verbal child on the autism spectrum. All of these military families deserve support, medically and educationally, so they can in turn, support their service member while executing his or her military mission on behalf of our nation.

Thank you for the opportunity to address the broken EFMP process. Let's fix this. With a proper functioning EFMP, as it was intended to be, our exceptional military children will be prepared for further education, employment and independent living - productive members of our great country. Let's do the right thing for military-connected children and support those who give the most to our country by ensuring their children receive an appropriate education. They are worth fighting for.

Michelle Norman

2019 AFI Navy Spouse of the Year

Executive Board, Partners in PROMISE

Co-founder, Parents for FAPE

LIST OF ATTACHMENTS

Attachment A	Letter to VBCPS from NRMA
Attachment B	Exhibit 45- Due Process Hearing March 2019 – Marisa
Attachment C	Norman Service Plan
Attachment D	VDOE Systemic State Complaint against VBCPS
Attachment E	MiSPED2020 Results
Attachment F	The PROMISE Act
Attachment G	EFMP Family Stories

Attachment A

Letter to VBCPS from NRMA



DEPARTMENT OF THE NAVY

COMMANDER
NAVY REGION, MID-ATLANTIC
1510 GILBERT STREET
NORFOLK VA 23511-2737

IN REPLY REFER TO:

1754
N9
Oct 3, 2019

Dr. Aaron C. Spence
Superintendent
Virginia Beach City Public Schools
2512 George Mason Dr.
PO Box 6038
Virginia Beach, VA 23456-6038

Dear Dr. Spence:

It has come to my attention that there has been litigation concerning Virginia Beach City Public Schools (VBCPS) funding of the education of a Navy-connected child for the 2019-2020 tuition at a private school.

Although I will not comment on this dispute, I am reaching out in hopes of starting a collaborative conversation on how we can work together to ensure our local Navy-connected school-aged children are well-served, and even more specifically, our Special Education students and Children with Severe Disabilities.

As background, VBCPS received \$1.4 million of a Congressional \$5 million add to support Children with Severe Disabilities (CWSD). The Additional payments for military connected children with disabilities in VBCPS for FY19 went from \$680,000 to \$2 million. That Congressional add now fully funds DoD CWSD Impact Aid to school systems.

I believe we share a common goal in supporting the education our military-connected school-aged children. I would like the opportunity to discuss these issues and the support provided by VBCPS to military-connected children at your earliest convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "C. W. Rock".

Charles W. Rock
Rear Admiral, U.S. Navy

Copy to:
Senator Tim Kaine, U.S. Senate
Senator Mark Warner, U.S. Senate
Congresswoman Elaine Luria, U.S. House of Representatives

Congressman Bobby Scott, U.S. House of Representatives
Commonwealth of Virginia Secretary of Veterans and Defense Affairs
Superintendent, Virginia Department of Education
Senator William R. DeSteph, Jr., Senate of Virginia
Delegate Glenn R. Davis, Jr., Virginia House of Delegates
Delegate Jason S. Miyares, Virginia House of Delegates
Delegate Barry D. Knight, Virginia House of Delegates
Mayor, City of Virginia Beach
Manager, City of Virginia Beach
Chair, Virginia Beach City Public School Board

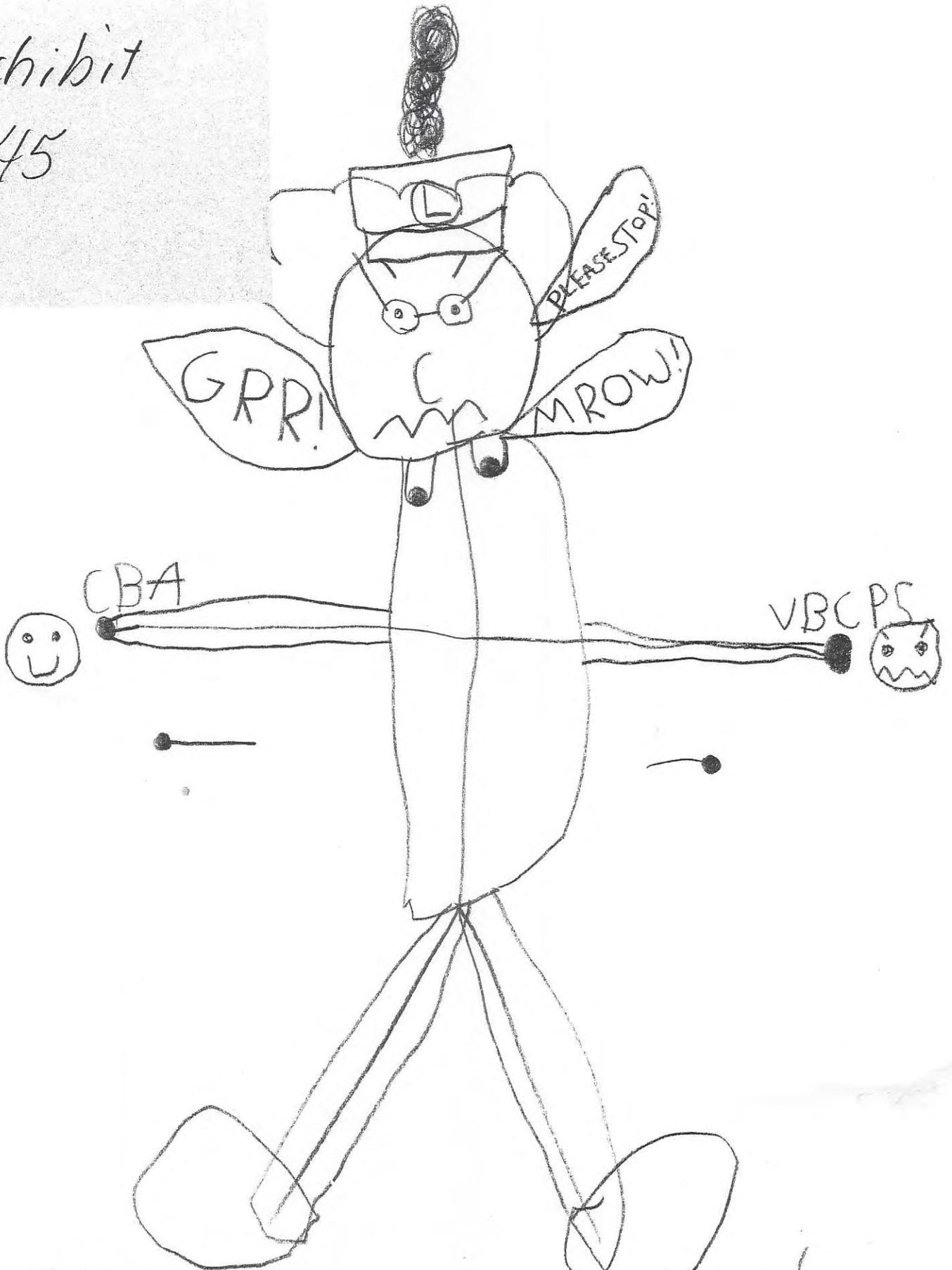
Attachment B

Exhibit 45- Due Process Hearing March 2019 – Marisa

Parents!

Exhibit

45



marisa norman

Attachment C

Norman Service Plan

FAMILY NEEDS ASSESSMENT

This assessment guides discussions regarding the needs of families and assists staff in providing appropriate services.

8. REASON FOR VISIT

What is the reason for your visit today? (E.g. PCS transfer; new EFMP case; housing concerns; educational concerns; life events, such as: birth, death, separation.)

Mandatory Form 3054 completion, discuss EFMP challenges, major issues with implementation of IED in Virginia Beach City Public Schools, sued by school district, would like attorney assistance

9. ACTIONS AND OUTCOMES

a. What actions have you taken and/or service have you received to address your concerns?
This may include informal resources, such as family relationships or support systems, which have helped.

Filed complaints with VDOE, Due Process Hearings, hired private SPED Attorney, introduced legislation into NPA 2020, working with service branches + Navy for EFMP admin

b. What were the outcomes of the actions in BLOCK 9a?

Still fighting VBCLPS, they are refusing to follow hearing officer decision and are not providing a FAPE. Ongoing legal battle for 4+ years. Working with Navy but would like to see help from EFMP.

OTHER

10. QUESTIONS OR CONCERNS

Do you have any other questions or concerns?

Concerned about lack of communication ^{support,} and connection for EFMP families in Hampton Roads. We need a Facebook EFMP page for our region as well as other events to support ^{EFMP} families in HR

11. NEXT STEPS DISCUSSED WITH FAMILY (Check all that apply)

- a. Information and Referral Only c. Develop Services Plan e. No Services Plan Needed
 b. Provide EFMP Enrollment Information d. Declined Services Plan f. Follow up with family Date (YYYYMMDD) 20191104

12. ADDITIONAL NOTES (Explain selections)

13. FAMILY SUPPORT STAFF MEMBER

a. SIGNATURE

J. Stacic

b. DATE COMPLETED (YYYYMMDD)

20191029

Attachment D

VDOE Systemic State Complaint against VBCPS

**VIRGINIA DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION AND STUDENT SERVICES
OFFICE OF DISPUTE RESOLUTION AND ADMINISTRATIVE SERVICES**

LETTER OF FINDINGS

School Division Superintendent Dr. Aaron C. Spence Virginia Beach City Public Schools 2512 George Mason Drive Virginia Beach, Virginia 23456	Parent(s) Systemic
Special Education Compliance Officer Ms. Tania Sotomayor 1413 Laskin Road Virginia Beach, Virginia 23451	Student Systemic
Date Complaint Received June 12, 2018	Complainant (if other than parent) Ms. Cheryl Poe Advocating 4 Kids Inc 5900 Virginia Beach Blvd. JANAF Building, 6 th Floor, Suite 602 Norfolk, Virginia 23502
Notice of Complaint Date June 21, 2018	Findings Date October 31, 2018
Appeal Due Date November 30, 2018	Corrective Action Plan Due Date November 30, 2018
Director, Office of Dispute Resolution Patricia V. Haymes, J.D.	Complaints Department Phone # (804) 225-2013

SYSTEMIC COMPLAINT AUTHORITY

This complaint identifies eight individual students, and alleges that the actions of Virginia Beach City Public Schools (VBCPS) with regard to these students reflects systemic practices within the division. In its *Analysis of Comments and Changes* for the 2006 implementing regulations, the U.S. Department of Education (USED), Office of Special Education Programs (OSEP) has stated that state education agencies—such as the VDOE—are “required to resolve any complaint that meets the [sufficiency] requirements” set forth in the 2006 implementing regulations, “including complaints that raise systemic issues....”¹ OSEP has also stated that “the broad scope of the State complaint procedures, as permitted in the regulations, is critical to each State’s exercise of its general supervision responsibilities. The complaint procedures provide parents, organizations, and other individuals with an important means of ensuring that the educational needs of children with disabilities are met and provide the SEA [state education agency] with a powerful tool to identify and correct noncompliance....”² Accordingly, this office is authorized to investigate alleged systemic

¹U.S. Department of Education, Office of Special Education Programs, *Analysis of Comments and Changes*, at 46605, Federal Register, Vol. 71, No. 156 (August 14, 2006) [hereinafter referred to as *Analysis*].

²*Analysis*, at 46601. In this instance, OSEP was responding to a number of commenters, including one who stated that

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violations of special education regulations. In this specific complaint, the complainant has provided the names of eight students.

The record contains a release from the parents of each of the eight named students permitting the sharing of information between VDOE and the complainant. Because the release allows for the provision of the information to Advocating 4 Kids Inc, but not to the other parents, we will identify the students by number in this Letter of Findings. These students have been included in this complaint to demonstrate certain alleged violations committed by VBCPS (local education agency or "LEA") against similarly situated students.

PRELIMINARY NOTES:

A. Applicable Regulations

This office based its investigation and findings on the reauthorization of the federal *Individuals with Disabilities Education Improvement Act*, effective December 3, 2004, (IDEA 2004), its implementing federal regulations, effective October 13, 2006, and the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia* (Virginia Regulations), effective July 7, 2009, and reissued on January 25, 2010, and July 29, 2015, which governed the delivery of special education and related services at the time the events cited in this complaint allegedly occurred. The Virginia Regulations are available online at:

www.doe.virginia.gov/special_ed/regulations/state/regs_speced_disability_va.pdf.

B. Sufficiency of Complaint

Prior to the issuance of the Notice of Complaint in this case, this office reviewed the complaint documentation and determined that it met the filing requirements of the regulations. (*See* 34 C.F.R. § 300.153).

C. Investigation Methodology

The Office of Dispute Resolution and Administrative Services (ODRAS) conducted a multi-phase, multi-focused investigation of the issues raised in the complaint submission. Following issuance of the Notice of Complaint, two individuals from ODRAS traveled to Virginia Beach for two two-day visits to interview parents who came forward with concerns regarding special education in VBCPS. The first visit took place on August 7 and 8, 2018. For the second two-day visit, conducted on September 4 and 5, 2018, a representative from the Office of Specialized Educational

the State complaint procedures should be used only for systemic violations that reach beyond the involvement of one child in a school....” Further, OSEP stated that “placing limits on the scope of the State complaint system, as suggested by the commenters, would diminish the SEA’s ability to ensure its LEAs [local education agencies] are in compliance with [IDEA ’04] and its implementing regulations, and may result in an increase in the number of due process complaints filed and the number of due process hearings held.”

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Programs and Family Engagement joined ODRAS personnel. Staff interviewed approximately 40 families, including the families of the students specifically identified in the complaint.

As is normal procedure in any complaint investigation, ODRAS also asked for a written response from VBCPS, along with supporting documents. The complainant also had an opportunity to provide additional information following the school division's response.

During the week of September 24, 2018, a team of 11 individuals from various offices within the Division of Special Education and Student Services (SESS) at VDOE conducted an on-site document review. The ODRAS Team reviewed files of students not named in the systemic complaint but whose parent interviews surfaced allegations relevant to the systemic complaint. In addition, the ODRAS Team reviewed files of a sampling of similarly situated students (i.e., students in the same school and grade level). The remainder of the SESS Team reviewed randomly selected student files, including 39 at the elementary school level, 68 at the middle school level, and 96 at the high school level.³ In all, the VDOE Team reviewed more than 225 files. The VBCPS' data shows a total special education enrollment of 7,886 students for the most recent school year. This sampling of nearly three percent is larger than typically reviewed by VDOE in an on-site monitoring visit.

Finally, VDOE personnel interviewed a cross-section of VBCPS school psychologists to obtain information about the division's evaluation and eligibility practices and procedures. The VBCPS special education compliance and coordinating staff were available on-site throughout the week to answer questions. We thank VBCPS for its cooperation.

OVERVIEW OF BASIS FOR REVIEW AND FOR SYSTEMIC FINDINGS:

This investigation is the VDOE's first broad systemic investigation since the United States Supreme Court issued its decision in *Endrew F. v. Douglas County School District*, 580 U.S. ___, 137 S. Ct. 988 (2017), and it is in light of that case that we render our findings. Prior to the decision in *Endrew F.*, the controlling case in this area was *Board of Ed. of Hendrick Hudson Central School District, Westchester Cty. v. Rowley*, 548 U.S. 176 (1982), which held that a school district need not provide a student with a disability with an equal educational opportunity or a maximized education. Rather, the district is required to provide a student with a disability with a program that is "reasonably calculated to provide educational benefit." Further, for a student with a disability in a regular classroom, the district must offer an IEP reasonably calculated to permit the student to advance from grade to grade.

In the years following *Rowley*, courts have attempted to determine "how much" educational benefit is required for a school district to offer a free appropriate public education (FAPE). While no federal circuit court had held that a student with a disability is entitled to maximum educational

³VBCPS operates more than 80 public elementary and secondary schools. For purposes of our review, we focused, although not exclusively, on elementary and middle schools of students named in the complaint and where parent interviews had raised concerns.

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benefit, several differing formulations emerged, including the 10th Circuit's interpretation, at issue in *Andrew F.*, which held that the benefit conferred need be "merely more than de minimis."

The Supreme Court rejected the de minimis standard outright, as it did the renewed argument by the student's counsel that the child is entitled to be put in the same place as his or her non-disabled peers. Rather, it determined that IDEA requires "an educational program reasonably calculated to enable a child to make progress appropriate in light of the child's unique circumstances." Further, the Court found that if "progressing smoothly through the regular curriculum...is not a reasonable prospect for a child, his IEP need not aim for grade-level advancement. But his educational program must be appropriately ambitious in light of his circumstances, just as advancement from grade to grade is appropriately ambitious for most children in the regular classroom. The goals may differ, but every child should have the chance to meet challenging objectives [emphasis added]."

Importantly, for our analysis in this case, the Court emphasized the fact-specific nature of the inquiry and reiterated long-standing precedent directing courts to defer to professional educators in determining whether a school division has offered a child FAPE. However, the Court clarified the parameters for such deference:

...deference is based on the application of expertise and the exercise of judgment by school authorities. The Act vests these officials with responsibility for decisions of critical importance to the life of a disabled child. The nature of the IEP process, from the initial consultation through state administrative proceedings, ensures that parents and school representatives will fully air their respective opinions on the degree of progress a child's IEP should pursue.... By the time any dispute reaches court, school authorities will have had a complete opportunity to bring their expertise and judgment to bear on areas of disagreement. A reviewing court may fairly expect those authorities to be able to offer a cogent and responsive explanation for their decisions that shows the IEP is reasonably calculated to enable the child to make progress appropriate in light of his circumstances. *Andrew F.*

In VDOE's view, the true impact of *Andrew F.* is not the Court's clarification of the *Rowley* standard; rather it is its articulation of the level of expertise expected of special educators. With this background, we move to a general discussion of our findings.

The VDOE commends VBCPS with regard to the following:

- Present levels of performance and prior written notices (PWNs) were thorough and detailed;
- Progress reports were complete and in the file; and
- Eligibility worksheets were used and in the file.

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Andrew F. has made the role of special educators more difficult. It has also made our investigation process more difficult, especially in cases such as this. In the past, VDOE reviewed a statistically significant number of files, determined whether the division met the threshold for compliance, relying on Federal guidance as to whether a matter should be compliant 100 percent of the time or within some target range. While we can make a generalized finding on regulatory compliance, we cannot make a determination in this context whether each of the 225 students whose files we reviewed have programs that meet the needs of each child in light of his or her unique circumstances. Although we have more discretion in the cases of named students, even in those cases we are constrained because the complaint process is not an adversarial proceeding with all elements of Constitutional due process present, including the examination and cross-examination of witnesses and the determination of credibility.

In our file reviews, VDOE reviews as many as 79 separate compliance points, depending on the age of the student, whether the student underwent an evaluation or reevaluation during the review period, and whether the student faced disciplinary action, among other factors. Our file review identified 151 separate deficiencies in the 225 files reviewed. These deficiencies were scattered among the compliance points such that we were unable to identify any systemic patterns, save in one area: post-secondary transition. We will address that matter below.

While identification of deficiencies offers some insight, file reviews also leave an impression of quality. Interviews also help in capturing quality, but more importantly, they convey something about culture. Our file reviews and interviews strongly suggest that VBCPS, in many critical aspects, has been offering special education services on a *de minimis* basis. When our seasoned special educators and school psychologists find files that are facially compliant, but that facially do not make educational sense, we cannot help but conclude that VBCPS would face an uphill battle in convincing a hearing officer or judge that it had a “cogent and responsive explanation” for them. Specific and recurrent examples include the following:

- Virtually all triennials, except in cases where a parent was particularly knowledgeable or an advocate was involved, were based solely on a records review and, perhaps, an updated observation, even when the previous evaluations were five or more years old or were conducted by a division other than VBCPS.
- Some IEPs had only one or two goals, even when the present levels of performance indicated other areas of need. Even if there were multiple goals, they were not always aligned to the needs delineated in the present levels.
- Not one postsecondary transition plan reviewed indicated that interagency contacts had been made on behalf of the student. Further, many transition plans that did not contain courses of study, did not reflect student interests, or contained activities, goals, and services contrary to interests expressed by the student.

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- Fewer than ten students in the files reviewed qualified for extended school year services.
- Few students had related services or assistive technology included in their IEPs, even when the present levels of performance indicated a need.
- In many cases, neither behavioral intervention plans (BIPs) nor behavioral goals were included even when the record showed that the student's behavior interfered with his learning of that of others. In fact, interviews and file reviews indicate a failure to connect behavior and learning in a troubling number of cases.

We acknowledge that in some of these cases, VBCPS *may* be able to offer a cogent explanation for the program it has offered to a particular student. Accordingly, while based on statistical data, we find noncompliance in the area of postsecondary transition. Although we make compliance findings on other systemic issues, we suggest that VBCPS has a significant level of risk under *Andrew F.*, and significant work ahead if it wishes to avoid the same.

Defining a "Systemic Violation"

To address whether VBCPS has systemically violated laws, regulations, or judicial precedent relating to [child find, evaluation, and eligibility], we must first describe the nature of a systemic violation. While we consider any violation of the regulations to be a serious matter, a systemic violation requires that there be a pattern of noncompliance across populations within the school division. We may identify patterns in various ways within VDOE's oversight of special education programs through its Federal Program Monitoring (FPM) activities, through the Office of Dispute Resolution and Administrative Services (ODRAS), through its data collection, and through other activities.

The VDOE may identify a systemic violation when a pattern of similar violations occurs in a particular school, across certain grade levels (i.e., elementary, middle, or high school), in a single disability category, or more broadly across the school division. In addition, to constitute a pattern, there must be a number of violations in relation to the population being considered that would suggest that the violations are more than "random."

ISSUE(S) AND REGULATIONS:

1. Child Find

The Complainant alleged that the LEA has failed to appropriately identify, locate, and evaluate students who need special education services, with regard to Students 1, 2, and 3, and on a systemic basis.

Specifically, the Complainant alleged:

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- The VBCPS had knowledge that Student 1, and other similarly situated students were students with disabilities but failed to evaluate these students.⁴ Such knowledge was demonstrated by:
 - Student response team reports, where highly disruptive behavior was noted;
 - A pattern of disciplinary actions, such as out-of-school suspensions; and
 - Reduction of the students' school day.

Applicable Regulations:

- The IDEA 2004 implementing regulations, at 34 C.F.R. §§ 300.102 and 300.111, and the Virginia Regulations, at 8 VAC 20-81-50.A.1, state each local school division shall maintain an active and continuing child find program designed to identify, locate, and evaluate those children residing in the jurisdiction who are birth to age 21, inclusive, who are in need of special education and related services, including children who: (i) are highly mobile, such as migrant and homeless children; (ii) are wards of the state; (iii) attend private schools, including children who are home-instructed or home-tutored; (iv) are suspected of being children with disabilities and in need of special education, even though they are advancing from grade to grade; and (v) are under age 18, who are suspected of having a disability who need special education and related services, and who are incarcerated in a regional or local jail in its jurisdiction for ten or more days.
- These regulations (34 C.F.R. § 300.507; 8 VAC 20-81-50.D.3) state that children may be referred for evaluation through a screening process, or by school staff, the parent(s), or other individuals. The referral may be written, electronic, or oral form to the principal or designee of the school the child attends, or if initially enrolling in the school division, in the school in the parent's district. If the referral is made to the special education administrator or designee, the administrator shall within three business days: (i) initiate the evaluation eligibility process; (ii) require that the school-based team review and respond to the request; or (iii) deny the request. If the request is denied, prior written notice shall be given to the parent(s), including notice of the parent's right to appeal the decision through special education due process hearing procedures.

Findings:

The Office of Dispute Resolution finds VBCPS to be in noncompliance with regard to Student 1 on this issue. We will discuss our findings with regard to the systemic issue below.

⁴ In our Notice of Complaint, we included Student 2 and Student 3 within this issue. In that we have determined that those students were already eligible under IDEA, we address their circumstances under Issue 2 below.

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Analysis:

Student 1

• Chronology:

DATE	EVENT
5/26/2017	Parent referred Student 1 to the Special Education Committee (SEC), VBCPS' equivalent of the child study team, prior to Student 1's enrollment in kindergarten, due to parent concerns that Student 1 may have autism. Based on a number of screening instruments, the team determined that it did not suspect a disability. However, a private evaluation identified oppositional defiant disorder and antisocial behavior.
9/12/2017 10/2/2017	– Beginning in kindergarten, Student 1 (in a full-day program) had seven disciplinary referrals, including seven days of out-of-school suspension for behaviors such as throwing items, running around the classroom, hitting other students and the teacher, and drawing on walls. We note that these incidents occurred within the first month of the 2017-2018 school year.
9/21/2017	The SEC meeting held following referral of Student 1 by the teacher. Parent noted that Student 1 had been evaluated privately by another specialist, and that Parent was awaiting the report. The Team relied on two classroom observations and the data from the 5/26/2017 screening. The prior written notice (PWN) stated the following: "The team sees behavioral concerns. There has not been enough time in the year and time on task to obtain academic work to support a concern with academics. The team does not suspect a disability."
9/28/2017	The VBCPS convened a Student Response Team (a general education team within VBCPS that addresses issues with behavior) meeting to develop interventions. Interventions included consultation with the psychologist and the use of social stories and a behavior intervention chart.
10/24/2017	The VBCPS convened meeting to consider referral for a Section 504 Plan. The team noted Student 1's 12 unverified absences and seven absences due to out-of-school suspensions. Parent added a note to the meeting documentation that the unverified absences "are due to me being called to pick [Student 1] up from school for [Student 1's] behaviors." Parent also noted keeping [Student 1] home from school because Parent feared that the school would call the police or expel Student 1. The Team agreed to conduct speech/language and occupational therapy (OT) evaluations, a psychological evaluation, and a behavior rating scale. Notably, the team found Student 1 eligible under Section 504 and drafted an initial plan including 13 accommodations, to include moving Student 1 from full day to half-day kindergarten. The Team developed this plan prior to the completion of any testing. The change to half-day

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	kindergarten was with the parent's consent, not through the disciplinary process.
12/7/2017, 12/12/2017, and 12/17/2017	Psychological, Speech/Language, and OT assessments completed.
1/29/2018	Follow-up Section 504 meeting held to review evaluation data and complete a functional behavioral assessment (FBA).
2/15/2018	The SEC meeting conducted. The meeting notice identified the purpose as "Screening/Records Review." The Team reviewed the previously conducted evaluations, an educational report completed on 2/12/2018 and an observation conducted on 2/9/2018, as well as information from an outside provider. The Team then convened as an eligibility committee, and found Student 1 eligible for services under IDEA as a student with an other health impairment (OHI). It also proposed additional evaluations to determine whether Student 1 had autism.
2/16/2018	Section 504 Team met to review records and revise the Section 504 Plan.
3/15/2018	Initial IEP developed.
5/17/2018	The SEC met to consider additional evaluation materials. Student 1 remained eligible for an IEP as a student with OHI.

- The VBCPS' response mirrors the facts recited in the chronology.
- We understand the reluctance of a school division to label a very young child. We also understand that children come to school with widely varying degrees of readiness. We are also reluctant to second-guess professionals who work with the student, so long as their decisions are reasonably supported by student-specific facts. In this case, however, we find the record to be lacking such support, for the following reasons:
 - The record shows VBCPS was aware that Student 1 had been dis-enrolled for behavioral reasons from two different day care centers.
 - Student 1's behavior was severe enough to warrant out-of-school suspension on seven occasions during the first month of school, and the Parent was called to pick up Student 1 on a number of occasions. At the SEC meeting called after the first month, the Team was aware that Student 1 had been evaluated by one outside provider and that another evaluation report was pending.
 - The Section 504 Team, convened to consider evaluations, found Student 1 to be eligible and found Student 1 needed 13 accommodations, even without the benefit of testing, including the drastic step of removing Student 1 from full-day kindergarten.
 - Student 1 had missed significant instructional time due to behavioral issues.⁵

⁵ According the Virginia Department of Education's State Systemic Improvement Plan, students with disabilities who are suspended for four or more days graduate with a standard diploma at a much lower rate.

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- The SEC ultimately found Student 1 to be eligible under IDEA based on the same evaluations and other information previously in its possession, only four months following the finding of eligibility under Section 504.
- While we note that the applicable regulations permit the use of interventions prior to testing, interventions may not be used to delay evaluation if a disability is suspected (8 VAC 20-81-50.D.4). Here, the record indicates that the SEC had more than enough information to suspect a disability.
- The fundamental error committed by VBCPS in this instance was that it justified its October 2017 refusal to evaluate on the fact that it did not have enough academic data to suspect a disability. If a student cannot access the curriculum due to behavior – indeed cannot remain in the classroom – then there never will be any academic data.
- We also strongly caution VBCPS that any removal from instructional time – including calling a parent to retrieve a child for behavioral reasons – is a disciplinary removal and should be recorded as such. We also note that the practice of changing a student from full-day to half-day kindergarten (as is reflected elsewhere in these findings) while non-disabled peers are afforded a full-day program is suspect and could subject the school division to an action by the Office for Civil Rights within the United States Department of Education for disability discrimination under Section 504 of the *Rehabilitation Act of 1973*.
- For the foregoing reasons, we find VBCPS to be in noncompliance with regard to Student 1 on this issue.

Systemic Allegations

- At least five families other than those named in the complaint reported incidents of repeated denials of requests for evaluation. In some cases, the students had repeatedly failed Standards of Learning (SOL) assessments, but the school blamed the failures on lack of student effort. In other cases, the students were twice exceptional – academically gifted and receiving good grades, but socially isolated or experiencing behavioral instances.
 - In four cases, students had documentation of a disability from a privately obtained evaluation.
 - In two of those cases, the students were only evaluated after a significant disciplinary incident occurred and an attorney or advocate became involved. The VBCPS subsequently found both of these students to be eligible.
 - The VBCPS recommended expulsion for the third student, and it continues to refuse to evaluate despite documentation of a disability. In the fourth case, VBCPS finally found the student eligible after several years of requests and several years of

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- academic failure.
 - The VBCPS continues to refuse testing for the fifth student, who has ongoing behavioral issues.
- One parent's main concern was that VBCPS "refuses to complete evaluations for students with mental health and behavioral needs because they [the students] are making some academic progress."
 - Our review of files of comparable students revealed two additional incidents where students failed all or most SOL assessments over a number of years. The VBCPS also retained these students for a year before evaluating.
 - The random file review revealed no concerns in this area.
 - Our regulations require us to make a finding, except in cases where dismissal is appropriate. We cannot make a finding of systemic noncompliance in light of the standard articulated above; i.e., we do not have a basis to find that these cases are more than random. We would prefer to make no finding, but we are constrained by our regulations. Thus, we find VBCPS to be in compliance with regard to this issue. Nonetheless, we have grave concerns about VBCPS' practices. We strongly urge the school division to train school personnel on the interaction between behavior, mental health and learning, and to emphasize that the IDEA does not focus solely on academics. Social, emotional, and functional needs must also be addressed under IDEA, and the fact that a student is passing from grade to grade does not automatically exclude the child from eligibility (8 VAC 20-81-50.A.1.d).

2. Evaluation/Reevaluation/Eligibility.

The Complainant alleges that, with regard to Students 2, 3, and 5, and on a systemic basis, the LEA has failed to provide evaluations that are sufficiently comprehensive to identify the entirety of the student's special education and service's needs. Specifically, these alleged violations have been demonstrated in the following manner:

- **Student 2:** Although Student 2 had been identified as eligible for services as a student with OHI, VBCPS did not conduct additional evaluations despite Student 2 having never passed an SOL assessment and despite it having knowledge that Student 2 was performing below grade level in reading and in math.
- **Student 3:** Although Student 3 was identified privately as having a mood disorder, ADHD, nocturnal seizures, and a sensory processing disorder, VBCPS did not conduct additional evaluations despite continuously disciplining the student for behaviors associated with Student 3's disability.
- **Student 5:** The VBCPS completed a determination of continued eligibility but failed to conduct

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an FBA to identify cause of Student 5's consistent behavioral issues.

Applicable Regulations:

- Special education regulations (34 C.F.R. §§ 300.303 and 300.304; 8 VAC 20-81-70) set forth procedures and requirements governing the evaluation and reevaluation of students with disabilities.
- More specifically, these regulations (34 C.F.R. §§ 300.304 and 300.310; 8 VAC 20-81-70.C.14) specify that students are to be assessed by a qualified professional in all areas relating to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, motor abilities, and adaptive behavior. This may include educational, medical, sociocultural, psychological, or developmental assessments.
- The IDEA 2004 implementing regulations, at 34 C.F.R. § 300.323(c), and the Virginia Regulations, at 8 VAC 20-81-80.D, establish the procedures for determining eligibility for educational need.
- Special education regulations (34 C.F.R. §§ 300.304 and 300.310; 8 VAC 20-81-70.B.3) require that a variety of assessment tools and strategies are used to gather relevant functional, developmental, and academic information about the child, including information provided by the parent(s), and information related to enabling the child to be involved in and progress in the general curriculum (or for a preschool child, to participate in appropriate activities), that may assist in determining whether the child is a child with a disability and the content of the child's IEP.
- Further, no single measure or assessment is used as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for a child (34 C.F.R. §§ 300.304 and 300.310; Virginia Regulations, at 8 VAC 20-81-70.C.11).
- Special education regulations (34 C.F.R. §§ 300.304 and 300.310; 8 VAC 20-81-70.C.9), direct school divisions to establish policies and procedures to ensure that evaluations are sufficiently comprehensive to identify all of the child's special education and related needs, whether or not commonly linked to the disability category in which the child has been classified.

Findings:

The Office of Dispute Resolution and Administrative Services finds VBCPS to be in compliance with regard to Students 2 and 3. For the reasons set forth below, we will issue separate

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findings with regard to Student 5.⁶ In addition, the Office of Dispute Resolution and Administrative will address its findings on the systemic issue below.

Analysis:

Student 2

- Chronology

DATE	EVENT
3/21/2017	The SEC found Student 2 remained eligible under the disability category of OHI, based upon a private psychological evaluation, a social history, and psychological evaluation conducted by another school division, all completed in 2012 and 2013, as well as an educational report completed on March 15, 2017.
10/9/2017, 2/15/2018	The IEP meetings conducted.
2/20/2018	Student 2 was physically assaulted by other students and did not return to school.
3/1/2018	Parent submitted medical certification for homebound instruction due to Student 2's anxiety.
3/9/2018	The VBCPS denied request for homebound instruction.
4/23/2018	The IEP meeting held, placing Student 2 in home-based services. Parents requested additional assessments.
4/30/2018	Parent submitted second medical certification for homebound instruction.
5/8/2018	The IEP meeting held; LEA proposed updated psychological, speech and language, occupational therapy and socio-cultural evaluations.
5/10/2018	The VBCPS' homebound office approved second application for homebound services.
5/23/2018	The IEP Team met to address homebound services and proposed transition back to school setting.
7/10/2018	The SEC met to consider new speech-language, OT, social history, psychological, and educational evaluations.

- In its response, VBCPS states that Student 2's reevaluation meeting occurred on 3/21/2017. The student had received evaluations in 2012 and 2013. Student 2's cognitive profile suggested "considerable cognitive challenges" as noted in the 2013 evaluation. The Team determined no additional information was needed to determine continuing eligibility, as Student 2's "profile remained consistent across all previous evaluations and the presence of an Other Health

⁶ The regulations allow this office to extend the timeline for issuance of findings in extraordinary circumstances. We find that such exceptional circumstances exist in this case. We will inform the parties of the ongoing parameters of the investigation under separate cover.

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Impairment remained.”

- As reflected above, Parent applied for homebound services following student’s assault, due to the student’s anxiety. The VBCPS rejected Parent’s initial application for homebound services following Student 2’s assault, stating that it had contacted the doctor, who agreed that VBCPS could serve Student 2 appropriately in the school setting. Parent provided documentation to indicate that Student 2 did not feel safe. Two months later, the IEP Team met to propose home-based services and a short time after, VBCPS approved a homebound application.⁷
- The VBCPS stated that, “[T]he parent requested updated evaluations in April 2018. On 5/8/2018 VBCPS proposed updated evaluations to include psychological, speech and language, occupational therapy and socio-cultural.” The results of the VBCPS psychological evaluation were consistent with previous evaluations.

⁷ The Virginia Regulations (8 VAC 20-81-10) define “homebound instruction” as “academic instruction provided to students who are confined at home or in a health care facility for periods that would prevent normal school attendance based upon certification of need by a licensed physician or licensed clinical psychologist. For a child with a disability, the IEP Team shall determine the delivery of services, including the number of hours of services.” Similarly, the *Regulations Establishing Standards for Accrediting Public Schools in Virginia* (the Standards of Accreditation or SOA), at 8 VAC 20-131-180, provide that homebound instruction “shall be made available to students who are confined at home or in a health care facility for periods that would prevent normal school attendance based upon certification of need by a licensed physician or licensed clinical psychologist. For students eligible for special education or related services, the Individualized Education Program committee must revise the IEP, as appropriate.” We note that, in its *Homebound Instruction Services Guidelines*, the Virginia Department of Education (VDOE) has recommended that local school divisions adopt policies and procedures governing homebound instruction—for all students, regardless of special education eligibility status—including provisions addressing required documentation, timelines for services, and other matters. The *Guidelines* state that “[e]ligibility for homebound instructional services should be a collaborative decision between the treating health care provider, parent/guardian, and school personnel.... If homebound services are needed, approval of services is based upon a completed [emphasis added] medical certification of need.” The *Guidelines* further state that “the certification [or application] must be fully completed, including [emphasis in original] parental permission to contact the treating physician or licensed clinical psychologist, in order for the student to be considered for homebound services. The school division [emphasis added] reviews all requests for completeness of information and appropriateness of the request and will follow up with the treating physician or licensed clinical psychologist to clarify the need for homebound instruction versus school-based instruction with appropriate accommodations, as necessary.” Pursuant to the *Guidelines*, consideration of requested homebound instruction for students receiving special education services is the responsibility of the IEP Team. Specifically, the *Guidelines* state that, “[a]s part of its review and determination of a change in placement, the IEP Team must review the approved [emphasis added] medical certification of need for homebound instruction and determine the appropriate placement for the student based on the student’s educational needs.

Parental consent must be obtained to amend the IEP, prior to initiation of homebound services.... If the IEP Team determines that homebound services are appropriate [emphasis added], the team must include language in the IEP that clearly defines the time period for the frequency and duration of the homebound services.” Significantly, neither special education regulations nor VDOE’s *Guidelines* vest the IEP Team with responsibility for the initial “approval” of the sufficiency of the submitted application form; local school divisions may establish procedures—including provisions addressing mode of transmission as well as required signatures and content, and identifying the entity responsible for determining the sufficiency of the submitted application. The IEP Team is responsible for determining the appropriateness of homebound instruction, once the school division has approved the application for sufficiency.

Virginia Department of Education, Homebound Instruction Services Guidelines (February 2012)

< http://www.doe.virginia.gov/instruction/homebound/homebound_instructional_services.pdf >

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- The record in this case reflects that Student 2 was the target of bullying, as we will discuss in Issue 6. However, in spite of our global concern, nothing in the record suggests that the eligibility team’s decision was not reasonably supported by student-specific data. We note that Student 2 was not passing SOLs, but that the record reflects cognitive challenges and subsequent testing indicates the same outcome. As a result, we find VBCPS to be in compliance with regard to Student 2 on this issue.
 - In reaching this finding, we do not determine whether: (i) Student 2 should have received a full re-evaluation at an earlier stage; or (ii) in a due process hearing, the school division’s explanation for its decisions would be sufficiently cogent to prove that its decisions informed its offer of FAPE. We caution VBCPS accordingly.

Student 3

- Chronology

DATE	EVENT
10/18/2017	The IEP meeting held.
2/5/2018	The IEP meeting held; FBA proposed; behavioral supports discussed.
2/19/2018	The IEP meeting held. Team reviewed outside evaluation, added behavior goals, amended services.
3/15/2018	The IEP meeting held; BIP proposed; OT observation proposed.
3/22/2018	The IEP Team revised BIP.
4/11/2018	The SEC meeting held. No new data collected.
4/26/2018	The IEP meeting held; annual IEP proposed.

- Our interview with the parent reflects that Student 3: (i) was referred for a special education four times between kindergarten and third grade; (ii) never passed an SOL assessment (scores were in the 200s); and (iii) parents were called repeatedly regarding Student 3’s disruptions in the classroom and were asked to pick Student 3 up.
- Student 3 received eight discipline referrals in the 2017-2018 school year. These included a cell phone violation, two tardies, three disruptive demonstrations, one minor altercation, and one incident of disrespect. These resulted in 2¾ days of in-school suspension (ISS).
- The VBCPS stated that it held multiple IEP meetings for Student 3 to address behavioral needs. In addition, VBCPS stated that at the April 11, 2018, reevaluation meeting, it determined additional evaluations were unnecessary, as (i) the team had an October 2017 evaluation from Student 3’s private provider; and (ii) VBCPS had conducted a full evaluation in 2015.
- We reiterate our concerns about the practice regarding triennial reevaluations outlined above.

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When VBCPS relies on another school division or on an outside provider for evaluation results, it must be able to defend those results.

- While this office notes the parent’s frustrations regarding Student 3’s earlier experiences in VBCPS, we are constrained by a one-year statute of limitations (8 VAC 20-81-200.B.6). Because we find nothing to suggest that VBCPS’ decision with regard to the evaluation failed to be reasonably based on student-specific data, again we find VBCPS in compliance with regard to this Student 3 on this Issue.

Student 5

- Chronology

DATE	EVENT
10/19/2017	The IEP Team met to discuss strategies provided by the parent.
2/7/2018	The IEP Team proposed FBA, OT evaluation.
3/14/2018	The IEP meeting held to review FBA data; IEP team development of BIP.
4/11/2018	The IEP Team developed BIP, proposed updated psychological evaluation.
5/24/2018	The IEP Team reviewed OT evaluation results.
6/12/2018	The IEP Team reviewed psychological evaluation results; proposed additional accommodations.

- After reviewing the file and conducting interviews, in light of the disturbing and complex nature of the parents’ allegations, we believe that it would be a disservice to both parties to render findings without additional information. As a result, we will sever this issue from this Letter of Findings and will deliver separate findings with regard to Student 5.⁸

Systemic Issue

- Interviews of parents of seven students not named in the complaint revealed shared concerns that re-evaluations consisted of records reviews only.
- We reiterate our deep concern that in the overwhelming number of cases reviewed, VBCPS relied on past records reviews to determine continued eligibility. Here, it is extremely troubling that VBCPS has never conducted its own evaluations for Student 2; re-evaluations not only determine whether a student continues to be eligible, but also provide important information that informs and supports the required individualized educational programming. Interviews with

⁸The regulations allow this office to extend the timeline for issuance of findings in extraordinary circumstances. We find that such exceptional circumstances exist in this case. We will inform the parties of the ongoing parameters of the investigation under separate cover.

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VBCPS school psychologists indicated a shared belief that re-evaluations were not useful, and, in fact, could be harmful, if the school did not suspect a change in disability category. Special education regulations dictate another practice: again, evaluations not only identify whether the child has a disability, they also inform the development of the content of the IEP. Evaluations are to be “sufficiently comprehensive to identify all of the student’s special education and related needs, whether or not commonly linked to the disability category in which the child has been identified” (8 VAC 20-81-70.C.9).

- As stated above, file reviews for comparably situated students and random file reviews indicated VBCPS updated student testing at triennial re-evaluations only if an advocate was involved, except in one case. Significantly, in that case, the parent was an administrator at another special education program.
- As stated above, our regulations require us to make a finding, except in cases where dismissal is appropriate. We cannot make a finding of systemic noncompliance in light of the standard articulated above. We would prefer to make no finding, but we are constrained by our regulations. Thus, we find VBCPS to be in compliance with regard to this Issue. Again, we have grave concerns in this matter as outlined above, and we urge VBCPS to promptly address these matters. We refer VBCPS to the discussion above.

3. Individualized Education Program (IEP) – Transfer IEP; Parental Participation/Meeting Notice.

The Complainant alleges that, with regard to Student 4 and other similarly situated students, the LEA has failed to implement transfer IEPs by providing comparable services or by evaluating the student and proposing a new IEP. This conduct has been demonstrated in the following manner:

- Student 4 transferred to VBCPS from another state/school division with an IEP providing for specialized instruction in math and reading, pull-out support, and a one-to-one aide in the general education setting.
 - The prior written notice (PWN) from an August 25, 2017, IEP meeting states “VBCPS refused to implement the out-of-state IEP... the IEP is not able to be implemented as written due to shared [a]ide services.”
 - The IEP Team did not evaluate Student 4 before rejecting or refusing services on the out-of-state IEP; and
 - The IEP Team predetermined Student 4’s shared aide services.

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Applicable Regulations:

- The special education regulations (34 C.F.R. § 300.323(e),(f), and (g); 8 VAC 20-81-120) set forth requirements regarding the provision of special education and related services for students who transfer between school divisions in Virginia or from a division outside Virginia.
- The Virginia Regulations, at 8 VAC 20-81-120.A.2, direct the new school division to provide a free appropriate public education (FAPE) to the student, including ensuring that the student has available special education and related services, in consultation with the parent(s), including services comparable to those described in the student's IEP from the previous school division, until the new school division either: (i) adopts and implements the student's IEP from the previous school division with the parent's consent; or (ii) conducts an evaluation, if determined necessary by the local educational agency, and develops and implements a new IEP with the parent's consent.
- Further, the Virginia Regulations (8 VAC 20-81-120.A.3 and 4) authorize the new school division to develop and implement an interim IEP with the parent's consent while obtaining and reviewing whatever information is needed to develop a new IEP. If the parent and the school division are unable to agree on interim services or a new IEP, the parent or school division may initiate the dispute resolution options of mediation or due process to resolve the dispute. During the resolution of the dispute, the school division must provide FAPE in consultation with the parent, including services comparable to those described in the student's IEP from the previous local school division.
- If the school division determines that it is necessary to conduct an evaluation of the student, the school division must provide proper notice, initiate evaluation procedures, conduct the evaluation, determine eligibility, and develop an IEP in accordance with special education regulations. During the evaluation period, the student is to receive services in accordance with the existing IEP, excluding any portions that are inconsistent with the Virginia Regulations. The school division must inform the parent of any such inconsistent provisions (8 VAC 20-81-120.C).
- Special education regulations (34 C.F.R. §§ 300.322, 300.500, and 300.501; 8 VAC 20-81-170.A.1.b) set forth the requirements for parent participation in meetings regarding identification, evaluation, and educational placement of the child and the provision of a free appropriate public education to the child.

Findings:

The Office of Dispute Resolution and Administrative Services find VBCPS to be in noncompliance with regard to Student 4 on this Issue. In addition, we find VBCPS to be in compliance on a systemic basis on this Issue.

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Analysis:

Student 4

- Chronology

DATE	EVENT
8/9/2017	The VBCPS received Student 4's out-of-state IEP providing for a "shared aide."
8/25/2017	The IEP Team reviewed transfer IEP. Prior written notice from the meeting stated that VBCPS refuses to implement the transfer IEP because it "is not able to be implemented due to the shared aide services." Further, it stated that, "The IEP services include a "shared aide," a teacher assistant who is shared between specific students per class. VBCPS assigns one or more teacher assistants to the classroom, and the assistants are available to all of the children in the classroom."
9/1/2017	The IEP Team proposed annual IEP that did not include a shared aide.
9/21/2017	The IEP Team met to address parental concerns.
10/11/2017	Parent consented to proposed annual IEP.

- The VBCPS contends that, because there was an aide available in the classroom for all students, it offered comparable services.
- As all parties agree, a "shared aide" is an aide assigned, not to a single student, but to more than one, but less than all students in the classroom. The VBCPS' assertion that an assistant assigned to the entire classroom is a "comparable service" is without merit. Clearly, a classroom aide is a reduced service and not comparable to a "shared aide." Accordingly, we find VBCPS in noncompliance with regard to Student 4 on this Issue.

Systemic Issue

- Two military families not included among students identified by the Complainant alleged in interviews that VBCPS rejected their students' out-of-state IEPs and failed to provide comparable services. In one case, the transfer student had an IEP for private day services. In the other case, the parent stated that the school division implied that it had the right to refuse to provide comparable services. We note that these incidents are several years old.
- Our review of comparable files identified eight additional students with transfer IEPs. In five cases, the transfer IEPs were implemented as written. In the others, VBCPS developed its own IEP. The random file review did not reveal any additional issues.
- Based on the foregoing, we find no systemic violation with regard to this issue.

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4. Individualized Education Program (IEP) – Development, Review, Revision. Free Appropriate Public Education (FAPE).

The Complainant alleged that, with regard to Students 5, 6, 7, and 8, and other similarly situated students, VBCPS failed to provide a free appropriate public education (FAPE) by improperly developing, reviewing, and revising student IEPs. This conduct has been demonstrated in the following manner:

- Student 5's behavioral needs were not addressed in the IEP.
- The areas of need identified in Student 6's present levels of performance (PLOP) are not addressed by either services, goals, interventions, or accommodations in the IEP.
- The parent concerns are not considered in the development of IEPs.
- The IEPs for Students 7 and 8 do not include transition plans. The respective IEPs do not (i) include goals to address transition and (ii) identify an outside agency to assist with transition planning. Additionally, VBCPS did not explain or discuss the interagency release form with Students 7 or 8 or their parents.

Applicable Regulations:

- The 2006 implementing regulations, at 34 C.F.R. § 300.323(e)(f)(g), and the Virginia Regulations, at 8 VAC 20-81-120(A)(2), state the new local educational agency shall provide a free appropriate public education to the child, including ensuring that the child has available special education and related services, in consultation with the parent(s), including services comparable to those described in the child's IEP from the previous local educational agency, until the new local educational agency either: a. Adopts and implements the child's IEP from the previous local educational agency with the parent's consent; or b. Conducts an evaluation, if determined necessary by the local educational agency, and develops and implements a new IEP with the parent's consent that meets the requirements in this chapter. The new local educational agency may develop and implement an interim IEP with the parent's consent while obtaining and reviewing whatever information is needed to develop a new IEP. If the parent(s) and the local educational agency are unable to agree on interim services or a new IEP, the parent(s) or local educational agency may initiate the dispute resolution options of mediation or due process to resolve the dispute. During the resolution of the dispute, the local educational agency shall provide FAPE in consultation with the parent(s), including services comparable to those described in the child's IEP from the previous local educational agency.
- The IDEA 2004 implementing regulations, at 34 C.F.R. §300.322, 300.500, and 300.501, and the Virginia Regulations, at 8 VAC 20-81-170.A.1.b, lay out the requirements for parent participation in meetings regarding identification, evaluation, and educational placement of the child and the provision of a free appropriate public education to the child.

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Findings:

For the reasons set forth below, the Office of Dispute Resolution and Administrative Services will issue separate finding with regard to Student 5 and Student 6.⁹ The Office of Dispute Resolution and Administrative Services find VBCPS to be in compliance with regard to Student 7 and Student 8. The Office of Dispute Resolution and Administrative Services find VBCPS to be in noncompliance on a systemic basis with regard to Issue 4 in the area of post-secondary transition services, and will address the other portions of the systemic issue below.

Analysis:

Student 5

- See Issue 2 above for Chronology.
- The VBCPS states that Student 5's IEP addressed his behavioral needs through goals, services and accommodations. The VBCPS also states that it conducted an FBA and developed a BIP for Student 5.
- As noted above, after reviewing the file and conducting interviews, and in light of the disturbing and complex nature of the parents' allegations, we believe that it would be a disservice to both parties to render findings without additional information. As a result, we will sever this issue and deliver separate findings with regard to Student 5.

Student 6

- Chronology

DATE	EVENT
8/2/2017	The IEP Team met to amend Student 6's IEP.
11/3/2017	The IEP Team met and increased Student 6's services in the special education setting and added goals.
2/3/2018	The IEP Team met to discuss Student 6's behavior and to propose an FBA.
2/28/2018	The IEP Team met and changed student's schedule to half-day kindergarten. Prior written notice indicates that most problem behaviors were occurring in the afternoon. Parent consented to the change.

⁹ The regulations allow this office to extend the timeline for issuance of findings in extraordinary circumstances. We find that such exceptional circumstances exist in these cases. We will inform the parties of the ongoing parameters of the investigation under separate cover.

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3/19/2018	The IEP meeting held to propose annual IEP. Parent requested that the meeting be reconvened, as she was not able to be physically present.
4/30/2018	The IEP meeting held. The VBCPS proposed a psychological evaluation, an FBA and an OT evaluation.
6/4/2018	The IEP meeting held to propose BIP.

- Our interviews with the Parent indicate that once or more a week, she or Student 6's father were called to pick up the student. She indicates that this occurred with such frequency Student 6's father lost his job.
- The record contains a copy of a video recorded by the classroom teacher.
- The VBCPS' response states that, on 11/3/2017, the IEP Team modified Student 6's IEP to reflect his social/emotional needs and proposed and developed an FBA and a BIP.
- The VBCPS' further states that Parent's concerns are noted in the IEP and are reflected in the prior written notice.
- After reviewing the file and conducting interviews, we conclude that the parent's allegations are disturbing and complex, so much so that we believe that it would be a disservice to both parties to render findings without additional information. As a result, we will sever this issue and deliver separate findings with regard to Student 6.

Student 7

- Chronology

DATE	EVENT
3/9/2018	Annual IEP meeting held.
3/16/2018	The IEP meeting held to continue discussion from 3/9/2018.
5/9/2018	The IEP meeting held and IEP amended.

- In its complaint response, VBCPS states that Student 7's IEP contains a transition plan with goals, based in part on a Parent interview. It states that no outside agency is identified at this time because VBCPS is assuming the responsibility for supporting transition goals through transition activities.
- Student 7's IEP relies on Student and Parent interviews for the age-appropriate transition assessments. The IEP then sets forth measurable post-secondary goals related to education, employment, independent living skills, and training tied to Student 7's and Parent's information. It then addresses coordinated activities in the area of education, training, independent living and

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employment, again, tied to the student and parent interviews. Finally, it includes a projected course of studies as the curriculum for the advanced studies or standard diploma. Thus, the IEP meets the bare minimum regulatory standards for a transition plan, and thus, we find VBCPS to be in compliance with regard to this issue. Because of the weakness of the plan, however, we offer the following:

- We note that by the end of eighth grade, a student should have an academic and career plan. The VBCPS did not address this in the transition assessment area of the IEP. This could provide vital information for the development of a more robust transition plan.
- The independent living skills goal recites that, “After five months of securing employment, [Student 7] will live at home while she accesses community resources.” This goal should be significantly more specific and clear.
- The coordinated activity for education does not address exploration of college opportunities and programs in creative writing.
- While we note that Student 7 is an eighth grader and interagency connections might be premature at this time, in her interview, the Parent expressed extreme frustration about obtaining information from VBCPS about outside agencies and resources. The VBCPS should be ready to provide the Parent with this information.

Student 8

- Chronology

DATE	EVENT
5/9/2018	Student 8’s annual IEP was proposed.

- In its complaint response, VBCPS states that Student 8’s IEP contains a transition plan with goals, based in part on a Parent interview. No outside agency is identified at this time because VBCPS is assuming the responsibility for supporting transition goals through transition activities.
- Student 8’s IEP relies on Student and Parent interviews for the age-appropriate transition assessments. The IEP then sets forth measurable post-secondary goals related to education, employment, independent living skills, and training tied to Student 8’s and Parent’s information. It then addresses coordinated activities in the area of education, training, independent living and employment, again, tied to the student and parent interviews. Finally, it includes a projected course of studies as the curriculum for the Advanced Studies or Standard Diploma. Thus, the IEP meets the bare minimum regulatory standards for a transition plan, and we find VBCPS to be in compliance with regard to this Issue. Because of the weakness of the plan, however, we offer the following:

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- The coordinated activities are vague and some address subjects not mentioned as needs elsewhere in the IEP. The coordinated activities do not address learning about college opportunities.
- In her interview, the Parent expressed extreme frustration about obtaining information from VBCPS about outside agencies and resources. The VBCPS should be ready to provide the Parent with this information.

Systemic Issue

- Post-Secondary Transition
 - While a few of our parent interviews for students not named in the IEP reflected concern with transition programs, the problems with post-secondary transition surfaced primarily through our review of similarly situated students and through the random file review.
 - Of 104 relevant files, 8 did not reflect that the student had been invited for transition purposes.
 - Of 14 relevant files, 1 did not include consideration of the student's preferences and interests when the student did not attend.
 - Of 14 relevant files, 1 did not include age appropriate measureable post-secondary goals based on assessments.
 - Of 93 relevant files, 21 failed to identify courses of study for to reach transition goals. More specifically, for students not pursuing a standard or advanced studies diploma, the IEP failed to address the nature of their coursework/curriculum.
 - Of 93 relevant files, 5 did not contain annual goals related to student's transition needs.
 - Of 73 relevant files, 11 did not contain a statement of interagency responsibilities or linkages.
 - None of the files reviewed reflected that any interagency connection had been made.
 - Of 65 relevant files, 6 did not contain the required notice concerning age of majority.
 - The number of instances of noncompliance in the area of post-secondary goals – 53 – accounts for more than a third of the total noncompliance findings in this review. Accordingly, we find VBCPS to be in noncompliance on a systemic basis with regard to this Issue.
- Other IEP Development Issues
 - Each parent interviewed who had an eligible student expressed concerns with regard to the content of their student's IEP. These concerns encompass those identified by the random file review.
 - In addition, review of files of similarly situated students revealed some of the same concerns outlined below.
 - As stated above, the random file review raised the following specific concerns:

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- Some IEPs had only one or two goals, even when the present levels of performance indicated other areas of need. Even if there were multiple goals, they were not always aligned to the needs delineated in the present levels. This was a common theme in parent interviews.
 - Fewer than ten students in the files reviewed qualified for extended school year services.
 - Few students had related services or assistive technology included in their IEPs, even when the present levels of performance indicated a need.
 - In many cases, neither behavioral intervention plans (BIPs) nor behavioral goals were included even when the record showed a need for behavioral supports. In some cases, there were accommodations for behavior, but they were not clear enough to be implemented. In fact, interviews and file reviews indicate a failure to connect behavior and learning in a troubling number of cases.
 - Explanations of evaluation data were often weak.
 - Many IEPs were similar, suggesting a less-than-individualized approach.
 - Several IEPs had the same goals over a course of years.
- In sum, far too many IEPs failed to connect their various elements. The IEPs are intended to be documents that address a student's needs in a coherent, connected manner. The Present Levels should drive the goals, the Present Levels and goals should drive the accommodations and services, and all of these elements should lead to a logical conclusion about the least restrictive environment. If an IEP fails to do this, it will likely not meet the *Andrew F.* standard.
 - As stated above, our regulations require us to make a finding, except in cases where dismissal is appropriate. We cannot make a finding of systemic noncompliance in light of the standard articulated above. We would prefer to make no finding, but that is not a choice, we find VBCPS to be in compliance with regard to this Issue. Again, we have grave concerns about this matter as outlined above, and we urge VBCPS to promptly address these issues. We refer VBCPS to the discussion above.

5. Student Records

The Complainant alleges that VBCPS failed to comply with the regulatory mandates of special education pertaining to student records. Specifically, she alleges that VBCPS does not allow parents or their representatives to access student records nor do they comply with the destruction of records requirements. Complainant provides specific information on this topic with regard to Student 6.

Applicable Regulations:

- The IDEA implementing regulations, at 34 C.F.R. § 300.613, and the Virginia Regulations, at

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8 VAC 20-81-170.G.1, state the local educational agency shall permit the parent(s) to inspect and review any education records relating to their children that are collected, maintained, or used by the local educational agency. The local educational agency shall comply with a request without unnecessary delay and before any meeting regarding an IEP or any hearing in accordance with 8 VAC 20-81-160 and 8 VAC 20-81-210, or resolution session in accordance with VAC 20-81-210, and in no case more than 45 calendar days after the request has been made.

The local educational agency shall inform parents when personally identifiable information collected, maintained, or used under this chapter is no longer needed to provide educational services to the child. This information shall be destroyed at the request of the parents. However, a permanent record of a student's name, address, phone number, grades, attendance record, classes attended, grade level completed, and year completed shall be maintained without time limitation.

Findings:

The Office of Dispute Resolution and Administrative Services find VBCPS to be in noncompliance with regard to Student 6. In addition, the Office of Dispute Resolution and Administrative Services find VBCPS to be in compliance on a systemic basis with regard to Issue 5.

Analysis:

Student 6

- The VBCPS contends that it provided Student 6's Parents with all educational records. It included a statement from the principal of Student 6's elementary school stating that she provided the records on an unspecified date in June, 2018.
- However, the record also contains the parent's request for records dated April 23, 2018. We note that the chronology indicates that an IEP meeting occurred on April 30, 2018. In that there is no evidence that VBCPS made the records available to the parent prior to the IEP meeting, we find VBCPS to be in noncompliance with regard to this issue.

Systemic Issue

- Interviews with four parents not named in the complaint expressed frustration with the length of time it took for VBCPS to respond to requests for records. However, neither our reviews of similarly situated students nor the file reviews suggested significant issues with regard to student records. We note that the school division has adopted a compliant student records policy, and that it provides the required notices under the *Family Educational Rights and Privacy Act* (FERPA). As a result, we find VBCPS to be in compliance on a systemic basis with regard to this issue. However, because of the individual finding and expressed parental concerns, we strongly caution VBCPS to ensure that it is providing access to student records in a timely manner.

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6. Free Appropriate Public Education (FAPE) - Safe and Secure Environment

The Complainant alleges that VBCPS failed to comply with the regulatory mandates of special education pertaining to the safety and security of the students. Specifically, she alleges that a group of students assaulted Student 2 on February 20, 2018, around 12:30 p.m. In addition:

- The parent was not notified of the assault.
- The student did not receive any medical attention from the school.
- The parent was not given a copy of the incident report.
- The student was unable to return to school due to his injuries.
- The VBCPS denied the parent's request for homebound/homebased services.
- Due to the LEA's failure to keep the student safe at the school, he is not receiving any of his IEP services.

Applicable Regulations:

- The Virginia Regulations, at 8 VAC 20-81-10, define FAPE as meaning "special education and related services that... meet the standards of the Virginia Board of Education." In that context, the *Regulations Establishing Standards for Accrediting Public Schools in Virginia*, effective September 7, 2006, (Accrediting Regulations), at 8 VAC 20-131-210, state in part, "The principal shall be responsible for... a safe and secure environment in which to teach and learn." The Accrediting Regulations also indicate that a principal has the "maximum authority under law in all matters affecting the school, including, but not limited to, instruction and personnel, in a manner that allows the principal to be held accountable... for matters under his direct control."

Findings:

The Office of Dispute Resolution and Administrative Services find VBCPS to be in noncompliance with regard to Student 2. We will address our findings with regard to the systemic issue below.

Analysis:

Student 2

- See Issue 2 above for Chronology.
- While the facts are in dispute with regard to certain events, the record contains documentation that, at least as early as November 11, 2017, the Parent communicated with the school regarding concerns about Student 2 being subjected to bullying by a particular group of students. Most concerning is a text message between the Parent and one of Student 2's teachers on the day of the

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incident. After hearing about the altercation from the Parent, the teacher replied, "Oh no. I knew I should have made [Student 2] stay with me today, but [Student 2] wanted to walk around. I'm so sorry."

- The record shows that Student 2 has not returned to school since the February 20, 2017, incident. While school divisions are not guarantors of a student's safety, when they learn of bullying, they must address the issue. In this instance, there is clear evidence that the teacher was aware of potential issues, but nonetheless, allowed Student 2 to leave the classroom. As a result, we find VBCPS to be in noncompliance with regard to this issue.

Systemic Issue

- Almost two thirds of the parents interviewed reported that their child had been bullied, either by other students or, more alarmingly, by a teacher or administrator. Record reviews shed little light on this subject. Particularly disturbing were accounts of students who had been pushed to the point that they retaliated, and suffered disciplinary consequences. This further supports our conclusion that far too many teachers and administrators in VBCPS fail to understand the relationship between behavior and learning, the effect of trauma on learning, and the ways in which a disability can affect behavior. The posture of this case does not permit us to find VBCPS to be in noncompliance with regard to this issue. As stated above, our regulations require us to make a finding, except in cases where dismissal is appropriate. We cannot make a finding of systemic noncompliance in light of the standard articulated above. We would prefer to make no finding, but we are constrained by our regulations. Thus, we find VBCPS to be in compliance with regard to this issue. Again, we have grave concerns about this matter as outlined above, and we urge VBCPS to promptly address the issue. We refer VBCPS to the discussion above.

CORRECTIVE ACTION PLAN:

Exhibits A, B, and C include information on elements of noncompliance identified through the random file review. Such incidents should be corrected as directed in the exhibit. This office found VBCPS to be in noncompliance on student-specific issues with regard to Student 1 under Issue 1, with regard to Student 4 under Issue 3, with regard to Student 6 under Issue 5, and with regard to Student 2 under Issue 6. Accordingly, this office directs VBCPS to complete the following corrective actions no later than November 20, 2018.

1. Promptly convene a properly comprised meeting of the IEP Teams for each of Student 1, Student 4, and Student 6 to discuss what compensatory services, if any, should be provided to each student because of VBCPS' noncompliance.

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- If the Team determines that compensatory services are required, submit an IEP Addendum, as developed at the above-referenced meeting, which has been signed and consented to by the Parent and which outlines the IEP Team's plan to ensure that the student receives any compensatory services to which the Student is entitled. **If, however, an agreement is not reached via the IEP process, the parties are urged to consider the options of either due process or mediation to resolve this matter.**
- 2. Provide to this office and to the parent a copy of the prior written notice (displaying all required regulatory components) issued in connection with the IEP meeting convened pursuant to this CAP.
- 3. With regard to Student 6, provide an instructional memorandum to building administrators reminding them of the required timelines for making student records available following a parent request. Provide a copy of such memorandum to this office no later than November 30, 2018.

We also found VBCPS to be in noncompliance on a systemic basis with regard to post-secondary transition. Accordingly, we direct VBCPS to contact this office to schedule mandatory training for secondary school special education teachers and administrators on post-secondary transition. In addition, we direct VBCPS to review all IEPs for students for whom post-secondary transition services are provided, and to hold an IEP meeting to correct any deficiencies identified.

The VBCPS should retain copies of all documentation related to its corrective action for subsequent follow-up by this office.

OTHER ISSUES:

In our investigation, we saw common themes unrelated to compliance or noncompliance, but that were disturbing enough that we feel compelled to call to the attention of the division.

Cultural Issues

The parents we interviewed universally reported negative experiences with the school division. These range from feeling as though they are "talked down to," that their time is not valuable, and that their concerns are belittled or dismissed. They feel that the school division provides the minimum that they can for students with disabilities, and that they are in fact, discriminated against. For instance, one parent reported that she requested that her daughter be allowed to go to school for "zero bell," a program that is offered to allow students to complete their physical education requirements before school so that they can participate in activities such as band, along with taking a full academic load. In this case, the student had a resource class to assist with her special education needs, and the parent wanted her student to be able to participate in Chorus. Transportation is provided for students for this program, and the bus passed by her house. Her

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request was refused, as “that’s a program for gifted students.”

Parents further reported that if they pushed for more services or complained in any way, they felt as if they were the subject of retaliation. Most disturbing was the treatment reported by military families. We heard a common theme that they felt that the schools were simply trying to delay until they were transferred.

Organizational Issues

We were disturbed by the fact that building level administrators have limited accountability to central office special education administration. More than one parent reported that central office personnel had attempted to intervene in a situation, but they were disregarded by building level personnel.

In addition, we are concerned that psychological and social work services have limited accountability to special education administration. For instance, central office special education administration is quite aware of the problem with failure to re-evaluate at the triennial. They report, however, that they have no authority to address the situation.

Finally, parents expressed frustration at the level of decentralization that exists in VBCPS. They felt as if there were different rules at every school on things that should be standard across the division.

APPEAL INFORMATION:

Please note that the findings in this Letter of Findings are specific to this case. While general rules are cited, findings in other cases may differ due to distinctions in the specific facts and issues in each case.

Either party to this complaint has the right to appeal these findings within 30 calendar days of our office’s issuance of the Letter of Findings. Any appeal must be received by our office no later than November 30, 2018. **Please be advised that an appeal request from either party does not relieve the school division of its obligation to submit the above-referenced Corrective Action Plan, which is due on November 30, 2018.**

Enclosed is a copy of the appeal procedures. Written appeals should be sent directly to:

Patricia V. Haymes

Director - Office of Dispute Resolution and Administrative Services

Virginia Department of Education

P. O. Box 2120

Richmond, Virginia 23218

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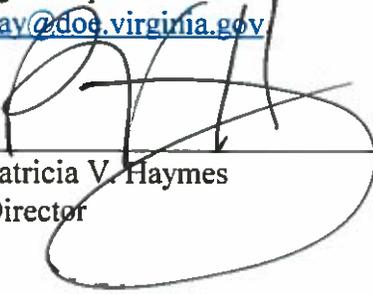
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Or via Email: ODRAS@doe.virginia.gov

A copy of the appeal, along with any submitted documentation, must be sent simultaneously to the non-appealing party. Questions regarding these procedures should be addressed to Ms. Sheila Gray at (804) 225-2013, or email at: Sheila.Gray@doe.virginia.gov



Patricia V. Haymes
Director

Attachment - Appeal Procedures

Attachment E

MilSPED2020 Results

Military Special Education 2020 Survey Results

States/Areas with SPED Problems

(ordered by # of times mentioned)

Texas
 California
 Virginia
 Louisiana
 Washington
 North Carolina
 Florida
 DODEA Europe
 Maryland
 Kansas
 Georgia
 Kentucky
 Alabama
 Pennsylvania
 Oklahoma
 Colorado
 Connecticut
 Nevada
 DODEA Japan
 Arizona
 DODEA US
 Hawaii
 New Jersey
 Alaska
 Illinois
 Ohio
 Massachusetts
 Mississippi
 New York
 South Carolina
 Wyoming
 Washington DC
 DODEA Korea
 Arkansas
 Delaware
 Idaho
 Nebraska
 New Mexico
 North Dakota
 Oregon
 South Dakota
 Tennessee
 Utah
 DODEA Guam
 Guam
 Missouri
 Indiana
 Iowa
 Maine
 Michigan
 Minnesota
 Montana
 New Hampshire
 Rhode Island
 Vermont
 West Virginia
 Wisconsin

A grassroots survey for military families receiving special education was conducted in November, 2019. The survey was shared via social media networks and made equally available to members of all the service branches. Over 200 military families at duty stations around the world shared their personal experiences with special education in public schools. The survey shows a disturbing pattern of problems based on responses to "share your experience with special education."

207 RESPONSES
6 POSITIVE
30 NEUTRAL
177 NEGATIVE

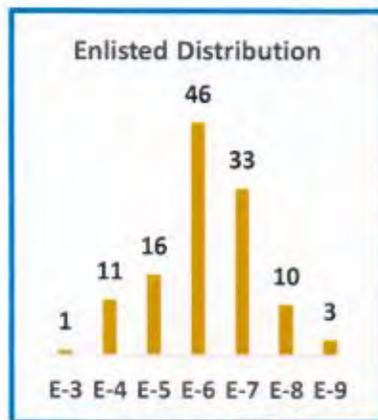
Survey Participants:

ARMY	50%
AIR FORCE	23%
NAVY	18%
MARINE CORPS	6%
COAST GUARD	4%

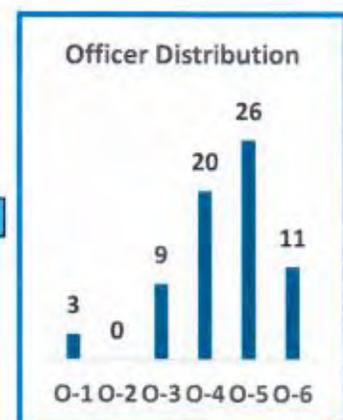
Problems with public special education span all service branches equally.

US Armed Forces:

ARMY	45%
AIR FORCE	24%
NAVY	18%
MARINE CORPS	10%
COAST GUARD	2%



Problems with public special education affect all ranks, particularly those who have served 10-15 years.



132,000 military dependents, mostly school-aged children, have special needs.
Special education problems span all service branches, all military bases, and all ranks.
No solution = readiness & retention, and children, continue to suffer.

The Common Experience

Discrimination: Military children with disabilities experience a similar pattern of discrimination from public schools nationwide. School districts are not held accountable when they do not provide the minimum level of education as defined by federal law. Military families who seek appropriate education for their disabled children often face common, yet daunting, challenges. Rarely do they succeed. If they do, success is usually short-lived.

Federal Funding & Accountability: For each military-connected child, the federal government provides school districts Impact Aid funding in addition to funding provided by the Individuals with Disabilities Education Act (IDEA) to offset Special Education costs. However, school districts are not required to account for federal dollars received for military-connected children or children eligible for special education.

The Process: When military parents realize their child may require special education, they ask the school for help. Once a school district determines a child is eligible, it is responsible to work with parents to develop an Individualized Education Plan (IEP), which documents the necessary goals, accommodations, and services that are required to be provided by the school. School districts often attempt to delay or avoid the required testing. When testing is completed (by district employees), the tests administered and the results presented often minimize disabilities, thereby decreasing the school's responsibility to provide special education.

Meetings regarding the child's needs are designed to allow collaboration by a team: parents, teachers, therapists and coordinators. Typically, only one parent can attend meetings due to the demands of active duty. Without informing parents, school districts commonly hold a pre-meeting in which administrators artificially set limits on the services that will be provided¹. Pre-determining services thwarts the collaborative intent of the meetings and base the education plan on what the school district is willing to offer, not what the child needs. The result is often a significant reduction in the quality of education for the child, typically well below legal standards.

Frequent Moves: Military families move 6-9 times during the K-12 school years. Federal law requires that the next school accept the education plan, but after 30 days of informal testing, the new schools often change the plan to minimize the resources required. In states where parental consent is required to change the education plan, the district will often file due process against the families to implement their proposed plan. Even if the district does not file due process, they can drastically reduce the education plan. Each state has their own complex special education process; each school district uses different evaluations, eligibility determinations, and benchmarks to set educational goals. Even for highly educated and involved parents, the forms and procedures are not transparent. District personnel often tell parents that their school does not offer the same types of special education or they present a plan that is purportedly "equivalent" to the former education plan, but actually represents a significant reduction in the quality of education for the child.

School districts realize military families move every two or three years. Instead of meeting federal standards of special education according to the law, school districts channel money away from special education for military students in an effort that military families refer to as "waiting the families out."

Legal Costs to Families: At their own expense, parents may bring a special education advocate to attend meetings. Advocates may help the families through the process, but they have no legal leverage and their attendance is viewed as adversarial. Often, parents only recourse is to file due process; however, paying for an attorney is prohibitively expensive for most personnel, especially the junior enlisted service members. While school districts simply use tax-payer dollars, a single hearing will cost a family about \$50,000 out of pocket. The USMC provides special education attorneys for Marines to assist with litigation, but no organization offers substantial help to other members of our military. Families are on their own. Most are forced to home-school, pay for private school, move to a better district at their own expense, separate the family from the service member, or simply accept the substandard education.

The complicated process of special education presents insurmountable challenges for military families. School districts are not held accountable and not penalized for failing to comply with the law. The country's most vulnerable children of military service members continue to suffer the consequences.

1. See <https://www.ctinsider.com/news/greenwichtime/article/New-law-to-prevent-districts-from-silencing-14453606.php>

Lost Instruction, Lost Hope: How Military Children Suffer *"My heart breaks for these children."*

"He was suspended twice for actions that were a direct result of his Autism."

"Our daughter has faced major learning gaps, teacher ridicule and embarrassment, labeling her as a bad kid and enabling bad behavior because she didn't have adequate services."

"Why is my sweet, highly talented son depressed with suicidal thoughts?"

"He often says 'Everyone hates me' now, because of how he was judged at (public school)."

"They punished her with missing recess when she wouldn't write. They left her alone to transition classes and she walked outside to the playground. They punished her for that too."

"Our son comes home with bruises from being grabbed ahold of and staff members can't tell us what happened."

"I should not have to comfort my child after she became so upset that she threw away her test because they did not give her the sensory breaks and other accommodations that were already written into her IEP."

"Absolutely horrible! One school I had to call CPS on because they neglected my child and let her eat glass TWICE! A different school I had to withdraw my son from because staff members were bullying him because he's disabled! Virginia schools are trash and I can't wait to move to another state next year!"

"My son's classroom is a dangerous classroom for him to be in."

"Teachers making the child feel helpless and unwanted in classes, not paying attention to the IEP."

"Our child experienced physical and psychological abuse at five different schools in Hawaii. We never got the services he needed."

"The 6 public schools our child has attended caused physical and psychological trauma that required therapy. "

"My child has not learned one new thing since beginning school two years ago in this district and has regressed significantly. All of the parents are frustrated as well as the staff. We are currently considering filing for due process."

"My child was mocked and bullied (literally) by a teacher in front of an entire class."

"Military kids suffer the most as each school system does just enough to get by as they know they only have those kids for a short period of time."

"Her anxiety continues to escalate, and she is falling further behind her peers. The school still considers this a 'normal' issue that even neurotypical children experience."

"I should not have to call an emergency IEP meeting because my child is in tears saying she is a 'bad girl,' because they are asking her to do things that she is not yet capable of, things that they did not give her strategies to do."

"I would think (public school in Virginia) needs to be sued by the military. They are awful and do not use their resources wisely. It really was upsetting my daughter was not educated and instead admitted twice due to not being able to go to school."

"Our son was unlawfully restrained on first day of school."

"The schools were frustrated with her, and she was shutting down and failing to communicate successfully with her teachers."

"My child had to resort to telling me about a Big Bad Wolf because she had no other way to describe what was happening to her."

How the Law is Broken *"My daughter's special needs were dismissed."*

"About 1/2 of the places we've been, the schools have simply ignored the IEP and the accommodations in it and have tried to make it seem as if our child was "playing us" when it came to her learning disabilities and emotional limitations."

"His IEP was rescinded without our consent."

"Whatever services we fight for in one location we can only pray we will be honored or available in the next. Ultimately the child loses because it is their progress hanging in the balance as they are jerked back and forth from system to system. And the administration of the schools are looking at their pocket books and waiting for the military students to move on."

"The principal replies 'Well we will just give (my son) the same accommodations and interventions he was getting at his last school.' Alright, I'll get you a copy of his IEP to which the principal replies 'we don't need it. The accommodations are general, basically the same for each kid.'"

"All of my concerns are being blown off. I am told they have kids worse off so he's okay."

"The school lied to me in multiple meetings and refused to do testing that they were required to do."

"District level special education employees lied to us (blatant lies like 'we have no state standards for that age, so we cannot evaluate your child.')

"Even when we 'won,' the new IEP goals were still written to be so low that they were a disservice to my child's abilities and would have compromised my child's ability to learn to read."

"IEPs are supposed to be transferable, however each school district does not have the same support. It takes me two years of fighting to get a solid IEP. It's implemented for 6 months and then we move, only to start the process all over ago."

"If we move back to Va Beach where I am from, my kid will never graduate with a typical diploma. He can't meet the grade level requirements due to the lack of support and education."

"I have been continually lied to by staff members at every single school system."

"They do not listen to the parents at all."

"Federal \$ needs to be audited because the school board is corrupt."

"Different states have rewritten his 504 or IEP based on their resources, rather than what he needs."

"The school systems all operate under different rules, with different services and criteria."

"The teachers throw their hands up and aren't sure what to do."

"They say that they knew about his IEP, but they didn't read it. They need to make sure that they read it and understand it. They don't follow it."

"By the fourth year of living there, the district's only question was, 'When are you moving?'"

"One of my other children has an IEP and she has teachers that don't follow it either. It's like they just think it's a suggestion. These children move all the time and they receive services at one school and move to another state and come to find out that school won't provide some of the services because it costs too much for the school to pay."

"We were met with hostility when we asked for help."

"IEP's and 504's do NOT get distributed to teachers until the 2nd week of school to a couple of months into the school year. UNACCEPTABLE!"

Undue Burden on Parents: The Impact on Military Readiness and Retention *"It shouldn't be this hard."*

"I was forced to move with my kids and live apart from my husband, an active duty Navy officer, after a 2 year legal battle with the school district. The stress put upon our family was unbearable."

"We have struggled to get help from the school system and it has always taken fighting to get the help she needs."

"Moving from state to state, sometimes the IEP is lost, ignored, or implemented differently. It adds so much stress to our families and has held our children back academically. "

"I feel like I constantly am fighting for the most basic benefits for my son."

"It leaves everyone frustrated and upset."

"Our families deserve better."

"I have faced issues moving from state to state, or school to school even, issues depending on what teacher the child gets."

"There are no laws or standards set in place for military children."

"Our son's educational needs were not met and FAPE was not provided to the point we entered a 16 month legal battle with the school district before he was placed in a school with staff that was capable of providing FAPE."

"I had to engage USMC attorney to hold district accountable and provide comparable services required by law."

"His rights were violated and I want justice. Still no answers from the school either. "

"It's so frustrating to see the lack of resources that could help her and the many others who are like her. "

"We ended up homeschooling."

"It's been a real emotional struggle. "

"We had to hire a parent advocate at the cost of nearly \$2000 (\$100 per hour for multiple hour long meetings) to force the school to comply with testing. Then when they did the testing, they omitted results for one son and tried to say he did not have ADHD despite his medical diagnosis of said disorder. "

"It took two years to get a solid IEP only to move again."

"I must pay for an advocate at the meetings because the outright lies and misdirection on the part of the school have given me no other alternative. And yet I must trust them to take care of her every day when I put her on the bus, kissing her goodbye and praying she's going to have a great day."

"We did not choose our children's disabilities, but we do have to find a way to live with them and thrive and that is awfully hard to do."

"So when my husband applies for great opportunities, we do so accepting that we will have to geobach with no additional services or funding from the Navy. "

"Our families continue to suffer. And it is not just one person suffering, it the entire family because we all feel the strain in time, attention, money, and energy in fighting these battles. "

"I am tired. To my bones tired of fighting for my child."

"I now have to make the difficult decision of pulling my son out of school, quitting my job or lowering hours so I may take my son to private ABA and private school."

"My Sailor deserves to know that our children will receive what they need to lead successful lives."

"It leaves medical families feeling hopeless, alone and completely forgotten."

"I urge you with desperation to please help this group of parents that NEED change for our children!"

Attachment F

The PROMISE Act

THE PROMISE ACT

PROTECT THE **R**IGHTS
OF **M**ILITARY CHILDREN
IN **S**PECIAL **E**DUICATION

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THE PROMISE ACT

PROTECT THE RIGHTS OF MILITARY CHILDREN IN SPECIAL EDUCATION

THE PROMISE ACT was created to address the education challenges that military children with disabilities are experiencing at an alarming rate. Despite federal and state regulations in place to protect students with special needs, unique aspects of military life, such as frequent moves, lead to significant educational deficiencies for these vulnerable children. The inconsistent delivery of special education and lack of legal public school accountability has caused special education to fall well below the legal standards. The lost instruction and insurmountable challenges for parents create undue burdens on military families and their children with special needs, significantly decreasing military readiness and retention.

Until now, there has been no significant data collection or surveying of these families. Before this survey, parents' voices were silenced by reprisal from school districts. A group of military spouses created the **Military Special Education 2020 Survey (MilSped2020)**, a grassroots advocacy effort to collect data from military families across all service branches with children who depend on special education. Many still refused to take the survey for fear of reprisal, but over 200 families trusted the military spouses who created the survey enough to tell their stories.

The survey asked participants to "share your experience with special education." Although many parents compared schools or mentioned both good and bad experiences in public schools, the response was overwhelmingly negative. Only 3% related positive experiences. The remaining 97% of families related some or all negative experiences. Narrative responses varied in length from one sentence to several pages, but among the responses were the following words parents used to describe their experiences with public school special education: *horrible, tough, horrific, lacking, disappointing, difficult, garbage, awful, challenging, horrible, extremely poor, utter failure, and absolute nightmare.*

These preliminary results indicate that special education is an unspoken challenge for military families at duty stations around the world. Parents reported special education issues in schools spanning 39 states, Washington D.C., Guam and all DODEA schools. Military families representing all Service Branches responded, with Army representing the largest percentage of responses at 50%, Air Force at 23%, Navy at 17%, Marine Corps at 6%, and Coast Guard at 4%. These proportions mirror the current populations of each of our services, showing that the systemic problems with special education of our military children span the entire population of the U.S. Armed Forces. Service member ranks range from E3 to O6 with the largest amount of feedback from E-6s and E-7s, pay-grades that are generally too low to hire an advocate or attorney to ensure a child is receiving appropriate special education. Many of the most negative experiences occur in Exceptional Family Military Program (EFMP) approved locations that are receiving additional DoD Impact Aid for military students with IEPs. Most of these are families who have served 10-15 years and have moved numerous times, often reporting significant and compounding challenges in ensuring their child receives a Free and Appropriate Public Education (FAPE), the legally mandated minimums for special education in public schools in the Individuals with Disabilities Education Act (IDEA). **IDEA does not need to be amended, it needs to be enforced through re-regulation and directives.**

THE PROMISE ACT provides safeguards for military families with children with special needs.

THE PROMISE ACT provides accountability and transparency of taxpayer dollars.

THE PROMISE ACT further supports military families forced to pursue due process to ensure their child receives a Free Appropriate Public Education.

THE PROMISE ACT
PROTECT THE RIGHTS OF MILITARY CHILDREN IN SPECIAL EDUCATION

Summary: The following legislative proposals fall under the purview of the U.S. Department of Education.

Current Legislation:

1) Federal Statutes:

- *Individuals with Disabilities Education Act (IDEA) (20 U.S.C § 1400)*
- *Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794)*

2) Federal Regulations:

- *IDEA Regulations (34 C.F.R. Part 300)*
- *Section 504 Regulations (34 C.F.R. Part 104)*

New Legislative Proposals:

1) Through a directive for State Education Agencies (SEAs) to provide information on military children, the U.S. Department of Education (ED) will determine the number of complaints filed (due process and state complaints) and benchmark testing for special education. The ED will also include complaints received directly from military parents. Data will be shared annually by ED with service branches and on a public website.

- *Currently, there is no process for collecting and analyzing data on special education disputes or benchmark testing that involve military children who require special education.*
- *The ED has proposed funding priority and requirements for a State Data Collection program that is designed to improve the capacity of states to meet the data collection requirements of the Individuals with Disabilities Education Act (IDEA). A Data Management Center would be established to help states collect, report, and determine how to best analyze and use the data to establish and meet high expectations for each child with a disability (not just military children). The State Data Collection program would meet the needs of military families if it collected specific data on military children, to include the number of complaints related to military children, and shared the data with service branches and on a public website.*

2) GAO will study how much military parents spend on witness fees, associated state complaint filing fees, and testing fees in due process for not receiving FAPE. The study shall make recommendations on the feasibility of reimbursing parents who win due process for FAPE.

- *School districts pay all special education legal fees with taxpayer money. Parents are required to pay all of their own fees out of pocket, but can only petition a court to be reimbursed for their attorneys fees during the due process if they prevail. There is no venue for reimbursement of expert witness fees, testing associated with the case, and state complaint fees associated with enforcing a hearing officer's decision.*
- *Most military families are single-income and this would remove financial barriers in due process hearings and empower parents to advocate for the education their children are guaranteed under IDEA.*

3) GAO will study parents' success rate in achieving appropriate education for their child with needs through special education advocates, state complaints, mediation, and due process.

- *The consensus of parents is that there are no effective methods for holding the school accountable. Advocates make the process adversarial, SEA offices have no effective method of enforcement for their decisions, schools use mediation to increase the burden on parents, and even for parents able to pay for representation in due process, school districts are not compelled to follow the orders of judges and hearing officers when parents win FAPE cases.*

4) Through a U.S. Department of Education directive, no school district will discipline, suspend, terminate or otherwise punish any member of an Individual Education Plan (IEP) team who discusses or makes recommendations concerning the provision of special education and related services for a child during an IEP team meeting.

- *One of the primary obstacles to students with disabilities receiving the services they require is that their teachers often feel pressured not to recommend services which might cost the district money.*
- *Parents report teachers and staff approaching them for “off the record” conversations where they recommend services and supports that the parents should ask for at IEP meetings. Teachers and staff members state they cannot make recommendations at the IEP meeting for fear of reprisal.*
- *IDEA defines the collaborative process of IEP meetings, but school districts preclude collaboration by pre-determining limits and threatening teachers and staff. Most school districts hold pre-IEP meetings without parents present, where administrators tell teachers and staff members the limits on educational services and supports the district is willing to offer at the IEP meeting. Many teachers and staff report that often when they make recommendations at these pre-IEP meetings, the district administrator rejects the recommendations, because of the cost, and prohibits them from making recommendations during the IEP team meeting when the parents are present.*
- *In most IEP meeting, there is no collaboration to determine what the child needs. School district personnel rarely make any recommendations. Teachers and staff report that if they make recommendations at the IEP meeting which are not agreed upon at the pre-IEP meeting, they face potential disciplinary action including letters of reprimand, adverse performance reviews, and termination.*

5) As an extension of evaluation of children, which requires parental consent per IDEA, the U.S. Department of Education will direct states that they must document parental consent before any IEP changes can be implemented for military children.

- *Several states assume parental consent is not required to make changes to the IEP. However, IEP changes should always be made based on evaluations of the child, which require parental consent. Without the directive to obtain parental consent, school districts routinely take advantage of military families by degrading the quality of IEPs well below the established needs of the military child in a conscious effort to reduce school resources required. Similar to nonstandard IEP forms, state laws regarding parental consent are not only unique, they are complex and difficult for parents to understand. School districts take advantage of the fact that not all parents are experts in interpreting law. A directive explicitly requiring parental consent for IEP alterations will level the playing field so that school districts cannot unilaterally take advantage of parents and their children with needs.*

6) A U.S. Department of Education directive to school districts that prohibits the removal of goals, accommodations and services in a military child’s IEP for 6 months of school after arrival to a new duty station.

- *IEPs do need to be updated on a yearly basis, but the first six months in a new school is not the time to make changes. The informal testing for 30 days under current regulations gives the school an excuse for minimizing the needs of the student to match the services that are convenient for the school district to offer, regardless of the child's actual needs.*

THE PROMISE ACT
PROTECT THE RIGHTS OF MILITARY CHILDREN IN SPECIAL EDUCATION

Summary: The following legislative proposals fall under the purview of the Department of Defense.

Current Legislation:

1) Federal Statutes:

- *ARMED FORCES (10 U.S.C Title 10)*

New Legislative Proposals:

1) DOD directive that school districts become ineligible for Impact Aid if they do not provide remote enrollment for all military children.

- *Most school districts refuse to enroll a student unless they have a physical address within school boundaries. For military children with special needs, districts also refuse to review IEPs or collaborate on strategies for transition until they are enrolled. Military children often move right before school starts, which increases the potential that they will be placed in an improper classroom or services will not be established for them when they arrive.*

2) DOD directive that school districts must use standardized IEP forms to be eligible for Impact Aid.

- *IEPs vary in appearance State to State, but few if any are logical or intuitive. All state forms are confusing to military families, enabling schools to degrade the IEP while making it seem as if they are providing equivalent services. Standardizing the forms will create transparency that will reduce the temptation for school districts to take advantage of trusting parents.*

3) DoD provide special education attorneys across all services to work in collaboration with EFMP Liaisons, Coordinators and Case Managers for each EFMP family.

- *The Marine Corps is the only service branch that offers special education attorneys, but only for Marines. They also have EFMP personnel who attend IEP Meetings and work in close collaboration with the attorneys. All service branches should be providing the same face-to-face legal support.*

4) GAO investigate how Impact Aid funding is spent in public schools for military children with IEPs. The investigative report should cover the following areas.

- A. A recommended method for tracking how school districts use Impact Aid for IEPs**
- B. A recommendation for which organization should permanently audit public school use of Impact Aid funding**
- C. Benchmarks at both federal and state levels to ensure school districts meet IDEA standards prior to receipt of Impact Aid for military children with IEPs (e.g., results of ED investigations, number of due processes or complaints, etc.)**
- D. A recommended means to withhold Impact Aid funding if a school district loses a due process or state complaint for not providing child a FAPE.**

- 5) Receipt of DoD military impact aid is contingent upon providing FAPE to military children. School districts who lose a due process hearing involving a military child or are found to have violated special education law through a state complaint will lose DOD Impact Aid for the upcoming fiscal year.**
- *Currently there is no accountability or funding penalty for failing to provide a Free Appropriate Public Education to military children. Educational communities need an incentive to provide the minimum legal standards of special education.*
- 6) DoD provide annual report to Congress on special education challenges facing military children, including due process filings and state complaints for the previous fiscal year, the results of any EFMP or special education surveys, and actions DoD is taking to assist military families with special education issues.**
- *Military parents have provided feedback to the services for years that they are struggling to have their children's special education needs met to no avail. An annual report to Congress will allow lawmakers to understand the nature of these challenges and ensure improvements are occurring.*

Attachment F

EFMP Family Stories

AIR FORCE

FROM: Lynley

My name is Lynley Esposito. My husband is in the USAF. Both my daughter and I are on EFMP.

Overall I do not have problems with EFMP.

My one suggestion is this:

Make getting referrals to our specialists easier at the gaining base!

Wherever we PCS, I need to have a gastroenterologist. So when EFMP does their paperwork to see if the gaining base can accept us, can a referral be an automatic thing put in at the gaining base? By the time we get to our next duty station, I have to sometimes change regions, then get a PCM assigned to me, then wait to actually see that PCM, then I have to go over the reason "why I feel I need to see a GI", then wait for a referral, then wait for an appointment to see the specialist. This can sometimes take a couple months.

Going in to see a PCM that knows nothing of my condition wastes my time, and an appointment time for someone that could actually use it. If the referral was either put in in the initial paperwork, or even at the in process stage of my husband, it would be extremely helpful.

FROM: Melanie

The EFMP system failed my family. After years of being misdiagnosed and being told all of my issues were "in my head" by military doctors I finally had an answer, an ultra rare bone disease called Hypophosphatasia. At the time we were in Germany and were told we'd have to do an EFMP reassignment to be moved back stateside because there were no doctors who were familiar with HPP. My husband put in the request with suggested areas to be moved to for specialists and after a few days we got the news that our son had the same disease and my husband had to add that information to the reassignment request. When my husband got orders to Barksdale AFB everyone started questioning if it was correct because all of our research showed there were no specialists there. Case managers, doctors, and Ramstein's chief of medicine called and emailed asking if it was an error and were told it was correct. Not long after my family got to Barksdale we went to the EFMP office because we called around trying to get appointments and found out there were no doctors in the area that could treat us and while we were sitting there the lady OPENED up the packet with our information and said "oh y'all shouldn't be here." They seriously didn't review all of our information. At that point we were under contract about to close on a house. Someone not doing their job put us in a horrible position. So we stayed and now have to travel to Vanderbilt 9 hours away for care. It's ridiculous. We have 2 other kids at home and have to pay to have family from out of town travel to stay with our other kids so we can travel to Nashville multiple times a year. Families shouldn't be put in this position and shouldn't have all the added stress added to their already stressful lives because of a broken system.

My suggestion to fix this problem is to have a level system within EFMP. Level 1 being easier, more common issues, Level 2 moderate health issues, and Level 3 complicated health issues that need more research on where to be sent as care is limited. People with rare conditions often only have a handful of knowledgeable specialists throughout the US and shouldn't just be sent somewhere because they have a certain type of doctor because not all "specialists" have knowledge about the rare stuff.

FROM: Taunya

I am an Air Force veteran, an Air Force dependent, and a mother. In many ways we are fortunate because I can afford to be a stay at home mother and home school my two children. Many military families are not afforded that luxury. Additionally, our son Wyatt (now 11 years old), is fortunate in that while he is diagnosed with Asperger's Syndrome, he is considered high-functioning.

We have known that Wyatt had social disabilities from an early age. We enrolled him in Montessori schools to ensure that he would receive personalized education and attention lacking in many public schools. Given we move every two years, Montessori schools provided a level of consistency that was not offered with public schools. In 2017, we had a conference with the headmistress of Wyatt's school. She was the first to suggest Wyatt be tested for a social disability; he was nine at the time. I contacted his pediatric physician at JB Andrews and TRICARE to see if he could be tested. We had a formal letter from the headmistress stating that Wyatt needed a battery of tests due to severe outbursts in school. TRICARE refused to cover the required testing—stating it was not covered and not required. As any parent would do, we paid several thousands of dollars for the testing out of our pocket, which showed Wyatt had brain damage to the frontal cortex and that he potentially fell on the autism spectrum. However, further tests (QEEGs) needed to be completed in order to diagnose the rest of Wyatt's symptoms.

About this time, my husband received orders to move from JB Andrews, Maryland to Fairchild AFB, Washington. Upon arrival to our new base, we received a referral off-base to a board-certified neuropsychologist at Green Leaf Psychology in Spokane, Washington. Wyatt was able to get the rest of his symptoms tested and for the next two years, he received weekly neurofeedback sessions. His communication skills, ability to cope with change, and his social skills improved dramatically. TRICARE covered the annual tests and the weekly sessions. We were never told that TRICARE would not cover these expenses at other bases. (Though we would have paid for those sessions out of pocket if not covered by TRICARE, we would then not have been able to pay for Montessori

schooling for our two children.) This was truly an EFMP success story. Unfortunately, this EFMP story does not have a happy ending.

In the spring of 2019, we received orders to move to Scott AFB, just outside of St. Louis, Illinois. We completed the necessary EFMP paperwork. We were denied the PCS because the necessary care for Wyatt was “not available within 100 miles” of Scott AFB. We requested through the Air Force Personnel Command (AFPC) to extend for another year. My husband, a Judge Advocate, was denied the extension by AFPC and the JAG Corps. Knowing the medical issues regarding my son, the JAG Corps assignments officer issued orders to Shaw AFB, South Carolina. Needless to say, if coverage wasn’t available at Scott AFB, there wasn’t coverage at Shaw AFB where the nearest town with potential medical care was over an hour away. Again, we were not recommended for PCS (permanent change of station) by the medical clinic due to lack of medical care for our son Wyatt. The JAG Corps assignments officer then arranged a PCS back to JB Andrews as it is one of a dozen “expedited bases.” An expedited base is one that “should” accept most people with medical issues (however, if care is not available, the EMFP office is required to “not recommend travel”/PCS). This did not happen in our case.

We again worked through the stressful process of filling out the EFMP paperwork, submitting it to the Fairchild AFB EFMP office. Then we waited for them to again review the same paperwork they approved on two prior occasions only for them to forward it to JB Andrews. We waited for over 30 days to get a response (the forwarding EFMP office is supposed to answer in 10 days). We called JB Andrews EFMP office. We were told “the only person” who could review the paperwork was TDY. Then he was unavailable. After a month of waiting, we were informed that we were recommended for travel. We immediately contacted JB Andrews EFMP to ask for a list of physicians that provided neurofeedback in the DC area (knowing there were no military physicians that provided the services to dependents and no board-certified physicians that accepted TRICARE within a 100-mile radius of the base). The military physician who approved the EFMP PCS would not provide the list. He and others at EFMP stated that the Air Force cannot endorse private sector physicians, yet ensured us care was available in the area. Since my husband is a Judge Advocate, we knew this was not the case as all the physician needed to include on any memorandum was “No Federal indorsement intended.”

The reality was, they knew there weren’t any physicians, but because JB Andrews is an “expedited base” for EFMP families, they need to maintain a high percentage of EFMP approvals. We were told that if services were not available, we could apply for a humanitarian PCS. As taxpayers, we found this to be absurd. I contacted the Travel Management Office to inquire as to the cost of a

PCS for a family of four. It was over \$25,000. It is unconscionable for the Air Force to pay \$25,000 for a PCS without being certain that EFMP needs would be met at the gaining base and to cavalierly state that we could seek a humanitarian PCS incurring another \$25,000 expense to the federal government. Moreover, PCS's are always stressful. More so for EFMP families with children who have special needs; but the JB Andrews EFMP office and physicians clearly did not seem to care.

With the help of a case manager at TRICARE, the case manager and I contacted over 24 physicians in and around the Washington-Baltimore area. None accepted TRICARE. I sent this information to Ms. Beckford at the JB Andrews EFMP office in April of 2019. When I called a few days after sending her the list of physicians and their unavailability responses, she said she deleted my emails. When I asked her to forward the physician's responses to the head of the EFMP office at JB Andrews, she was dismissive. We attempted to seek a reconsideration. My husband spoke with an unempathetic and unmoved physician at the Air Force Medical Readiness Agency in San Antonio. They stated the care Wyatt had received and that TRICARE paid for the last two years was "premium care" and TRICARE was not entitled to cover the cost. This was the first time we were told this in two years. We received numerous statements from TRICARE listing the cost of the neuropsychology sessions. Never once were we informed by Fairchild AFB or TRICARE that the services considered "premium," that they were not covered, or that they would not be covered in a future PCS. The neuropsychologist my son was seeing provided a letter to the EFMP office stating that the continued treatment was vital and necessary.

EFMP and the physicians at JB Andrews did not care. The irony of this is the Affordable Care Act was touted as Americans would not lose coverage for preexisting care if they changed physicians. In fact, even today the Health and Human Services website states, "Under the Affordable Care Act, health insurance companies can't refuse to cover you or charge you more just because you have a "pre-existing condition" — that is, a health problem you had before the date that new health coverage starts."¹ So Americans who have not taken an oath to serve their country will not lose necessary healthcare if they elect to change healthcare providers, but for Servicemembers who are ordered to PCS they are not afforded the same basic coverage and continuation of care.

Upon our arrival to JB Andrews, while we were on our permissive leave "house-hunting" days we obtained an appointment for Wyatt with his new pediatrician and sought an off-base referral for a board-certified neuropsychologist. We were not given the referral. Still on house-hunting days we met with the EFMP office, two children in tow. We spoke with Ms. Beckford in person but were

¹ <https://www.hhs.gov/answers/affordable-care-act/can-i-get-coverage-if-i-have-a-pre-existing-condition/index.html>

treated rudely and our concerns were dismissed. We were told the services would not be provided and there was nothing for us to do. When we asked about an EMFP PCS to another base that would have services for our son, Ms. Beckford stated she could do nothing. Sgt Wells, a patient advocate staff member at JB Andrews had to suggest to Ms. Beckford that she could draw up a support letter for our family stating the services he needed and the availability to meet those services at this assignment location.

It was at this point we had difficult decisions to make. We couldn't afford both the neurofeedback sessions for Wyatt and Montessori schooling for our two sons. That is when we made the decision to homeschool our children and pay for the healthcare that the military and TRICARE would not cover. I now invest four to five hours every Tuesday driving my two children from our residence in Upper Marlboro, MD to Manassas, Virginia, through DC traffic for an hour-long appointment. All because EFMP, Air Force physicians, and TRICARE have made a decision regarding Wyatt's healthcare without having even met the patient.

Our PCS ordeal began in March 2019. We were formally not recommended for travel at two bases and informally denied at four others. We watched helplessly while other families moved during the "PCS season" of June and July. We didn't arrive to JB Andrews until 5 September due to all the false starts and bureaucratic tape EFMP and the Air Force have injected into the process.

There is a growing number of military families that have children who suffer from a host of medical matters, including autism. These military children already make so many sacrifices so that their parents may voluntarily serve this great nation. Yet when it comes to PCSing, rather than removing the added stress EFMP families have, EFMP injects more stress. Rather than handling EFMP families first during the PCS cycle, EFMP families watch helplessly when others receive orders first thus limiting base options for those EMFP families. And while the government looks for ways to save spending in the military, the military wastes thousands of dollars PCSing families to locations that don't meet the needs of the EFMP family.

FROM: Mindy

My name is Mindy and my husband, Stephen Jorgensen, is enlisted in the Air Force. In 2010 we wed and immediately started trying to have a family. Life wasn't happening like we envisioned, and we looked to fertility treatments to help us get pregnant. We paid \$16,000 out-of-pocket and luckily became pregnant with fraternal twins in 2014 on our first round of IVF. We have 3 remaining embryos that are frozen in California where we were stationed when we underwent fertility treatments. Basically, if we want to have more children, we need to be in Northern California for at

least 2 months and come up with around \$15-20K for embryo testing and implantation that might not work. When I inquired about moving the embryos, I was told I needed to find another fertility clinic that would accept them and it would cost around 10k to move them. I have also learned that infertility does not qualify for EFMP. I asked if we could in any way get a choice in bases that might make it easier to have another child. There is no help for this, yet we pay \$500 per year to keep our embryos in hopes that the air force will send us close to them again and that we will be able to afford the high cost of treatment.

When our twin girls were just 6 months old, my husband received PCS orders and we left our home in California a couple months later and found a new home in southern NM (Holloman). We stayed in NM for two years, were on Tricare Select and didn't live on Holloman, so I never went onto the base for anything. We actually lived on WSMR for the second year we were there. In the last 6 months of our time at Holloman one of my girls was diagnosed with Autism, Kaity, and the other was diagnosed with Childhood Nephrotic Syndrome, Cami. My husband was given an overseas PCS assignment for a year right around the time of their diagnosis'. Due to the recent diagnosis's of my girls, I thought it was best to move back home to be near my parents during the year while my husband would be overseas. My daughter that has ASD was diagnosed by an ECEP done through UNM after our coordinator through our early intervention program made the referral. The girls had not been enrolled in EFMP before we left, and I had very little information on what EFMP was going to do for us. I was told about EFMP from a friend. My daughter with ASD began school only 5 weeks prior to us leaving. I also had her twin sister evaluated for school, and they told me she didn't qualify, but I had concerns.

Once I got "home" (NC) settled into my new home, said goodbye to my husband for a year, got Kaity, my daughter with Autism, enrolled in school and Cami, my daughter with Childhood Nephrotic Syndrome, set up with a Nephrologist, I started trying to figure out how to get ABA services started. I wasn't living on an AFB, in fact the closest base was 1.5 hours away. I learned I needed to first enroll Kaity into EFMP to start the ECHO and ABA processes. I found an EFMP support page from our last base and made contact. I began emailing back and forth with a contact I had at Holloman AFB. She sent me the paperwork I needed to complete. I took the paperwork to the pediatrician and had it completed promptly. I emailed it off to my contact at Holloman and was told we were good to go. Next, I began working on getting my daughter enrolled in ECHO and started to complete paperwork with the ABA provider that I had chosen. I also found out Cami needed to be enrolled in EFMP and started that paperwork as well. EFMP paperwork was said to be done for Kaity in Feb 2018 and Cami in March 2018, but it wasn't. My husband went to check to see if he had a "Q" code and he didn't, so something wasn't right. I was back and forth emailing

my contact at Holloman and it was getting me nowhere. My husband couldn't do much of anything to help us due to his work hours and completely flipped sleeping schedule. I also attempted to get Cami into school while in NC and in for an evaluation for ASD or other early childhood issues, but both failed me. The one year time frame was not enough time to get her evaluated through Duke and the school system thought she was very typical.

In June 2018 my husband received a follow on assignment to Anderson, AFB in Guam. He was pretty excited because he really wanted to go there. I did a little research and found out that Guam doesn't have any pediatric Nephrologists, so I told my husband that this assignment wasn't going to work. My daughter with Childhood Nephrotic Syndrome frequently relapsed the entire year of 2018 and was on high dose steroids constantly. I was told by my contact at Holloman that I would need to get in touch with EFMP at Seymour Johnson AFB to do the medical/EFMP clearance procedures for Guam. I made contact with someone via email at Seymour Johnson who confirmed with me that it didn't appear my daughters were enrolled in EFMP. I explained to her all that I had done and even sent her the paperwork so that she could help me. Still, no "Q" code. I was somehow able to get ABA finalized and started my daughter with Autism just after Labor Day (that's September). In October I found out something was wrong because our ABA services were not being covered by Tricare ECHO, and I was sent a huge bill. My husband finally was able to make a phone call to someone at Shaw, AFB and the EFMP paperwork finally went through and we got "Q" coded. The bill got taken care of, whew! We got the assignment to Anderson turned down for EFMP reasons, but nothing was happening after that. We found out when my husband came home for a visit in November 2018 that he had to do something to finalize the change in orders. He was able to frantically get his end done before he flew overseas again to finish out his assignment. That took precious time away from our visit. We received our unofficial new orders mid-December 2018 and didn't get hard orders until we were within the 30 days I needed to give to our home rental company. It worked out because I sent the unofficial orders to the rental company in time and told them I would update when the official orders came in and they accepted that. The move was quick. My husband came home and the house was being packed up a couple days later.

We arrived at our new duty station and current station of Creech, AFB/ Las Vegas in the beginning of February 2019. We scrambled to buy a house in the right area as quickly as we could. Kaity was placed immediately in school and we Cami was set up at the only Pediatric Nephrology clinic in Las Vegas. The Nephrology clinic has the choice between two Nephrologists, but the clinic is dirty. I have complained about it. I saw a pediatrician quickly and had referrals put in for all the services my girls needed including a referral for my daughter without ASD to be evaluated by a clinical childhood psychologist. I found out from the special needs support page for Nellis/Creech that a

developmental pediatrician can also diagnose ASD. I had no idea. While I was setting up Kaity for ABA services, I learned that even though we had been switch from Tricare East to Tricare West that I had to reenroll her into the Tricare ECHO program. I essentially just had to fax them the EFMP paperwork and my proof of "Q" code, but it was still an extra step that delayed my daughter's therapy from getting started. In a world that works the way I want it to, I would be able get my child on therapy wait lists as soon as my husband receives his hard orders. This delay in care is not good for a child with special needs. I had my daughter Cami evaluated by Child Find (the school system) in Las Vegas in April 2019 and they found that she almost qualified. In August, I placed her in a pre-K class that met for 2 hours a week at a local community center. The teacher noticed something was off immediately. A couple weeks later she moved Cami out of her class and into the more intermediate level class they have for pre-k. In September Cami was seen and evaluated by the clinical psychologist here, and in October we received her results. Cami doesn't have ASD, but she does have ADHD and Anxiety and it was highly recommended that she begin ABA services. I looked into ABA only to find that she cannot receive ABA services without an ASD diagnosis, and she cannot be enrolled in Tricare ECHO with ADHD or Anxiety as the reasoning. Kaity's ABA therapists told me they believed Cami needs ABA more than Kaity does. I feel so helpless. This is not fair. This needs to change. Cami did get reevaluated through Child Find and started pre-k part day through the public school system in January 2019.

I first heard about respite care when I was in NC from a social worker there. She said we may qualify, but couldn't really give me any direction on where to start. I started hearing about respite again once we moved to Las Vegas. I heard there were changes going on with providers and knowing how much trouble it was to set up EFMP, I decided to wait until the changes went into effect, October 1st to inquire. My husband and I started to send emails to EFMP support in October 2019. There were two individuals my husband was emailing and each said we had to contact the other person for help. These people don't know their job and are probably overwhelmed with changes, current care situations and other duties. Finally, in January 2020, the EFMP respite contact emailed me a form that needs to be completed before we can receive respite services. This form is redundant. The EFMP respite person should be able to look on their computer and see the up-to-date current EFMP paperwork that I have on both of my children and finalize our request for care. I shouldn't have to go back to my pediatrician in the height of flu season with my child that has Childhood Nephrotic Syndrome to get her to sign paperwork that is redundant. This bring us to the present.

In conclusion the areas I could use some help are: Infertility specifically should qualify for EFMP due to location of frozen embryos and the high cost of treatment that is still not covered by Tricare.

1 in 8 women experiences infertility. Ease of communication and processes within EFMP. It should not take 3-10 months to get a process completed. I also shouldn't be told something is done that is not. I should be able to navigate my EFMP needs without being physically on a base and while my husband is overseas. I should at least be able to find out what needs to be done to complete an enrollment whether is be original enrollment, respite or something else. Ease in change of providers due to PCS. Tricare East, Tricare West, Tricare ECHO should be able to transfer my information. I shouldn't have to re-enroll with every move. ABA services need to be expanded to include my daughter with ADHD/Anxiety. She needs it just as much as her sister with ASD does. The family should have more of a choice in bases being considered. I was told that we would not be sent back to the Beale AFB in CA where my embryos are frozen because of my EFMP needs. I know the area and I know they have everything I need there, and it is way better base for us than Las Vegas. Plus, my husband has worked there before, so I know they could use him there. The schools in Las Vegas are rated some of the worst in the country and that is where we end up with kids that need the best schools.

Thank you so much for your attention to these issues, and I pray that changes will be made to make life easier for us.





FROM: Jennifer

I want to thank you for gathering real life stories from the community and presenting these important issues to our nation's leaders. My inconveniences have been minor compared to what I know others have gone through, but I believe they demonstrate cracks in the system that should be there to support the most vulnerable members of our military community.

Ever since getting married, I have been enrolled in EFMP due to both asthma and mental health issues. I have suffered from depression off an on for much of my adult life, much of it exacerbated

by the difficulties of military life. I had been off of medication for a while when we received surprise, short notice orders to Joint Base Pearl Harbor Hickam in Honolulu, Hawaii. I was 28 weeks pregnant with our first child at the time, and my husband's projected departure date was my due date. This news sent me into a tailspin. After a few weeks of trying to adjust to the news, my OB and I decided that the best course of treatment was for me to start back on antidepressants so that I would be better equipped to take care of myself and my baby. During my EFMP screening, rather than looking into what care was available for me at the gaining installation and making sure that we would be able to continue to receive adequate medical care, the doctor conducting screening shamed me for being on medication while pregnant. He accusingly asked me who had prescribed the medication and whether my OB knew I was taking it (my OB prescribed it). He also implied that I was harming my baby by continuing to take care of myself. I left that meeting in tears, not trusting that I would be able to take care of this baby, and not trusting that the Air Force would take care of us.

My second encounter with EFMP was even worse. During our time in Hawaii, I was diagnosed with secondary unexplained infertility and was undergoing regular treatments with a reproductive endocrinologist. We knew that our time in Hawaii was coming to an end and we would be PCSing soon. We registered this treatment plan with EFMP, with the understanding that we should be assigned somewhere that I could continue receiving treatment. There were openings in my husband's career field at installations that could have continued treatment, either at a MTF or with an in network civilian provider in the local area. However, when the assignment came through, we were not assigned to one of those locations, but instead to Offutt AFB. Our EFMP package was sent to Offutt and their response came back that they could accept and treat me there. Their treatment plan was that I could either pay out of pocket to see an out of network reproductive endocrinologist in Omaha or I could drive 130+ miles one way to see the closest Tricare provider. Appointments for this treatment were unpredictable as they are based on your menstrual cycle and how you are responding to medications. I would often be in the doctor's office up to three times per week, sometimes with only 1 day notice. For a family juggling two working parents, unpredictable work hours for the servicemember, and a toddler at home, this was a logistical impossibility. While some infertility treatments (insemination, in vitro fertilization) are not covered by tricare, much of the diagnostic testing and laboratory work is covered, making paying 100% out of pocket in Omaha a significant financial burden. We appealed the decision to EFMP and also to the career field manager, but unfortunately, the assignment went unchanged. We were lucky enough to go through an IVF cycle right before leaving Hawaii, and had a positive pregnancy test shortly after arrival at Offutt. This is when things got even worse. The clinic at Offutt did not know how to handle an incoming IVF pregnancy. The doctors refused to prescribe medication that was

necessary to continue to support the pregnancy because they didn't understand the IVF protocols. I don't believe i received the minimum standard of care, and we were in constant fear of losing the baby for weeks due to the medication complications as well as the added stress on my body. I am trying to address this with the clinic leadership because I want them to understand how unprepared they are to treat others in this situation, but I have been unable to get a meeting with anyone.

FROM: *Patty*

Some background info on me is that I'm an AD AF Logistics Readiness Officer and Mom of 2, 1 of which is enrolled in EFMP for an unknown seizure disorder. I had my son in Nov of 2014 and have since then completed 2x 6 month deployments and 1 unaccompanied tour. To make it clear, I have no issues answering to do what I signed up for when called however, I think we can do better. For example,

Factors that drive short tours in the AF that are outside of the service members control. EFMP families can't get overseas assignments as easily as non-EFMP families. Because DEROS dates and short tours numbers are criterion for short tour assignments, those members coded EFMP are more likely to get hit and leave their families more often than their peers with all things equal simply because the non-coded person was able to PCS to an overseas location. Yes, I understand that receiving medical clearance in order to PCS overseas is to ensure that the required specialties are available however, that process is subjective based on the person that received the clearance package and it's not fair to make DEROS one of the discriminators when deciding who is going to get non-vol'd for a short tour.

Additionally, Respite Care is also another topic I'd bring up. There program is grossly under advertised therefore not able to recruit providers. This SUCKS for the spouse of deployed service members when they simply need a break not to mention that Respite Care is not even available for those stationed OCONUS.

FROM: *Lura*

First, I want to say that we love Edwards AFB. We have met some incredible, helpful, and kind people here. We've enjoyed Kids Klub and Family Bingo at Club Muroc, bowling with Santa, the Winter Fest at the BX, Sailor Santa, Trunk or Treating, Story Time at the Library, and watching movies at the base theatre. Our youngest is in Mrs. Tessie's FCC Preschool, we love all the parks in the community, and like how there is always something to do. We've honestly never had a weekend where we don't know what to do, or are just bored. We are from Northern California and Arizona, and enjoy that our family was able to come spend Thanksgiving with us, that they are close enough

for us to visit, and for them to attend milestone events together. We genuinely like it here, plus the view is pretty incredible.

We are a family of six, with 4 incredible kids. Our two oldest children are in the EFMP program, and are categorized with severe special needs. They are diagnosed with intellectual delays, developmental delays, Autism and Sensory Processing Disorder. Our previous base was Langley AFB, Virginia. It was not the base we were going to stay after retirement but our kids were cared for, and the services they needed existed. We were stationed there for 4.5 years, before we received our assignment to Edwards AFB last spring. Full disclosure: my husband was looking into assignments/special duties at bases that could support us, and we were okay with moving as long as our kid's needs could be met. We were also okay staying at Langley until his retirement. At Langley, I was a Key Spouse for the squadron assisting with family events, and I volunteered with the Family to Family Network with Virginia Commonwealth University as a Parent Navigator. I helped families with special needs, whether with a new diagnosis or new to the area, find the supports they needed. I attended IEP meetings all over Hampton Roads, helping families to advocate for their children's educational needs. I also helped families address any medical issues that arose, whether they were military or civilian. As an advocate, I also helped inbound EFMP families get housing and schooling set up so that they could hit the ground running at a new base. Since we have arrived at Edwards, I have been helping some families navigate EFMP and helping them with issues with the schools. When we received our assignment to Edwards, we truly believed it would be declined (like others to remote/smaller bases in the past). Even our military specialist doctors told us to expect that the assignment would be declined. When the assignment was approved we were absolutely stunned. My husband reached out to the EFMP-M at Edwards, Mr. Couper, to verify that he didn't accidentally say yes, and we were reassured that medical could support us. We inquired about the schools also, and were told that they could as well. After a few phone calls with him, he told us that everything was set up for us here at Edwards, and to stop by his office so he could give us referrals etc. when we arrived.

My husband started out processing and signed us up for the waitlist for ADA housing at Edwards. As the spouse, I joined the local Facebook pages for the base, and started asking questions. I emailed the base schools and sent copies of IEPs pointing out that both of our children require complete 1:1 ratio, so the district would need to have 2 additional support staff in place on 21 September when we arrived so they could start school. Between my two children, their IEPs are over 70 pages. That is 70 pages of documentation, accommodations, and needs that have to be met. These accommodations are developed by professionals in education, and pediatric development. They are fundamental to my children's success. I set up an appointment with the school to register

them, and reached out weekly from the beginning of August until our meeting, to remind them that we were coming and what our children needed. I went a little overboard, but in my defense I still was in shock that this base could support us.

Since arriving at Edwards, the principals at both base schools admitted they did not know what to do with our children, and were surprised that we were actually assigned here. It took an additional 10 days of negotiating with Mr. Tan from the district, viewing other placement options outside of Muroc School District, and many phone calls before my children started school. My oldest is bused 30 minutes away from base, and next year her brother will join her. Multiple people in the schools have pulled me aside and told us we need to find a better placement because their needs are not being met. Muroc is doing what they can. They are not equipped to handle the extensive needs that my children have. The school district began piecing together an education for my children but it isn't even 50% of what they were able to receive at Langley. This isn't maintainable long term; this will be detrimental to my children long term.

Medically both of my oldest children require 20-25 hours of in-home ABA a week, follow-up with a developmental pediatrician every 6 months, and qualify for speech, occupational therapy, and physical therapy weekly. As a family, last year, we decided to just do ABA because, honestly, there are only so many hours in a day. We also use the Respite program provided by AFRC, since our children require 24/7 adult supervision.

From our research we learned that families over the spring and summer were being reassigned to other locations due to Autism diagnosis and the local area not having ABA services for the children. Mr. Couper assured us that ABA was available, as it was one of our requirements listed on our paperwork. We trusted the system; maybe the other families had different needs than us. We were trusting the system.

When we arrived in September, we were told housing was not going to be available until spring, so we started looking off base. We actually put an offer on a home and then we were informed by Mr. Couper that we needed to live on base to receive ABA services. We backed out of our contract, and braced ourselves to paying over BAH to stay in TLF. We also went to Corvias and explained our situation that we needed to live on base for our children to receive ABA services asking if we could be moved up the waitlist. At previous bases, EFMP families were bumped to the top of the housing list, but Corvias does not have a policy to address this and were unwilling to move us up the list. We talked to Mr. Couper who advised us that he was drafting something to address this issue. It was

never addressed. We did make it to #1 on the list and were offered a home beginning of December for a move in date of 2 January.

During this time, we met our children's awesome pediatrician. She put in the kid's referrals, checked in with us, and had been very helpful. We've run into a few situations for things that they haven't had to do before, but they figure out the process and have been a pleasure to work with.

Once our referrals were in place we started calling to get services set up. That has been a headache, but not one that we wouldn't have had to deal with at any new base. There are always growing pains. Our main issue is the ABA company that was provided to us to use by Mr. Couper is not Tricare approved. She does not have employees. She is setting up an ABA company for this area, but is not a functioning business. She has been in the process since at least spring of 2019, but as of today is not a registered Tricare Provider so we cannot use her. There is no one else that services Edwards AFB. This is creating a huge lapse in services that my children have written documentation that they need. We pointed this out to Mr. Couper, but this honestly is something he should have researched. If Mr. Couper is processing humanitarian reassignment documents to other families due to lack of ABA services, why is he also accepting families to Edwards that require ABA? Services need to be in place prior to accepting families who needs those services. A small lapse to a typically developed child can be handled much easier than a child with profound needs, like my children. Not only will this prevent them from growing mentally and cause regression. They have fought too hard for the progress that they have made educationally, socially, and personally to regress now due to lack of care that we were assured was in place prior to our arrival.

This area also does not have a Respite Program. Prior to 1 October 2019 Respite was handled by the EFMP office who processed your paperwork and connected you with Child Care Aware. We reached out to Pam Natale in June to advise her that we were coming and would like to know about Respite providers in the area. She strung me along all summer saying she was setting things up with a company or doing interviews. She said there were not any families currently at Edwards who qualified for Respite, which is why the program was not in place. In September it was publicly announced that Respite Care was leaving Child Care Aware and being taken over by the Air Force. The Respite program was to be serviced by the FCC Coordinator or the Flight Chief if a coordinator didn't exist. When we arrived we stopped by to visit Mrs. Natale at AFRC, to ask her who we needed to contact now, since she was who we had been speaking with all summer. From there we spoke to Mr. Anthony Coward, the Flight Chief. He honestly didn't know what Respite was when we arrived and was told that there were not any families that needed it. We spent over an hour with him answering his questions about how the program worked, why it was necessary, and gave him

the contact information for the group that is now responsible for it in San Antonio. We also explained that we had already spoken to a few families on Edwards who both qualified and needed Respite, but were advised that program just didn't exist here. He said he was going to make some calls, and get back with us. He sent us an email to follow up with the group in San Antonio and gave me the same phone number and names I had previously given him. Mr. Coward is supposed to be the POC for the Respite Program at Edwards AFB. I spent 8 weeks calling and leaving voicemails with the team in San Antonio, until I finally got a call back. They informed me that there were 2 potential Respite providers, but they needed to see if they were interested in taking on a new family. They also advised me that they were not hiring new providers because they were trying to get the new program going with their current providers that came from Child Care Aware. One provider was willing to work with us, but her availability is drastically limited and she is only available on Sundays, so we have not been able to utilize her.

Mr. Couper continued to tell us to try to make it work here for a year before applying for an EFMP reassignment. A year without adequate care. A year without the EFMP documented needs that my children have. We tried, honestly, to make Edwards work given the assurances that we were given prior to our arrival. We have discussed with him the limitations of the schools in this area, and the lack of ABA, and housing. His response for the school is consistently that he cannot deny orders based on educational needs that federally the schools have to meet our needs. This is completely true, that the schools have to do their best to meet their needs. However, the schools cannot force qualified people to apply, take jobs, or exist in this area to fill the positions. The school is limited based on resources available to them in the local area. Most of their specialties positions are filled by spouses who are here short term, but the availability of these qualified spouses changes with every PCS cycle. Currently, there are not enough qualified candidates. Muroc School District is not a school that can handle complex children, and IEPs need to be included when making decisions. In December we applied for an EFMP reassignment and were approved. About two weeks ago we were told that both Schriever AFB and Nellis AFB had approved us, and they were still waiting to hear back from Davis Mothan AFB so that they could give us a new assignment. We spoke with Mr. Couper, and my husband's leadership and explained why Nellis would be a terrible fit for us. Yes, they have the medical but they do not have the educational supports for our children. The main complaint from Nellis families is about how the schools can't meet the educational needs of general education students, let alone special needs kids. Clark County schools are 25% understaffed and have a myriad of issues, which I would be happy to discuss further if necessary. We went to Mr. Couper who gave us the same line about education reasons are not reasons to deny orders, my husband went to leadership, who again went to Mr. Couper for guidance and received the same answer. As far as Mr. Couper is concerned, their medical needs will be met, so his job is done. This

is grossly negligent of someone whose job it is to help EFMP families find all the resources that they need, not just medical. A person needs medical and educational needs met to continue to develop appropriately.

The reason Langley was a good fit for our family was because the supports we needed were there. My husband could deploy, go tdy, work different shifts etc. because, as a family, our needs were met. My kids attended a school that had programs to help them. There were multiple ABA companies to choose from, so we had great therapy for the children. The military specialty doctors understood our needs and were connected with the local services to help when issues arose. Respite was available so I could take a nap, or go to an appointment for myself. My family has different needs than other families; it is why we are enrolled in the EFMP program. When the supports are in place, I can handle anything. When the supports are not in place, I struggle to make it just through the day. The EFMP program is an umbrella that is supposed to protect us so we can be successful. We need to go back to a base that has this umbrella already open.

When a family is supported the military member can focus on the mission and not have additional stress from family members needs not being met. Going to Nellis will be a struggle for our family as well because of the school options. EFMP-M and reassignments would be more successful if they were able to be able to speak with families and receive input. I'm not advocating for cherry-picking bases; I just want to go to a base that can meet our needs. I want to go somewhere that I know when duty calls my husband away, my family will be okay. We know Nellis, for our family, will be harder then it needs to be than if we went to a base like Schriever AFB, where the programs and supports our kid's need exist.

I just want someone to listen to our story, so that hopefully another EFMP family doesn't encounter the same roadblocks that we have encountered at Edwards. The financial strain, and stress we have been under have affected my family as a whole and individually. Now, we are preparing for our new assignment at Creech AFB, knowing that the supports we need are also not in place.

Thank you for taking the time to listen, I know that your time is valuable and I greatly appreciate it.

FROM: Shelly

We are a family of 7, two parents, and five children. The four younger children, are all EFMs. The middle three having autism one having autism AND symptoms of schizophrenia and the other two having autism and ADHD. The youngest child was born with Spina Bifida. She has to have regular visits with many different medical providers to manage her care. She has to be cathed to urinate and assisted with bowel movements. She is very high maintenance. The middle three need ABA and

understanding school districts to help them navigate the social and accepting world. When we lived at Fort Meade, we had one of these. The school was fantastic at working with them. There were no providers that worked with tricare for ABA that had any type of openings. And the youngest had care at John's Hopkins, which you would think would be outstanding care (some of which was - don't get me wrong.) but fast word to my husband switching careers in the Air Force. We were informed that we would be moving to Tinker AFB after he was done with his new tech school, which also meant I had to pack and move without my husband. I was fine with that, until tinker began to have issues. No providers, no doctors, EFMP put a halt to our move, and changed us to moving to Offutt AFB in Nebraska. In two weeks. They had problems finding the right people to sign his orders, so we didn't get official orders to move until one week from his RNL date. This put tremendous strain on our family.

Once we got here, I expected to receive the same level of services FROM EFMP. There was no similarity. None. We have all the things our children need medically, which is great! However, we have none of the community based programs that we had in Maryland. No monthly meet-ups to learn about the things that EfMP is doing for us (a regular thing at Meade) and quarterly fun things for the kids. There were monthly things they did for the kids there in Maryland, such as book reading with therapy dogs, and equine therapy, that I assumed was only if the animals were available. When we got back on our feet from the move, we didn't find anything. Nothing. No monthly anything, minimal contact from EFMP personnel with the ever reliant, "if you need anything, give us a call!"

There's so many things wrong with the EFMP system that I think needs to be fixed across the board. There needs to be a continuity across branches and bases. There should be monthly opportunities for families to connect through EFMP. There should be things for non-Christian families, around the holiday season.

There should be inclusion for all the family members at LEAST an annual event. Such as a dance of some sort. (yes ironic use of words, but differently abled people can still enjoy music and food and connections with people who can accept them as they are.)

With autism on the rise in diagnosis, it's running rampant in military communities. A sensory monthly meetup or event would be awesome, something as simple as a movie. Equestrian therapy, or therapy dogs would be even more awesome. At least a Facebook group that all the families can be in to discuss everything, would be minimal.

The system is flawed. Let's fix that.



FROM: Rebecca

We are a dual military couple stationed at Fort Bragg with two kids. Lincoln Sawruk is four and Winston Sawruk, born with Down Syndrome, is 2.

DoD needs to have standardized respite care. Currently we qualify for forty hours a month under the Air Force. The Air Force changed the respite program management in October 2019 and many families were gapped in coverage and providers not paid due to the extremely disorganized roll out.

Once I am out of the Air Force on 1 May 2020 we qualify for zero hours of respite under the Army program. Down Syndrome is not serious enough of a condition to qualify under the Army.

I applied for DME (\$3k helmet) under ECHO and was denied. I went thru the appeals process and was denied multiple times. Eventually DHA denied my appeal. I submitted a FOIA request in July 2018 to DHA because different Tricare contractors have covered the same equipment. They replied to me in Jan 2020 saying there were no records on helmets. I know this is untrue because I met people online who had them covered (not for surgery). I can send you all those documents if

needed.

Tricare also denied therapy for my son. The state of NC recognizes it as Community Based Rehabilitative Therapy or “Play Therapy.” This type of therapy needs to be covered. It is well researched so I don’t understand why it isn’t covered. Also, the payments for OT, SLT, and PT need to meet the going standard rate in order to ensure quality care.

On a personal note I am getting out of the military because it is impossible to maintain dual status with the EFMP processes in medical and personnel.



FROM: Carly

My name is Carly Caraballo Santiago and my husband is SrA Jose Caraballo Santiago. I work full time for the department of defense at Medina annex JBSA lackland AFB and my husband is active duty at lackland, as well as a full time student.

We have a daughter who is 6 named Violet. Violet is a type 1 diabetic and diagnosed in June of 2019.

When violet was diagnosed, me and violet were in the United States visiting family as we were stationed at Lakenheath AFB, United Kingdom on a humanitarian assignment as my mother had terminal cancer.

My whole support system is in the U.K as that's where I was born and raised. When violet was diagnosed we were immediately told we would not be able return to the U.K since RAF lakenheath doesn't support T1D. After violet was discharged From the hospital after 6 days we were forced to reside in the Fischer house at Eglin AFB for about 6 weeks until my husband received an EFMP assignment. During this 6 weeks, I was placed in an FMLA status from my job overseas to care for my child in Florida til we PCS'd. We arrived at lackland in September 2019 and within 3 weeks had start date for my new employment. I went over to the youth center to enroll violet in before and after school care, along with all the school breaks for thanksgiving, Christmas etc. They informed me that they are not allowed to do any care for violet and that they are only trained in administering glucagon for diabetic emergencies. This means that myself or my husband will have to leave work Several times a day to give violet her insulin for the food she consumes throughout the day and for any blood sugars higher than 200. This includes insulin for blood sugars that are too high or her snacks which are over 15g of carbs throughout the day. They initially said they will not do any Blood glucose checks, count carbs for meals etc. the only thing they will assist us with is monitoring her dexcom (which we have access to) and have low snacks in an office which violet can have access to as and when needed. I found the AFI which states that they did in fact have to do glucose monitoring when needed and the staff was adequately trained. This doesn't include administering insulin or counting carbs for food consumed.

I had a meeting with EFMP, legal, flight chief for FSS, a nurse, the youth center trainer , youth program coordinator, and finally a couple staff members that are involved in the care for violet.

I mentioned having a staff member trained to administer insulin when needed to facilitate Violet's needs and they refused. They said it's a liability and they don't feel comfortable with it. They also mentioned that they don't have the funding to open a position to facilitate this.

I feel like they don't even have the proper knowledge and education on what to look out for when Violet is high or low or what steps to take. I also mentioned that occasionally Violet would have to have her urine tested for ketones if she is over 300 and they said they can not help us with that either.

The EFMP mentioned that I would probably not be allowed any additional respite hours to accommodate us for the time that Violet is off school and needs full time care while myself and my husband are at work. We are allowed 40 hours a month, and that would only cover about a week. We came to Lackland on hopes to have the correct medical care for our child, which we have received, but are not being supported in other areas which are important to our child's life. All daycare providers including the CDC and the youth programs are discriminating against children with disabilities. Violet can not partake in activities and trips with the youth center because no one wants the responsibility.

JBASA San Antonio has several military installations. This base that we are located at is the heart of the Air Force and not more than 30 mins away is the heart of medical needs military wide. Why not support the children of the military by having adequate providers that can fully take care of the military children.

This whole process has been nothing short of a headache. It has caused a lot of anxiety on myself and my husband because we are worried for the health of our child when in the youth center.

Violet is being discriminated against because of a disease which is out of her control. The Air Force moved us away from our support system and family to have better medical care for our child, but can not facilitate us in simple child care for the times when she is out of school.



FROM: Lori

I would like to submit my story in order to help explain the struggle we have had as an Air Force active duty family with two special needs children and how this has forever changed our lives. In 2015, my family moved from Colorado to Mississippi; my children were on Individual Education Plans (IEP) and EFMP since 2008. For 3 years the school district in Mississippi violated over 30 “I.D.E.A” laws by having my child on an IEP with no special education services and no related services. I had to personally provide school nurse services for 3 years and could not work. We tried for 3 years to get a special needs advocate and applied for EFMP reassignment 3 times. Since Keesler AFB EFMP failed to provide any guidance, I reached out to the Defense Health Agency

(DHA) and was able to get EFMP reassignment orders back to Colorado in 2018. Before we left Mississippi I filed a state education complaint and due process complaint with the Mississippi Department of Education (MDE). MDE made the decision there were no violations because my son had a 100 in PE and he was the starting quarterback. Before we moved I filed a special education federal lawsuit against MDE and the school district. I also submitted an Office of Civil rights complaint for Title IV violations in December 2017 which is still being investigated. After we returned to the same school district that originally placed my son on an IEP in Colorado; they illegally kicked him off his IEP. Not only did we have issues with the school district but EFMP did not meet with us for 9 months and we had no “warm handoff”. I had to submit an Inspector General (IG) complaint and contact AFPC in order to meet with the Peterson AFB and Schriever AFB EFMP office. After meeting with both EFMP offices I was informed they cannot advocate for us, there was no military school liaison officer and we needed to get a lawyer. AFPC deflected responsibility, stated their hands were tied, asked if we wanted another EFMP reassignment and blamed problems on having 3 different EFMP programs that overlapped. I attempted to speak with the legal office at Peterson AFB 3 times and the legal office at Schriever AFB 2 times but was informed to get a lawyer, they cannot provide any guidance and not to come back with any special education questions. Frustrated and upset with nowhere to turn I have had to research all my questions and represent myself.

In order for my spouse to accept the EFMP reassignment orders he had to extend for two years and could not retire on time which still left my child with no special education services. For the past 5 years, my son never received any special education services and no one within EFMP, AFPC or the legal office has attempted to help us despite my persistence. In fact, we have received staff retaliation and been blacklisted from several offices for advocating for my child’s needs such as EFMP, military doctors, leadership, AFPC, IG offices, legal office, etc.

In my opinion, staff retaliation has occurred because they are uneducated on their responsibilities and it is easier to ignore us than help us. EFMP coordinators are not properly trained on special education, do not understand IDEA violations and the impact it has on military families. Requiring EFMP coordinators to have a degree in social work does not make them qualified on special education or the process of EFMP. The legal offices are uneducated in special education law; therefore pushes families away by stating get a lawyer. AFPC deflects responsibility, fails to educate their staff, fails to educate military families, fails to address complaints and have different requirements for different bases making it difficult for military members to concentrate on their mission. Trust me, I know because we have had to educate ourselves on EFMP, special education and legal processes.

Currently, EFMP is a waste and abuse of federal funds and someone needs to hold them accountable or do away with the program. I have attached screenshots of my federal lawsuit documentation and a picture of our family. My trial is in August 2020 and as I stated before I represent myself and have received no guidance from any military office. Please feel free to contact me if you have any questions or if you need any documentation to substantiate the information above.

Frustrated and Disappointed in EFMP, AFPC and the Legal Office,



28-44 (Rev. 06/17)

CIVIL COVER SHEET

1:18-cv-136 HSO-JCG

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS Roy, Lon A.,
in the interest of Josiah Roy, minor child

DEFENDANTS Jackson County School District &
Mississippi Department of Education

(b) County of Residence of First Listed Plaintiff: Jackson County
County of Residence of First Listed Defendant: Jackson County

(c) Attorneys (Firm Name, Address, and Telephone Number):
2034 Tommy St.
Ocean Springs MS 39524

Attorney (If Known): Jack Pickett (Attorney at Law)

SOUTHERN DISTRICT OF MISSISSIPPI
FILED
APR 20 2018
ARTHUR J. JONSTON

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

1 U.S. Government Plaintiff

3 Federal Question (U.S. Government Not a Party)

2 U.S. Government Defendant

4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business in This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business in Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT		PERSONAL INJURY		PROPERTY DISPUTES		BANKRUPTCY		OTHER STATES	
<input type="checkbox"/> 101 Insurance	<input type="checkbox"/> 218 Airplane	<input type="checkbox"/> 307 Personal Injury - Product Liability	<input type="checkbox"/> 307 Health Care	<input type="checkbox"/> 420 Drug Related Seizure of Property (2) USC 981	<input type="checkbox"/> 421 Appeal 28 USC 158	<input type="checkbox"/> 422 Writ/Injunction 28 USC 157	<input type="checkbox"/> 423 False Claims Act	<input type="checkbox"/> 375 False Claims Act	<input type="checkbox"/> 376 Qui Tam (2) USC 9729(a)
<input type="checkbox"/> 120 Marine Act	<input type="checkbox"/> 315 Appliance Product Liability	<input type="checkbox"/> 307 Personal Injury - Pharmaceutical Personal Injury Product Liability	<input type="checkbox"/> 307 Other	<input type="checkbox"/> 424 Other	<input type="checkbox"/> 425 Habeas Corpus	<input type="checkbox"/> 426 Habeas Corpus	<input type="checkbox"/> 427 Habeas Corpus	<input type="checkbox"/> 428 Habeas Corpus	<input type="checkbox"/> 429 Habeas Corpus
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 307 Personal Injury - Pharmaceutical Personal Injury Product Liability	<input type="checkbox"/> 307 Other	<input type="checkbox"/> 424 Other	<input type="checkbox"/> 425 Habeas Corpus	<input type="checkbox"/> 426 Habeas Corpus	<input type="checkbox"/> 427 Habeas Corpus	<input type="checkbox"/> 428 Habeas Corpus	<input type="checkbox"/> 429 Habeas Corpus
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 320 Federal Employee's Liability	<input type="checkbox"/> 307 Personal Injury - Pharmaceutical Personal Injury Product Liability	<input type="checkbox"/> 307 Other	<input type="checkbox"/> 424 Other	<input type="checkbox"/> 425 Habeas Corpus	<input type="checkbox"/> 426 Habeas Corpus	<input type="checkbox"/> 427 Habeas Corpus	<input type="checkbox"/> 428 Habeas Corpus	<input type="checkbox"/> 429 Habeas Corpus
<input type="checkbox"/> 151 Miscellaneous Act	<input type="checkbox"/> 320 Federal Employee's Liability	<input type="checkbox"/> 307 Personal Injury - Pharmaceutical Personal Injury Product Liability	<input type="checkbox"/> 307 Other	<input type="checkbox"/> 424 Other	<input type="checkbox"/> 425 Habeas Corpus	<input type="checkbox"/> 426 Habeas Corpus	<input type="checkbox"/> 427 Habeas Corpus	<input type="checkbox"/> 428 Habeas Corpus	<input type="checkbox"/> 429 Habeas Corpus

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FORM 1 (ND/SD MISS. JAN. 2018)

8. MOTIONS. All dispositive motions and *Daubert*-type motions challenging another party's expert must be filed by: October 24, 2019. The deadline for motions *in limine* is fourteen days before the pretrial conference; the deadline for responses is seven days before the pretrial conference.

9. SETTLEMENT CONFERENCE.

A SETTLEMENT CONFERENCE is set on: March 17, 2020, at 9:30, a.m. in Gulfport, Mississippi, before United States Magistrate John C. Gargiulo Judge.

Seven (7) days before the settlement conference, the parties must submit via e-mail to the magistrate judge's chambers an updated CONFIDENTIAL SETTLEMENT MEMORANDUM. All parties are required to be present at the conference unless excused by the Court. If a party believes the scheduled settlement conference would not be productive and should be cancelled, the party is directed to inform the Court via e-mail of the grounds for their belief at least seven (7) days prior to the conference.

Court Filing

FROM: Geoffrey

The EFMP program contains broken processes that many members and those running the program don't always understand. Decisions are made when members aren't provided the proper knowledge and it leads to situations where families are placed in worse care than they were receiving before PCSing. My story is not as compelling as others and isn't nearly the nightmare that others have experienced; but it is our story.

In 2016 I was selected to become a First Sergeant and my family received orders to return to Minot AFB, ND; we had already been stationed there before from 2009 - 2013. After completing the necessary EFMP paperwork for travel approval we received word from the EFMP Special Needs Coordinator (SNC) at Peterson AFB, CO that there was no available doctors to see our family and our assignment was canceled. Not knowing what that really knowing the process we were confused because we knew that the TRICARE website said the doctors, who diagnosed our daughter, were still practicing in the area and accepting new patients. We spoke with my chain of command and we were provided information that led to us cancelling our assignment; no one told us that we could still proceed. And while we understand the intend of the program is to protect families; however, the alternate location (Fort Meade, MD) we were provided makes managing care quite difficult.

My family, like many others around Fort Meade, lives outside of the MTF area so we rely on the care of non-military doctors for my family and their EFMP needs. My daughter is seen by 3 specialists: neurology, urology, and orthopedics. All 3 specialists are in different hospitals and different networks, so there is no continuity of care and no communication about her conditions. Additionally, my wife is part of the EFMP program for asthma which is usually controlled by medication; however since getting to Maryland my wife has struggled with care due to allergies to mold that increases her asthma symptoms. After digging through the AF instructions I spoke with the AF EFMP assignments team and confirmed that because there is care available and the condition is not life threatening there is no course for us to seek assignment to a location that would be better for her symptoms.

In short, the lack of knowledge by program experts has left us stationed in

an environment that is not good for my wife's health and has left us struggling at times to manage our families medical care across the numerous hospitals and care networks. Thankfully my daughter has outgrown some of her specialty care conditions and is no longer followed for care; but my wife will continue to struggle with her asthma until our time comes to PCS again.

FROM: *Shanna*

I am writing this letter to tell you the story of the journey we have been on with my daughter Madison and her trouble with reading in school. In 2015 we moved to Stuttgart Germany and my daughter started Kindergarten at Stuttgart Elementary school. In kindergarten I noticed my daughter was not where she need to be as far as reading. I asked her teacher about it and she said she would improve in first grade. We read to her every night and had her practice reading to us using BOB books at this time. She struggled through the BOB books and hated when it was time for her to read. So when she started first grade I spoke with her teacher about my concerns with her reading asking for advice on what we can do to help her. Her response was children make a huge jump in first grade and not to worry. As the year when on my daughter was more frustrated with school. I had a conference with her teacher, she stated she thought Madison might have ADD because she would space out and not do her work. I explained to her that Madison was not able to read the directions on the paper and did not know what to do. At this point I voiced my concern that Madison was possibly dyslexic and what do we need to do to get tested. She stated it was too early to tell if she was dyslexic and they did not test at the school. After this I went to the principal and asked for help. I did not know what to do as a parent and felt like I was failing her. The principal had me meet with counselor and offered for her to see Madison to help to boost her self esteem. When I asked for a tutor they did not have any resources. The teacher agreed to tutor Madison 2 days a week after school. Madison was still not progressing. Then we go into the 2nd grade. I went to the teacher with my same concerns. She submitted paperwork to get Madison tested for a learning disability. The testing took all year and we were not able to get an IEP until March of 2018. They were not able to test for dyslexia, and she did not score low enough in any of the areas to have an IEP. Madison did show hearing loss in her right ear so they were able to create an IEP with the hearing loss and said that could be part of the issue with her reading. During this time we are overseas, Madison is a very bright child able to figure anything out but reading was so hard and frustrating for her. I did not have any resources and the school was not any help in trying to help her where she needed it. Her second grade teacher met with me with another reading specialist (that she had Madison working with on the side) and said they thought she had dyslexia but they said they were not aloud to say it in the school. At that point I was sure she was dyslexic

and began doing some research. I bought a home school reading program for children with dyslexia and decided we would do that in the summer.

That summer we also moved to Brunssum Netherlands. Madison attended AFNorth international Elementary school for 3rd grade. As soon as school started I had a meeting with the IEP team and her teacher. They again said they did not recognize dyslexia. The special education teacher was reading with her and provided accommodations including Google read and write. Madisons reading level was not improving, I was frustrated because I did not know how to help her or where to get help and she was frustrated because she did not understand why reading was so hard for her. I researched how to get her tested in the Netherlands for dyslexia. From my research I could have gotten her tested but we would have had to travel and it would have been over 1000 euros to have her diagnosed when the school would not even recognize it.

Then I found a tutor that is certified in Orton Gillingham, which is a researched based reading program developed to help with children with dyslexia. She is the spouse of a soldier that had just moved to the area. She was able to do a little bit of testing on Madison and recognized that Madison had many of the characteristics of dyslexia. She said she could help us. This was such a relief to have some answers to questions we had been asking for the past 3 years. Madison has been working with her outside of school for 1 1/2 years and has made tremendous progress.

If we had not found a tutor Madison would not be at the reading level she is at now. It would have been 6 years of frustration because we are overseas and do not have the resources we would have in the states. Even though she did get an IEP and is EFMP they were not able to provide the help she needed to learn to read. She does get assistance in class and reads with the special education teacher but it is not a researched based program set to her needs.

It is not fair for the military kids to suffer because they are overseas. I know there are more children like Madison that are struggling with dyslexia in the DODEA school system that are not able to get the help they need. 1 in 5 children have dyslexia. The military children are not excluded in this statistic. The teachers at the DODEA schools need to be educated in dyslexia so they are able to help all children learn. This is a problem with an easy fix. Military family's sacrifice so much for our country but I don't think they should have to sacrifice their Childs education.

FROM: *Cindy*

Our story with EFMP is not a journey that has been a positive one, but rather one that levied shame and confusion. In 2012, having been on Tri-Care Standard for more than six years and a military

spouse for 12, a PCS to Korea meant gathering records to submit for review. Having been diagnosed with a hormonally driven minor condition that was treated more than effectively with a minimally dosed SSRI, I provided documentation that was included to explain and support this from my physician (and that no additional therapies were needed). After the paperwork was reviewed, our entire family met the Medical Review Board at Joint Base Andrews to be screened by the team. It was in this meeting that I was blindsided by a new to me term — EFMP — and that I would be enrolled in this program, “whether I signed the paperwork or not.” I had no knowledge of the program nor understood what it would entail — kindness and compassion and adequate explanation would have gone a long way at this point. But that was not forthcoming. It would seem the diagnosis and use of medication to treat this automatically funneled me into this agency. When I asked if my husband’s assignment would be impacted, the EFMP representative coldly and flippantly replied that she had seen things canceled for less than this. And you can imagine my shame and devastation. We had no recourse and the lack of empathy from the EFMP representative was leveling. The gaining base ultimately approved us (after a time of waiting) and we were able to move overseas, but the process wounded me and galvanized me to overcome being placed in this highly stigmatized program.

As a woman who has the mentality of 'pick yourself up by your bootstraps and work harder', it took me GREAT courage to relent to take the lowest dose of Lexapro from the outset. And I wouldn't change that, because it was a bridge to healing with the guidance of a physician outside of a military treatment facility. But I was NOT prepared that this would hold up assignments (which it has), delay orders because of backlogs (having us panicked and burning up the phone to get move dates), that I would be subjected to additional dental exams (please help me understand this?) and suffer through the shame of the process. As well, this long arm of oversight followed us back stateside when I was once again on Tri-Care Standard and no longer overseas and in need of no medication. I know there must be a greater intent and purpose with this program, somewhere, or why have it? But it was not that for me and I was ever so thankful to shake the stigma off when I was finally released from it.

And we have had a similar situation that occurred with our daughter through a diagnosis of an autoimmune disease, one where the EFMP agent directly contradicted a medical practitioner’s recommendations.

There has to be a better, more impactful way of serving dependents that does not levy shame and impact careers (because make no mistake, it does). Otherwise, people are too fearful to reach out and get help. And ultimately, it’s the physician that knows us best — not a team that sits and

assesses us in a 15 minute block of time. And for goodness sake, if you have to have an agency to run oversight, give us a streamlined, shame-free, well trained one that operates from a place of compassion. Be kind to us, please!

So bottom line — EFMP, you failed me. You failed my family. And I believe I am not alone.

FROM: *Mai*

Thank you for collecting these stories to paint an accurate picture for those who have the power to make positive change.

The biggest barrier with EFMP is moving and accessing new services in your new state. We moved from Hawaii to Maryland, Fort Meade. In Hawaii, my children had everything they needed. My then 13 year old who has Autism had a therapist she trusted, great connections with the community and a small group of friends at school. My son who was 3 was just started to get diagnosed with ADHD, ODD, and Autism. The questions they asked in order for us to move seemed to only focus on the physical side of disabilities. The military asked about seizures, physical mobility, and other medically complex situations that didn't apply to us. They never once mentioned any mental health services I had partaken in being an EFMP member myself with PTSD and major depression. That year we were assigned to move, I tried to commit suicide 4 times that year. Not once did that interviewer ask about those hospitalizations, due to mental health. It felt like mental health didn't matter in reassignment/relocation. So they moved us anyway, based on their assumption that we would access more services in Fort Meade. They were very wrong.

Upon our arrival, I had no idea how to find the EFMP office. My two children had been Q coded in ECHO already, but we still had to find them appropriate providers. I was told that there were no available therapists for me and my daughter to see at Fort Meade, or at Walter Reed that the waitlist was over 8 months long. So we opted for the USFHP to see a provider more quickly. To not have doctors, therapist, and specialists ready for us upon arrival was defeating. It caused another suicide attempt within 3 months of landing in Maryland. I had no access to therapists due to lengthy referrals, unfamiliarity with Tricare, and the EFMP office at Fort Meade not knowing how to manage providers or how to ask the right questions to help me. When I finally found the EFMP office on base, I questioned them on everything. They were not helpful. They could not tell me the states PTI center (who helps parents advocate for IEPs and educational plans, every state has one), could not provide a warm handoff, did not introduce me to the SLO, and told me to attend classes and informational sessions at Andrews because we were an Air Force family. I didn't understand why I had to travel elsewhere for information.

While on USFHP, we experienced various problems in billing. It was my understanding that according to the my ECHO case manager, certain tests had the same billing code, so my children could not be evaluated within 6 months of an order. They had to wait longer for evaluations and diagnosis due to a billing code. We also acquired over \$8,000 in bills (not copays) from Johns Hopkins. Even though we presented an insurance card, the person behind the desk still asked for my husbands social. They ended up billing Tricare. I called and called all the numbers to fix this mistake, and was promised by each representative that the error would be fixed. This did not work. I was now in collections for some large amount bills and refused to pay for a service that was supposed to be free. So my husband took off of work, when with me to main office to get this resolved. She called each bill, gave them the right information, same information I gave them, and said it would be fixed. Most of the bills got fixed after that and I didn't hear from them again. As an EFMP member, the stress of these bills and phone calls caused great harm to my already fragile mental stability. It made me question the military, so I wrote a report on everything medically negative I had encountered since moving to Maryland in Dec 2016. I offered suggestions, and was told to give it my husbands First Sergeant. He did nothing with that report. In fact, he called me "aggressive" and refused to help my husband with anything related to his family after that. He said it wasn't his job to help with the medical side of things. So I stopped telling my husband about the things that were going wrong medically for me and the kids.

And then my daughter tried to commit suicide in May of 2017 in the 8th grade. She had only started therapy for a month, yes it took that long for her to get a therapist. Thankfully, she was treated at Johns Hopkins in patient care, which was fabulous. She was not prepared to live a life in another state, there was no preparation for her transition as an EFMP dependent in a new school, new culture, climate, teachers, etc...

Now, there have been some positives that came out of my many visits to the EFMP office. They started a parent support group on base which I helped lead. I found other parents to engage EFMP office in conversations at the Sip and Shares they had, offered guest speakers based upon topics I was hearing were a concern. But more had to be done to reach every single EMFP member in the area. Each EFMP member should be on a list to connect them with new resources in the area. With classes that offered child care so parents can attend freely and learn. Parents need to be connected with other parents who can support them during transitions. I now manage the Fort Meade EFMP Family Connection Facebook page where dozens of posts ask about resources and training. EFMP workers need to have the education to offer us solutions rather than blank stares, and to point us in

the right direction. And we need to not be retaliated against when we do speak out to make positive change. Command needs to care. Right now, I feel they do not.

I hope this does right by us. We have been suffering in silence for too long. Best of luck with this information!



FROM: *Harley*

My family's journey with EFMP started when I had my first child in 2014 with 5 years of active duty service in the U.S. Air Force under my belt. My husband had been told as a child that he had a genetic bone disease, Osteogenesis Imperfecta (OI), but had never had any testing done to confirm it. He had numerous broken bones growing up and had eventually "grown out of it" although small fractures happened every so often. While stationed on Fort Gordon, GA we got the news of us becoming parents and sought genetic counseling through Tricare. Were told the chance of passing on the disease was literally 50/50 and that we would have the opportunity to have the baby and my husband tested at the same time. After the positive results for the mildest form of OI came back when our son was 18 months old, I immediately enrolled both my son and my husband in EFMP-Medical with no problems although I was kind of on my own when it came to the process, no one in my squadron had any experience with the program. After several referrals, new doctors, and a basic establishment of care in the area, I received orders to PCS to Goodfellow AFB, TX. The process was rushed and all applications were hurriedly completed by the medical components on both bases.

Once we arrived to our new base and care was being established, we were told by several members of the base clinic that we should not have been approved to PCS. There was no care for my son and husband at the base clinic and next to nothing in the local area. After contacting the local EFMP representatives, we were told there was a change of leadership and/or approving officials in the EFMP office while our application was being processed and again, we were told "you should not have been approved to move here". After conferring with my own Air Force leadership, I was told to wait it out and go through the resources the clinic provided in the meantime, all while the possibility of my child breaking bones loomed over our heads. My son broke his first bone when he was two years old. He was simply standing and turned to talk to my husband when his right fibia/tibia snapped in a spiral fracture. He was seen by a local civilian ER who then talked down to us about the quality of his bones and told us to come back in a week to get a cast. We were told to keep our two year old toddler off his feet in a soft cast for an entire week. After a night of worry, I called the base clinic who got us referrals to Brooke Army Medical Center in San Antonio, Texas. We immediately took the three-hour journey to the doctors there and were eventually provided care a day later. I had to take time out of work, undertake expenses out of our own pockets and drive 7 hours total for each appointment my son had. I checked in with the different EFMP coordinators throughout the year and when one was finally there for more than a month, she helped us seek reimbursement for our future trips. Even with this help, the amount of stress that began building up was taking a toll on our family and my work.

After two years in Texas, my son broke another 2 bones and we had another child who tested positive for OI but had no issues so far. We now had all of my dependents, my husband and two sons, enrolled in the EFMP. I was approached by my leadership who had heard my story in passing and was informed that there was a way to get a compassionate reassignment due to medical insufficiencies. As I remember being told this information still makes me emotional. After almost 3 years of worrying about my son's care and being given the run-around by the clinic and local medical professionals, we had a way to get them to a place where access to care would be closer than a 3 hour trip. The process was lengthy but the EFMP coordinator who had helped us before was instrumental in letting my leadership and the Air Force Personnel Center know that there was no care for my family in the local area. In 4 months from the application to be reassigned, we were given orders to Fort Meade, MD. Here we have access to not only a plethora of medical professionals for all of our referrals, but also access to the world-renowned Kennedy Krieger Institute in Baltimore, MD where there is a clinic 45 minutes away that specializes in OI and have a history of success stories. We not only had care for emergencies that would arise like more broken bones, but we had the best care possible for any future changes in my sons' development.

Although there was so much heartache that came with the PCS to Texas that "never should have" occurred, the EFMP was instrumental in my decision to stay an active duty airman. I had always been on the fence about reenlisting but once my husband and I started a family, we realized the importance of stability and after the diagnosis of OI, we again realized the importance of stable medical care. We had many sleepless nights worrying about our children. Knowing the EFMP staff here at Fort Meade don't count us as simply a number, is a weight off our shoulders. Knowing we have access to medical professionals who won't shrug their shoulders or give us Wikipedia print-outs about OI is an unimaginable relief and a weight off our hearts. I know my family will have the care they need and that is more than I can truly express in this narrative.





FROM: Jennifer

First of all I want to thank you for taking the time to listen to issues that are happening, and hopefully will move forward to make a change for families serving while facing extra sacrifices.

Here is my story which I will try to keep it short enough to get the main idea. I have always known retention in the military is an issue, but now I can see one more reason as to why. We are in our 12th year serving. Stationed at Offutt afb with no plans to be pcs'd and pregnant with baby number 5. In my last trimester we get surprise orders to Lackland afb. I also found out shortly after that, I had cardiomyopathy and needed to be watched by cardiologist carefully up to delivery and following delivery at least 3 mo for treatment plan. I delivered July 9 and pcs'd July 31st. Got to Lackland and scheduled postpartum appt, showed up to it and was told I should have been scheduled to be seen at another clinic. Was given a number to call only to be transferred numerous times and nobody could agree where I should be seen and I never was seen. That was just the beginning of serious health care issues. I was promised I would have equivalent care when I expressed my concerns of moving during my diagnosis. Next I go to see my new cardiologist at Lackland while I am still keeping in touch with my cardiologist in Omaha due to continuity and making sure I wasn't having a complete change in treatment plan. After trying to call the Lackland cardiologist for some concerns I was having I was unable to get ahold of anyone. Not once, but twice I had to have my husband drive personally and walk into the clinic to find someone and let them know I was unable to get in contact and have questions, I finally would get a call back. We lived north San Antonio so the drive was 45 min on a good day with traffic. After trying to get on a new treatment plan with no set diagnosis of what was causing cardiomyopathy the Lackland dr suggested I started Coumadin, which is a blood thinner that would entail weekly visits. I was hesitant on this plan because when leaving my cardiologist in Omaha I was told I didn't need to even be taking a baby aspirin. These are completely opposite plans of treatment!!! (After getting another opinion, I was told that had I been put on Coumadin, that would have been malpractice) Very concerned about the health care provided at Lackland thus far I decided to call the patient advocacy line, but to no avail their mailbox was full for 2 weeks, possibly longer. I quit calling because at this point my husband and I decided it was best for us to split up due to the lack of care I was receiving on an important issue. (We gave it 6 months) Still no known cause and positive diagnosis. Combine this with him traveling 2-3 weeks per month, I pack the five kids up to Omaha and live separate from husband to go back to better health care where I was finally given a confirmed diagnosis of left ventricular noncompaction cardiomyopathy after more tests. Unfortunately, this ended up being genetic. Next, on to get the kids tested where one is confirmed with it currently. We lived without Dad for a year and a half, we were "reunited" due to a humanitarian from the heart issues my son ended up having.

My complaint is, and has been in the past to Congressman of my state, just because EFMP policy states we will receive equivalent care at the receiving station doesn't mean it is quality. I experienced that first hand. Any doctor would not recommend the constant changing of treatment, or lack of

continuity of care. There is no way to keep continuity while moving families every 2 and 3 years. By the time you found a dr that works, got a treatment plan that works that hopefully isn't so far off from the last dr you came from, you are close to getting orders again! I understand while being a serviceman they are taught that "the mission" comes first. We are human beings and to ask a parent to sacrifice family health is when you get retention. I really think the time at each duty station as an EFMP family needs to look at being extended in certain circumstances. I understand this isn't needed in all circumstances. Also, looking that equivalent and quality aren't the same, and it's a big deal when it's your families health on the line. We would all look for "the best" to care for our family. We need to make sure quality is still available to EFMP families and listen to their concerns as they are constantly being moved, and trying to navigate if it's the best thing. There have been many good serviceman wanting to still serve and who do a wonderful job, but choose to separate because at the end of the day they are human. They love their family and Find themselves unable to serve and give what's right/best for family. Something has to give.



FROM: Anonymous

I've been putting off writing this because drafting this letter forces me to relive one of the toughest years of my life. Our marriage survived it, but barely. Even more incredibly, my husband's active duty career also remains intact even though, during this experience, I pleaded with him to get out.

We found out we would be going to Maxwell when we were three months into a humanitarian assignment. My mom had just been diagnosed with the same kind of brain cancer that John McCain and Beau Biden had. She was given a 50% chance of living a year. We were six months into that year and three months into what was supposed to be a three year assignment to my hometown so we could take care of my mom and spend her last months together. It was during one of her toughest hospital stays when my husband's bosses told him the news that the assignment would be cut short by more than two years. I was in the hospital at the time with my mom, nervously rubbing my own pregnant belly, worrying about my toddler at home, and trying to comprehend that the doctors were telling us to call hospice. The gut-wrenching months that followed until her death were made worse with the knowledge that we would soon leave any surviving family and move, temporarily, to the failing school system of Montgomery, Alabama, just as our visually impaired toddler transitioned from early intervention to his first individualized education plan. Anyone who has been a brain cancer caregiver can imagine what those few previous, but hellish months were like. I was already planning a funeral, a birth, and a first IEP at the same time. Now, because the humanitarian assignment was cut short, I would add planning a cross-country move to the list. We were already losing my mom, now we would say goodbye to the rest of our remaining family just a few months later. How would I help our toddler say so many goodbyes at once? How would I say them? And then there was the issue of school...

Knowing the receiving region's educational reputation, we pushed to have the first IEP eligibility meeting done in my home state, and the meeting was held literally the day before we moved. Holding a newborn in my arms and thinking of my mom and the impending move, it was difficult to focus during the meeting. We foolishly declined a few needed services and ended up with a bare bones IEP, but at least it was something. When we showed the brand new document to the AL IEP team, they literally laughed out loud as they cut services from it. "Well, we won't be doing THAT!" they scoffed.

Instead, they said my child needed to see a teacher of the visually impaired only quarterly: 4 days per year! We were told so many extreme statements that year. They denied braille instruction without a basic functional vision assessment. The teacher of the visually impaired said, "No, we won't be doing that, and I can't believe you would ask." The director of preschool special education told us, which she later denied saying, that "there are no state standards" for my child's age. This was said as

I held a printed copy of the standards in my hands and read from them. When we brought a highly accomplished, nationally respected, blind advocate to our meetings, the Montgomery Public Schools teacher of the visually impaired sat behind him in the meeting and mocked him using nonverbal faces and gestures.

Perhaps the quote that best sums up our Montgomery IEP meeting experiences came from our child's special education teacher who told us firmly during an IEP meeting, "We're not talking about the law; we're talking about what's in this IEP."

Because my child did not get much-needed, appropriate occupational therapy services from the school system, we asked our pediatrician for a referral for a private OT assessment. There were two OT providers within an hour drive of Montgomery and both had wait lists six months long. We put our name on both lists, remained on the wait lists for the duration of our 10 month assignment, and never received services.

After almost a year of fighting the district, we finally got the requested functional vision assessment, and toward the end of the year, got the green light for braille instruction. Even after that monumental win though, the resulting IEP goals were so weak that, had we not moved, it would have been another full year before he had real braille under his fingers.

We met so many military families whose children were denied basic services in Montgomery. My husband's classmates had kids who went without speech services, hearing services, and many other programs necessary to receiving a free and appropriate public education. At our move out garage sale, we gifted our jogging stroller to a military family whose child had broken both legs and was missing school because, despite having a prescription for a pediatric wheelchair, none could be found within a day's drive of Montgomery.

I implore you: please do not send EFMP families with children serviced by IEPs to Montgomery, Alabama. The school district and related private service providers there are not equipped to handle their needs. And while private school is the middle class norm in Montgomery, vouchers and tax breaks are NOT the answer. In our child's case, and in many others, even if one attends private school, there were no private specialized services to be had, even if we had the money to pay for them. Please say no to these programs that drain an already struggling system. Instead, work to truly extinguish the long raging inferno of underfunded special education in our public schools, particularly in failing districts like Montgomery. And while that's happening, get our EFMP/IEP kids OUT of there so their educations, already compromised by frequent moves, don't become

casualties in the meantime. Honor humanitarian promises to keep families near loved ones during difficult times and near services. Revamp the approval system so that towns who financially profit from military families cannot promise access to services which in reality do not exist. Honor your promise to have “Integrity First,” and you will be rewarded with service members who have the energy to fight for our country, not only for their families. Thank you.

FROM: *Anonymous*

“Our main difficulty was getting the school to recognize that our child needed assistance. I did not know the law with IEP testing and requested verbally for a few months that I wanted her tested and was repeatedly told that it was "too late" in the year to do it. She ended up having to repeat 1st grade and when I requested testing first thing I was told it was "too early" in the year. I dove into finding out what I could do and learned they have to comply within 45 days if I requested in writing. I then did so. True to herself, she supposedly tested just above the mark for in class accommodations but did qualify under her speech difficulties. We are still using that IEP qualification to this day, but are having her tested for autism through tricare.

I truly believe the school in Montgomery is all about what is easiest for the school, and not what their students need.

My friend experienced the same delays and excuses of her child not testing "bad" enough to need support at the same school. They had their child tested outside of the school and she is severely dyslexic and has other difficulties also.

FROM: *Christie*

We are an Air Force family with 20+ years of service. We were automatically enrolled in the Exceptional Family Member Program (EFMP) 14 years ago. I have Multiple Sclerosis (MS) and our 10-year-old was born with a cleft lip and palate, so 2 of 3 dependents are in EFMP. Although our 11-year-old is dyslexic, she is not enrolled in EFMP because Tricare does not consider dyslexia a medical issue; and while she has a 504 Plan for accommodations in school, she does not qualify for an Individualized Education Program (IEP), so EFMP has “no box to check” for her.

EFMP in theory is a wonderful concept—ensuring the military won’t send us somewhere we can’t be medically supported. However, in reality, it’s an utter disaster. Each of our 6 moves in EFMP have been unnecessarily stressful, inefficient, and burdensome solely due to the EFMP paperwork and in-person meetings. We choose to use Tricare Select to reduce the stress and referral wait times of seeing the multiple specialists our family requires. Before each move, I proactively research providers at the new location, set up new appointments before we even leave the last location, and

often our current doctor contacts the new doctor to ensure a smooth transition. In almost every move, the EFMP personnel at the current and gaining bases lack knowledge of our specific needs, and in many cases, have outdated or incorrect information. Although EFMP is meant to be helpful, we've found the process to be exactly opposite. Several personnel processing the paperwork on the government side have even complained how the "one-size-fits all" paperwork is cumbersome and increases stress on the family during an already stressful move process.

Regarding EFMP paperwork, our civilian specialists don't understand how to or why they need to complete military paperwork (Form DD2792). I have to walk them through the forms and explain how the government needs it specifically worded in most blocks. Additionally, every civilian specialist in the last 10 years has charged for paperwork, ranging from a flat \$20 fee, to a \$5 per page fee, to one specialist even charging \$300. The Air Force does not reimburse us even though the paperwork is mandatory, so we're left with no other choice but to pay. All of our doctors require an office visit before completing the DD2792, so I've had to scramble to get urgent yet medically unnecessary doctor's appointments (often with busy specialists), and pay office visit copays, solely to get EFMP paperwork completed so my husband's PCS orders can process and we can begin scheduling the household move timeline. With multiple EFMP family members moving every 2-3 years, these fees add up during what is already an expensive and stressful move process. Not to mention the time spent driving to all of these doctor's appointments, sometimes hours away, and the missed work for me and school for my daughter—who already misses a lot of school for medical reasons.

Additionally, each service runs their EFMP differently. In the Air Force, you get your assignment and then EFMP checks to ensure services are available. However, when dealing with hand-picked or 1-deep assignments, this process is backwards. My husband was chosen to command a squadron and all the commands worldwide are announced at the same time. However, after coordinating all the doctor's appointments and paperwork, EFMP denied us that location and he would have had to turn down the command, which would have negatively affected his career. With no other option, we appealed to the gaining medical group commander and were approved to move, but I drove 200 miles (3 hours each way) for neurology appointments. Had EFMP been involved before commands were announced, they could have potentially swapped us to a squadron at a location that could support our medical needs locally. Unfortunately, after years of being stationed at two locations far away from our required specialists, I was forced to stop working and give up a 16-year professional career so I could drive myself and my daughter to all of our medical appointments. The Navy categorizes their EFMP members so they can only compete for locations that can support their medical needs, which seems like a better process.

Ironically, my dyslexic daughter is the only family member not in EFMP. Since Tricare does not cover diagnosis or treatment of dyslexia, and my daughter's grades do not qualify her for an IEP, the Air Force's EFMP office has no way to classify her. Upon arriving in Arizona and hearing our straight-A student was reading so poorly she may have to repeat 3rd grade, we tried working with her school to figure out why; however, they denied educational testing/evaluation and kept putting things off, knowing we were military moving at the end of that year. Upon appeal, the school psychologist told us our "unstable military lifestyle is causing her anxiety" and to get an anxiety diagnosis so "they can work with that." Fed up with the school process, we paid thousands of dollars out of pocket for an evaluation by a clinical psychologist who found no anxiety but a clear dyslexia diagnosis. Even with a diagnosis, the school refused her an IEP but created a 504 Plan, which they didn't even follow. By this point, we were paying thousands of dollars for private dyslexia tutoring that was working well; and knowing we were moving soon, we just gave up working with the school. Upon arrival in Virginia and Fairfax County Public Schools, the school proactively set up my daughter with a strong and supportive 504 Plan that included accommodations denied to her in Arizona (such as audiobooks). Three years after diagnosis, she is a thriving 6th grader who is reading and writing above grade level, and her love of learning has returned. Although the Navy's EFMP website lists dyslexia as a condition for enrollment, the Air Force doesn't, or at least that we've found. This reinforces the lack of standardization across each Service's EFMP. There should be a better way to include things like dyslexia and school resources. EFMP is an enormous program, and I understand there are a wide range of requirements. But in my 14 years as a military spouse, a special needs spouse, a mom of two special needs kids, and a command spouse, I have spoken with so many families who are beyond frustrated with the EFMP process and all agree that something needs to change.



FROM: Frank

My name is Master Sergeant Frank William Miller III, I have served in the military for 17 years. I have had dependents within the military since 2008. I am currently married and have four children ages 3 to 9. My five and three year old have been Q coded for heart issues, while my eight year old is currently enrolled with a pediatric therapist.

My son with the heart issues had been born with them and had open heart surgery at four months.

My spouse took care of my children while I served on a seven month deployment to the Middle East and a thirteen month short tour to Korea within the past four years.

After listening to the 2012 hearing and the issues faced back then I feel I have ample experience to speak on my observations of what I have seen during these past few years. The three issues I heard in the hearing were...

More advertisement of programs EFMP Provides more support
Services being conducted be advertised in advanced

More advertisement is needed. In the Air Force there are two offices. An office located in the Force Support Squadron and another in the Medical Group each with two different roles. It was about a year before I realized this. I did not understand or realize the many events and support provided for EFMP members beyond ensuring orders were not provided to a location that could not support a family member. I had been in the service for about ten years at the time and had not had any experience in this realm.

The medical group EFMP office has been amazing in the support they provided to my family but my experience has been the individuals in the offices have been understaffed. After hearing the 2012 hearing I had no idea there were so many individuals enrolled in this program which reconfirms this belief.

The services from the FSS offices provide for EFMP has been extremely slow in sending out information. I am an Air Force member assigned to a Joint Activity and working on an Army installation. Andrews AFB is the location who sends out information to me for my family. I received an e-mail today about this event taking place and was informed today was the deadline to send this note. I also know while I served in Korea and in the Middle East my wife would receive e-mails from the Shaw AFB EFMP office inviting her to events the day of. With multiple EFMP children the afterthought e-mail seemed to not care about the family. These two experiences have led me to believe the issue of communication still has a lot of work to be improved on.

My spouse and I are very grateful to the EFMP program. The system worked and ensured that after Korea we were able to be located in an area with exceptional health care for our children according to their Q code.

Thank you for your time and interest in this matter and it makes me glad to know my family is on the minds of our nation's leaders.





FROM: Andrea

On behalf of my daughter Brianna Alise Hicks, I would like to provide a sight picture of what it is like raising an Exceptional Family Member (EFM) in today's military. My daughter was born in Okinawa, Japan on 15 Sept 2004. The conditions surrounding her birth is the first issue I would like to bring to your attention. I was a 19-year-old Airman First Class at my first duty station. The entire pregnancy was normal but the delivery was far from it. I could remember this day as vividly as I remember taking the oath of enlistment for the very first time. I was experiencing severe contractions and went to the Labor and Delivery Unit to seek care. I was told that I was only 4cm dilated. Despite having contractions that were approximately 6-7 minutes apart, I was given an Ambien and told only to return when the contractions were less than 5 minutes apart. Trusting their medical advice, I took the medication upon my arrival to my off-base residence and fell asleep. I subsequently gave birth to my daughter at home, on the floor, without medical assistance. Because we lived off-base, there was a mix up with regards to who would respond to my home, the Japanese Emergency Medical Services or the base Emergency Medical Technicians. It took them approximately 9 minutes to arrive at our home; by that time, my daughter was blue, placed on my

chest, and we were transported back to the same facility that had turned us away some 4 hours prior. The only time the EFM Program has worked for our family was when we received a Humanitarian reassignment to the National Capital Region as a result of the medical complications and lack of medical care at the Naval Hospital for my dependent daughter.

From day one, I have been my daughter's biggest advocate! Meeting roadblock after roadblock along the way dealing with a program that is supposed to be helpful. I have had to personally purchase medical equipment (i.e. wheels for her wheelchair) because TriCare would not cover it. I have had to accept non-handicapped accessible housing because the bases of assignment could not accommodate and off base housing with the required amenities were extremely hard to find. I have had to come out of pocket to pay for skilled nursing as a result of both on and off base facilities refusal to provide care for my daughter because she was deemed a "medical liability." When I tried to seek financial assistance through non-profit and governmental agencies such as the Social Security Administration to offset the cost of dependent care, I was told that I made \$27 (at the time) over the federally allowed limit. I spent two years at an assignment, barely making ends meet, because the area could not accommodate for the other aspects of my daughter's needs. I had the Army navigator at Joint Base San Antonio - Fort Sam Houston, TX along with several organizations provide written documentation as to why we should be moved from the location, but the Air Force denied my request stating that they had "adequate medical resources" but failed to take in to account that it takes way more than medical to take care of a child with exceptional needs.

The process to obtain adequate housing is broken and time consuming. Obtaining medical documentation from on base providers for matters involving referrals for urgent matters, medication, and program renewal can take up to 7-14 duty days. At some bases, you only hear from the Exceptional Family Member Coordinator upon your initial arrival and upon departure for medical clearance for your next assignment; hardly ever in between. Sometimes having an exceptional family member and being "Q" coded is met with discrimination and lack of support throughout the ranks. Problems with having an exceptional family member supersedes that of the program. Far too many times I've been told "if the military wanted you to have a family, one would've been issued" or "suck it up and press on." I've had many leaders who just didn't care to understand or support my family despite my continued desires and work ethic which demonstrates my love for the U.S. Air Force and the Air Force Judge Advocate General Corps.

Things have gotten a bit better since we were able to qualify for a Virginia Medicaid Waiver Program and assigned a case manager, but absent these things, I am terrified by the lack of resources within the current program. What about other Airmen, Sailors, Soldiers and Marines who are not as fortunate to qualify for such waivers? Consideration should be given to not just the medical portion

of care but educational, psychological, and financial aspects that comes along with raising a family member with exceptional needs. I understand the needs of the Air Force will always come first and I have ALWAYS answered it's call to fulfill deployments, unaccompanied assignments, and countless TDYs; but at some point, an organization that boasts pride in families should show up for us. Thank you for your time and consideration.



Brianna (15), Caiden (7), Amadi (1), Kymora (13)

FROM: Tom

1. Thank you for relaying information today about the Congressional Hearing on 5 Feb 2020, 1400-1600, Rayburn House Office Bldg. Washington, DC, along with requests for Exceptional Family Member Program (EFMP) family members to submit stories and family pictures.

2. I accept your invitation, and wholeheartedly permit and encourage you to share the following information. Per your request, I am taking this opportunity “to have [my] voice heard related to [our] journey as an EFMP family.” Again, thank you.

3. My very brief remarks here principally concern reassignments (military transfers) and the “Q” assignment limitation code that affects locations where an Airman is approved for reassignment with accompanied family members. This has certainly affected my family in the last 14 years of my 26 year career.

4. In response to your request, please accept my initial comments about my experience as a Q-coded Airman with three family members assigned to the program: my spouse, a Judge Advocate and Colonel in the USAF Reserve; a daughter; and my son. Regrettably, time does not permit me to request leave to attend your hearing and meet with the professional staffers next week because yesterday afternoon I committed to attending a week-long seminar at Joint Base Andrews.

5. In the interest of time I will provide a brief disclaimer and background, four concerns I have with the Air Force program based on personal knowledge, and my personal contact information.

6. My remarks are my personal, non-partisan, and certainly non-political observations and are not to be construed as the position of the United States Air Force, the United States Air Force Judge Advocate General's Corps, the United States Air Force Court of Criminal Appeals, or the United States Court of Military Commission Review. My remarks are not to be construed as providing legal advice or recommending, much less sponsoring, federal legislation, notably, the National Defense Authorization Act.

7. As background, I am an active duty line officer and Judge Advocate in the United States Air Force. Our Air Force mission is to defend America with combat-ready forces. This requires combat-ready Airmen and supporting families who support our Airmen. Getting the EFMP program right is important for our Service, and if there is ever a bona fide policy choice that must be made, the needs of our Service must outweigh other considerations. Nonetheless, we can train Airmen and present capable forces to a combatant commanders and support families all at once, except in the most extraordinary and rare circumstances.

8. I have seen families that need and benefit from EFMP, and without it, we would lose those Airmen: many would separate from the service the moment they have apprehension that the medical and educational needs of their families will not be met. I hope and believe many Q-coded Airmen fall in this first category, get the help they need, and continue their service. I have personally know many who have. However, I am also aware that an Airman can manipulate EFMP for favorable assignment consideration. I hope and believe few Airmen define this second category and use EFMP to promote self over service. Sadly, I have personally known some who do. Lastly, and my personal experience, is concern about EFMP as it bears on assignment limitations. To this end, understand that EFMP does not cancel assignments. It can lead to an Airman transferring to a new duty location without accompanied family members who are EFMP enrolled. In those cases, it is probably the rare case that the Airman leaves the Q-coded member behind, and I suspect both

command and the Airman would sooner cancel the change of station or find a different installation for the Airman to serve. I don't have that data.

9. The personal knowledge I do have leads me unconvinced that sufficiently probing questions have been asked about the stewardship of the Air Force EFMP. The following observations are founded on my 26 years on active duty and as a Q-coded Airman since 2006, again, without the benefit of my notes and documentation.

10. My first concern is that it has been my experience that the program puts the principle responsibility on Airmen to initiate the Q-coding process, and does so on forms with the warning that failure to disclose any wide-ranging and qualifying medical condition will subject the Airman to discipline under the Uniform Code of Military Justice. Concerning is that the responsibility is not on the Surgeon General and medical professionals who are singularly qualified to make medical determinations that would lead to Q-coding. Also concerning is the sweeping disclosure statement that would require an EFMP evaluation for just about anyone who has seen a medical provider other than a primary care provider for the most simple ailment or condition. I have doubts that a comparison of information in our medical databases with the Airmen who have identified qualifying medical conditions of family members would show that this process is fair and consistent.

11. My second concern is that the effect of Q-coding. The summer transfer season is hectic for our Airmen and their families: finding a home, community, and school is just the beginning. Q-coded Airmen go through an often rigorous and time consuming vetting process by medical professionals at their gaining installation. This vetting process is called medical clearance. It delays orders, but no accommodation is made for, e.g., the fact that delayed orders means that Q-code families are further down the base housing list because Airmen who have not been identified with Q-code qualifying conditions received their orders without the delays inherent to EFMP medical clearance. It strikes me as concerning that we allow our more vulnerable families to be treated this way. I have been one of those Airmen.

12. My third concern is to what extent, and whether it has been studied, that EFMP can serve policy and financial interests other than helping our neediest Airmen and their families, principally by directing families away from locations where medical services have not been apportioned. To illustrate, if TRICARE sets a low reimbursement rate for specialists in a community with a military installation, then the absence of providers willing to accept new military patients will have the effect of channeling families of Q-coded Airmen to other locations, to include installations where there are major military medical facilities with teaching missions where military providers can get experience

with special-needs patients. If TRICARE does not want to pay for specialists in Europe or Japan, the Air Force can adjust by sending Airmen with Q-coded families unaccompanied, or finding other locations. In my case, every one of my assignment inputs to The Judge Advocate General (TJAG) of the Air Force—who personally directs every judge advocate’s assignment—has included the following comment regarding the special needs of my family: “Priority given to the availability of medical services precludes certainty of SG clearance for accompanied assignment to most, if not all, PACAF and USAFE installations.” PACAF means Pacific Air Forces and includes major installations in Japan, Korea, Hawaii, Guam and Alaska. USAFE means United States Air Forces in Europe. Above all, I am thankful TJAG has considered my input and accommodated my family.

13. My final concern is that I am personally aware of stories that have been relayed to me of Airmen who were denied medical clearance for their dependents only to comb the internet to find medical providers who are accepting new TRICARE patients, and then provide that information, through medical channels, to the chiefs of medical staffs at their gaining location to prove that medical care is available in the community to meet the special needs of their family members. Somewhat related to these stories is my personal experience in 2009 of having to undergo a medical clearance process to leave Minot Air Force Base, North Dakota, and transfer to the Pentagon where the medical care for any medical condition and any special need is certainly available. To this day, I consider that vetting to be wasteful and unnecessary, though I must emphasize that it is no longer required. It should never have been required of any Airman with transfer orders to the Washington D.C. National Capital Region.

14. I do not embrace the “special needs” label. The few medical conditions we have are unremarkable in that they are very manageable and have proved so. There is a stigma to bearing a Q-code. It is a scarlet letter. But I have continued to serve and I am fully invested in contributing to the mission of our nation’s Air Force, but I have concerns about EFMP from my 14 years of experience.

15. Because of my personal experience with this program, I would very much welcome an invitation to meet with professional staffers in my personal capacity, through appropriate channels of approval, with an opportunity to first review my notes and documents to provide supporting information that I have gathered over the years, prepare remarks, and have the benefit of seeking ethics counsel.

FROM: Josephine

My name is Josephine G. Amato, my family moved to the Tampa Bay area when my spouse Colonel Edward J. Amato (ret) was assigned to Macdill Airforce Base in 2013 after a 15 month unaccompanied Command. We settled in as my spouse started his new job at SOCOM. My children began attending schools in the Hillsborough County School District, the 7th largest school district in the Nation.

We recently became aware of the House Armed Services Committee Hearing on February 5, 2020 on EFMP. It is our hope you can share our story with other committee members and continue a dialogue with our daughter Angelina Amato about the issues she faced as a military family child with special needs. Angelina founded Military Kids-Special Needs Education Alliance to bring awareness to the unique challenges military kids with special needs face in our public-school systems.

I am writing to you as a very involved community advocate and military family to testify to you. Our children are being systemically robbed of their equal access to their free and appropriate public education as our public school districts rely on our mobility, lack of community resources and longevity to break civil rights laws, 504 laws, and idea laws without consequences. These actions of the denial of equal access to education are broad and cost our most vulnerable students, our military family children with special needs to lose vital educational opportunities. This is not a small issue but a crisis which directly impacts mission readiness, recruitment and moral.

The systemic issues in our public schools regarding Military family students with special needs highlighted how our DOD Exceptional Family Member Program created additional task for my family but had zero capability to meet the mandate of the legislation. The lack of equal access in our public schools and inability for Military families to wade through the unending bureaucracy is evident how the EFMP is not meeting the mandates of the legislations such as:

- Support for military families with special needs.
- Mechanisms to ensure timely and accurate evaluations of members of such families who have special needs.
- Procedures to ensure the coordination of Department of Defense health care programs and support programs for military families with special needs, and the coordination of such programs with other Federal, State, local, and non-governmental health care programs and support programs intended to serve such families.

Each program under this paragraph shall provide for appropriate numbers of case managers for the development and oversight of individualized services plans for educational and medical support for military families with special needs.

<https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title10-section1781c&num=0&edition=prelim>

My family wishes to share our direct experience in Hillsborough County Public Schools as our daughter Angelina battled with a life altering incurable chronic condition she had to also fight for her education. Hillsborough County School District negatively impacts our most vulnerable military kids, our kids with special needs. The school district impacts mission readiness by the lack of access. Hillsborough County School District continuously denies services to military students with special needs by denying them access in totality. Many times, the school district will have military families wait over a year for a meeting to address the needs of a student. In most cases that is half a student's tour in the area. My family retired before my daughter with medical accommodations ever had educational IEP meeting. Another military family retired and waited 4 years for their daughter who is deaf to receive deaf services. Our families with children with special needs are being ignored and many times made to wait so long the student never receives equal access to their public-school education. Our Angelina is about to graduate and has yet to receive the legally required educational supports indicated in her IEP. We have had to file a State complaint and 4 Department of Education Civil Rights Complaints.

Angelina's attendance in Hillsborough County Public Schools contributed to approximately \$8,000 in additional funding. Yet, Angelina could not fully access her school in her wheelchair, was denied public school transportation to her locally zoned public school, was denied educational instructional support to reach her highest academic potential. Angelina could not receive viable educational case management support services. Angelina was not provided with social work support. We could not even get a book, a book.....

I do not believe our family experience is an isolated military family experience. Many of the stories about military family student's journey have been lost because we move so often. Angelina is here to tell her story and hope others will share their own. The purpose of the impact aid in basic support payment in the ESSA is "The purpose of this title is to provide all children significant opportunity to receive a fair, equitable, and high-quality education, and to close educational achievement gaps."

I am aware of many Military families facing or having faced similar obstacles. We do not have time to waste on bureaucratic obstacles and cannot afford to waste 3 months waiting for a meeting to discuss if our child will receive the educational supports needed, only to wait another 3 months to be denied supports.

I do not believe this is the intent of the American people.

Our students with special needs are being exploited for funding, not provided their legally required educational access and we are in the fight as individual families without the support of our leadership. It is time EFMP system truly address the educational support intended in the legislation. Thank you for time and it is our greatest hope you watch Angelina's informational slide about her journey, and we begin taking steps for positive change for our military kids with special needs.

Josephine G. Amato, LCSW, MSW

Board Member, Military Kids-Special Needs Education Alliance

NAVY

FROM: Elizabeth

I'm not sure if you are looking for experiences from people like myself, but I was told when I enrolled in Tricare (when I married my husband, sponsor), that it was mandatory that I enroll in the EFM program because of my Crohns disease. Since then it has been nothing but a headache.

When I first enrolled in the program, we immediately PCSd while awaiting a categorization designation. We moved from Hawaii to Pensacola, FL. I checked into Naval Hospital Pensacola, got my PCM and gastroenterology referral for my Crohn's. Everything was able to be taken care of directly at the MTF. Within a couple of weeks I received my EFM categorization as a Category 4. They immediately told my husband that Naval Hospital Pensacola did not have the capabilities to take care of a Category 4 EFM. There was no consideration as to the nature of my condition to be in the program. After some more paperwork, we were able to get my Category dropped to a 2.

Fast forward 3.5 years. I was required to do an update and husband was up for orders. I did the paperwork. Glowing prognosis from my gastroenterologist (Navy doctor too), with a recommendation to drop from a Cat4 to a Cat2. The powers that be who determine the categorization, kept it at a category 4.

We are now in Norfolk, VA. There were no MTFs available, so I currently see a civilian PCM and a civilian gastroenterologist out in town. I'm due for an EFM update and my spouse is up for orders. We want to go back to Pensacola. We consider it home. His detailer automatically said no, your wife is a Cat4, they dont have the facilities to take care of a Cat4.

So, I hope you can see my frustration. The EFM program has its purpose, but it needs an overall. I already received excellent care in Pensacola. I already found over 60 gastroenterologists in the area that accept Tricare. The arbitrary categorization of enrollees needs to be done away with. Because it ruins and or inhibits the possibility of other duty stations that truly do have the capability, but because the actual reason for the designation is never considered. There needs to be a better relationship between the EFM program and service members detailers.

I wholeheartedly understand the need for the program. It is a necessity. I could not go with my husband to Bahrain for the year he was stationed there. The clinic most definitely did not have a gastroenterologist on staff to see to my needs.

So, with a hope and a prayer. I now have to go to my GI and explain the enormously long paperwork, the process, the program, and also have him write a letter of support so my EFM categorization can be reduced and we can return to Pensacola, where my spouses detailer already confirmed open billets, and we were there previously for 4 years.

FROM: *Kim*

My husband has been in the Navy for 16 years, and I am a disabled Air Force Veteran. We have four daughters, one of which is deaf.

Funny thing is we didn't find out she was deaf until she was 3 years old, and only then when we got a referral to Nemours here in Jacksonville. Our daughter was born at Great Lakes, while my husband was a basic training instructor. She didn't pass her newborn hearing test but then she didn't fail, it was blamed on the testing instruments acting up. For the next 3 years we had her in speech, but the navy just came back saying she wasn't deaf, and she had apraxia. Goodness, what I would give to go back and shake those doctors, we should be so much more further along if we had those precious 3 years of hearing aids and progress. But we don't.

Anyways, so we PCS to Jacksonville, and the navy doctors couldn't really figure out why she wasn't talking. So they give us a referral to Nemours. Within 10 minutes, the doctor goes, "Uhh you know the reason she isn't talking is because she can't hear anything." WHAT?! What a way to drop the ball Navy. So we set up to get her hearing aids, we enroll her in a private deaf school. And all is good.

2 years later we finally sign her up for EFMP, she is a CAT 5. Let me say, the respite care has been a lifesaver. Amazing. Best program I've ever seen or been part of. But I've heard that the military (may just be the navy) is restricting it to not cover siblings for new families. Guess they are just trying to get rid of the program by not saying they are?! Young families don't have extra money to pay providers to watch the siblings, that's why this program was created. I know we couldn't afford the \$5-8 per extra child, per hour. So if we were a new family we wouldn't use the program. And we all know how the military is, if we don't use it, it goes away. I find it very dirty and wrong to be stripping programs like this, programs that actually makes me think the military does care about us.

My daughter is cat 5, which the navy says is "homesteaded" again, this is just not true. When my husband was up for orders, and my husband reached out months before he was "supposed to" to his detailer, explaining how she is CAT 5, and there are XXXX orders coming up soon. The detailer disregarded all that and gave him orders to Norfolk, said there was nothing he could do. Thankfully,

my husband is well liked in the community and does a good job. He was able to pull strings to get us to stay in Jacksonville. My husband had to “work the program” because the program doesn’t work.

I don’t know where disconnect was, but I fear for those younger sailors or sailors who don’t know the “right” people and have to be uplifted and sent out of their homestead location. Why even have a program if it doesn’t matter when it’s time to PCS? To look good on paper to civilians? To pretend to care about disabled military children? But really the military is thinking “who cares, we are going to do what we want anyway”. It’s really messed up, and wrong. If we had to move to Norfolk, we would have lost the respite care, and would have to be considered a “new family” and like I said previously, we wouldn’t be able to utilize it because we can’t afford to pay for the siblings care. We also would have to have gone on a 6-9 months waiting list to see the specialists my daughter needs. That means 6-9 months not seeing a doctor?! Again, wtf navy?! This is exactly why the EFMP homestead program exists, because moving with disabled family members is not the same as regular PCSing. My husband asked, why all the paperwork explains homesteaded and the regulations, meaning stay in one location why it’s not being followed? Multiple times he was told, oh those are old regulations. Yet, if you go over to the EFMP office right now all the same pamphlets and leaflets that are “old regulations” are still being passed out.

My husband is (and I’m embarrassed to say) very Joe Navy. He LOVES his job and the navy. And It breaks my heart that he is likely going to retire when he hits 20 years because we are not going to keep playing this EFMP game. On top of everything we already have to go through with disabled kids, (we also have a daughter on cemo and injections for JRA) playing this stupid EFMP game is exhausting. If the navy would follow their own rules and regulations and we could stay here, not uproot our daughter even more. I’m sure my husband would stay active duty for as long as possible. It’s the failure of the EFMP program that will be reason he gets out. And that is just a shame for everyone.



From: Emily

Our family is not enrolled in EFMP and we chose not to enroll in it (we would like to remain anonymous.) However, these are our experiences:

1) My neighbor's son was enrolled in EFMP. I witnessed their family face a very uncertain future when the husband was told he would receive unaccompanied orders for TWO YEARS to Japan if his son was not able to graduate/leave the EFMP program. Never mind the fact that his son's asthma was under complete control and his son no longer had use of inhalers or steroids for the past few years. As time was running out for her son to get cleared for Japan, my heart was heavy for their family's future hanging in the balance. The wife told me of her plans if her son didn't pass—she would move to another state and acquire a rental home—which, mind you, would have been extremely expensive given that “geo baching” is generally only doable if the spouse lives somewhere for free and you can't receive two BAHs—and she would do this for two years. Two years!

This family did the right thing by enrolling in EFMP. But who would have thought it had the power to force them to live apart?

After about 5 months of life being hung in limbo, her son finally passed his medical clearance required to have him live in Japan. But it caused their family much unnecessary pain, fear, and stress. Not to mention, it could have turned out differently.

2) At another duty station, I had a neighbor who had an intermittent autoimmune condition, that only flared up when she was pregnant. This rendered her unable to walk unassisted. She used a combination of a walker and wheelchair. She had attempted to enroll in EFMP when her first pregnancy gave her this autoimmune condition. A few weeks after giving birth, she handed in her EFMP paperwork. The doctor said, “I am reluctant to sign you up for this program since your autoimmune condition went away when you delivered.” However, when she got pregnant again two years later, she developed the same condition. Having just PCS'd to a new location while pregnant, with a toddler and young child and knowing no one, and experiencing the same debilitating condition yet again, getting EFMP paperwork started for herself was the last thing on her mind, especially with a deployed husband. I ended up spending several hours a week assisting her because she had absolutely no resources. I can not believe that the EFMP program was not made available to her. She tried to do the right thing but because of the doctor's reluctance to file the paperwork, she suffered. I can see where EFMP for her situation would have actually been beneficial, like it was originally intended to be.

3) My personal decision to not enroll my children in EFMP was influenced by the experiences of those around me, that I mentioned above. I have one child that receives speech therapy and I personally do not feel it is worth the risk to enroll him in EFMP and then be told we cannot live with my husband overseas. First, I know my son's speech disorder is not severe. Second, I feel confident I could receive therapy either at the local DODEA school or even online through remote/online therapy. Lastly, two of my children are dyslexic. Since Tricare does not pay for Dyslexia testing, I don't feel inclined to report that to EFMP. No matter where I move, dyslexia services are hard to find and also not covered by insurance. DODEA schools and most public school districts also do not provide adequate services. Thus, we chose to homeschool our two dyslexic children. This is another reason why enrolling our children in EFMP doesn't make me feel like it's worth it—I am providing the care for my children myself, and being in EFMP offers no benefits in helping us be assigned to a better duty station or anything for that matter.

4) I think EFMP enrollment should be explained thoroughly to ALL pediatricians, especially civilian pediatricians who practice at military clinics. I've had not one but two pediatricians admit to me at the clinic that they're not familiar with the EFMP program. They couldn't tell me whether risks were involved or not. Because of this, I chose to not enroll.

FROM: Ashley

My son is currently 8.5 years old and has had an IEP since he was a year and a half old. His original diagnosis was a speech delay, which evolved into a diagnosis of a posterior tongue-tie and Apraxia of Speech. It was at this point we obtained an EFMP rating for my son (Cat 3). When my son was in kindergarten and first grade, he had significant issues with things such as numbers, letters, and phonological abilities. I attempted several times to get the schools to test him for dyslexia, however I was always met with "We can't. Dyslexia isn't a diagnosis. We can't diagnose kids with dyslexia or put it in the IEP. We can't test for dyslexia until third grade." The frustration was overwhelming, and no one seemed to care enough to help. I was finally able to identify my son's issues myself as dyslexia, dysgraphia, and dyscalculia in addition to his Apraxia of speech and posterior tongue-tie. It wasn't until I provided my own diagnosis and proof supporting my diagnosis that someone decided to listen to me. Moving him to a new school and a speech pathologist that specialized in dyslexia finally confirmed my diagnoses of dyslexia, dysgraphia, and dyscalculia. We discovered my son is suffering from a severe form of all three types of dyslexia requiring intensive treatment. Even with this current diagnosis, which has only been confirmed less than two years ago, we cannot get the terms or specialized treatments in his school or with outside providers unless we self-pay. We have

been told that even though his diagnosis is on his EFMP paperwork, it doesn't qualify for treatments paid by other providers. This has caused a financial strain on my family since we are doing all we can to help my son and I believe with his IEP and EMFP ratings, the military should assist in some of the treatments.

ARMY

FROM: Ashley

The Exceptional Family Member Program in the Army, a program designed to support Soldiers with dependents with disabilities, has done more to hinder my son's care and my family's standard of living than it has to promote them. Below is a detailed account of the situation that has prevented us from being stationed at our first choice during our last PCS.

My husband is an Active Duty Army Officer. At the time of this situation, he was finishing up a Company command and was working with Human Resources Command (HRC) for my next assignment. He was placed by HRC in one of our top choices, Fort Huachuca, Arizona.

Ft. Huachuca is home for us, my father-in-law retired there, and it is where majority of our family resides. My son, Mills Pridgeon, was in a car accident while still in the womb and suffers from white matter brain damage and therefore is a member of the Exceptional Family Member Program (EFMP) in the Army. The program is designed to prevent Soldiers from being stationed at duty stations that cannot provide the necessary services and to help families taking care of their special needs family members.

Throughout Mills' life, we have relentlessly pursued the best options for care going as far as spending nearly \$20,000 out of pocket on stem cell therapy in hopes of improving his condition. Mills is non verbal, deaf in one ear, and displays some symptoms of autism. The assignment to Huachuca was perfect for us in that we have been stationed there before and had great care as well as having the family support we cannot receive anywhere else in the country. Also it would of kept us closer to the Neurologist we were currently driving four hours to see from Ft Bliss that was near Ft Huachuca! It would of allowed us the level of care we are familiar with and more importantly improves quality of life for the entire family. Having a large family support group.

When HRC decided to assign me to Ft. Huachuca the process requires them to send the request to the Ft. Huachuca EFMP office for approval. To our dismay, our orders were denied by EFMP in Huachuca stating inadequate care available. We began working through Ft. Bliss EFMP as well as Ft. Huachuca EFMP to remedy the situation, to include making a visit in person to the Ft. Huachuca EFMP office.

The EFMP office was back and forth, and not forth coming, on any clear reason for the rejection for weeks, then settled on the lack of Applied Behavior Analysis (ABA) therapy in the region. I am developmental psychologist and provide ABA therapy at home, we have never taken our son to a provider for ABA therapy previously as they have not been available, even at Fort Bliss or at the

place the ended up sending us. After explaining that to the EFMP office we were advised to write a MEMO explaining the ABA situation and we would be approved. We wrote the MEMO, resubmitted the orders for approval and were denied again.

One of the EFMP workers told me on the phone that I (as the mother) was not fit to determine what was best for my son. I tried everything in my power to always be professional but what training or degrees does this office clerk even hold that she would be able to determine better than a mother that is a Psychologist herself.

I contacted the Ft. Huachuca EFMP office requesting contact information for the next higher level of management. In this request I added my opinion of what I felt the EFMP office could do to better serve families. We also filed an formal complaint based off of the same issues in order to elevate the situation.

Confused, we continued trying to do everything EFMP requested in order to get approval. We resorted to our original guidance from Ft. Huachuca EFMP to remove the ABA therapy requirement to allow approval. I did the complete update to remove the ABA which took 15 days due to procedure and processes, we resubmitted our orders only to be denied again.

Through patient advocacy we found out that the EFMP officer is refusing to talk directly to me regarding the denial. The patient advocate at Huachuca did attempt to assist us but was not completely familiar with EFMP and how it works. We believe there is a possibility our denial not directly related to the lack of services offered in the region, and that there is a systematic issue with EFMP that prevents Soldiers from returning home where services may not be available but critical family support is.

Not only this situation but many other issues, moving so often for a special needs family is more of a issue than a family that does not have EFMP. Every time we do move I have to set up with a Neurologist, Psychologist, OT, PT and Speech. I then have to make sure the schools work with the IEP. All these providers have to relearn us what we have tried. If we do have great services and do not want to PCS the soldiers career should not be jeopardized due to the family situation. Isn't a new motto in the Army about Family First.... or if the soldier is top of their 'class' and gets their first pick and the family thinks it will be good for their EFMP person shouldn't that be allowed.

FROM: Leigh-Ann

I would like to begin my story about EFMP:

My sons and my one daughter were given IEP's while stationed at Fort Lee Va with the Prince George school district. We had a good experience with EFMP at Fort Lee. They helped advocate for our boys significantly and the Prince George school district provided the accommodations and services needed. When meeting with my husbands branch manger and deciding on my husbands next assignment. His branch manager advised us that Fort Hood would be a good choice because of our EFMP status. We took his advice and put Fort Hood at the top of my husbands list. Over the next few weeks orders were given out to his classmates in his Captain Career course class. We had to wait an additional two months longer to receive orders. We later found out that CONUS assignments should not have any issues accepting IEP's created by other school districts due to the no child left behind act.

We eventually receive our orders to Fort Hood and moved to Fort Hood only to have wished we never took that advice. The district of KISD is the assigned school district for Fort Hood has been a nightmare. We moved to the area and immediately were told the district didn't understand the diagnosis my boys had received in Virginia with the school district. My middle school sons services were cut and we were promised services such as assisted technology that were never met. Many of my sons teachers are never told he has an IEP or that he has a disability until I request they sit in on ARD/IEP meetings. My daughter was found to have no area of concerns when she was up for Reevaluation a year after we arrived at Fort Hood. Although she was struggling Continuously and her academic progress scoring (MAP test) were well below average. I fought for over a year to have her re-tested and finally in second grade I was able to get her tested for dyslexia. She was found to be dyslexic and since we saw a similar trend with my sons I formally requested they be tested as well. It was found they are dyslexic as well. They are now receiving dyslexia services and The Wilson reading program. We are getting ready for my husband to have a new assignment. We are finding that few districts around the country provide any dyslexia services. It would have been helpful if dyslexia testing would have been offered sooner to my struggling children so dyslexia services could have been started. It's a struggle to get districts to want to test or provide services and when we get thru the process and services are Initiated it's time to move and the fight with a new school district to begin. EFMP unfortunately has been very unhelpful to our family here at Fort Hood. They accompanied me to one ARD/IEP meeting and they were unable to help advocate or help increase services for my son. I quickly realized we had no support here at fort hood with the school district. I attend ARD/IEP meetings with the members of the committee and district not knowing what EFMP stands for because their presence is so unknown within the district. We have to go thru the steps of updating EFMP every three years and have my husbands assignments limited. When it seems to have no benefit to our family. No one helps advocate, no one ensures the services within

the receiving schools district can be met. We are trying to do the right thing according to the regulations but it's only putting my husband's career at a disadvantage. I want to help other families not have to go through the struggle our family has faced.

FROM: Cathy

We are the Parr family. My husband has been active Army for 12 years. We have two children, both are on the autism spectrum. Our daughter Gemma is level three, nonverbal and needs most of our attention. Our son Jackson is level two and speech delayed. We are currently in the process requesting a compassionate reassignment from Fort Polk. We were told by the behavioral clinic at the hospital they were surprised EFMP allowed us to come. We are still on waiting list for both children to receive ABA services. Gemma attends school and is currently in first grade in the mod/severe special ed class. Not even a month into the school year they requested for us to cut her hours. So she attends from 7:20 until 10 when I have to pick her up. Both are currently receiving speech and OT therapy 2 days a week.

Thank you for giving EFMP families a voice.

FROM: Jenna

Our EFMP story...

On our third duty station, I was blessed to stay home and continue my education as a Family Nurse Practitioner. While home I noticed my 2.5yr old daughter's hearing was just not right, I requested a hearing test. Hearing test showed, decrease hearing bilaterally and ENT recommended tubes. My daughter's 1st surgery was done and tubes placed. I pushed for a second hearing test to verify if this corrected the issue. It showed that mild loss in Left ear, but moderate hearing loss in R ear. It was blamed on the tube falling out and in canal, which caused another tube placement surgery and repeat hearing test. Which still showed moderate hearing loss, and blamed on tube being too high. That process proceeded being seeing at Madigan Army hospital and was supposed to see the head of Pediatric ENT that specialized in hearing loss. I never once saw the Head Doctor, only residents who would report back to him but he never physically came and assessed my daughter. I have no issues with residence and teaching, I am all for this, but to not have the actual specialist access my daughter after driving an hour for the appointment doesn't instill faith in their ability to treat my daughter. They did perform a CT exam that I was told showed no cause of hearing loss and other tests that showed no possible genetic cause either. After multiple failed hearing tests with no improvement, I requested a hearing aid. My daughter was receiving speech services at this time, because she had a speech delay. We started the EFMP paperwork process, which was simple. I requested a 2nd opinion at Seattle Children's hospital also because of the lack of confidence with Madigan. When she saw the Doctor there, he took the time to explain the different causes that could

cause her hearing loss, and how tracking it over the next few years every 6 months would give a better idea on how to manage her care and if she would qualify for an ear surgery that could correct her hearing loss. This I was very grateful for because very little of that was explained to me at Madigan. All I wanted to know was why this was happening.

My oldest son was also in the process of getting an IEP for Reading learning disability and is now on EFMP. This has caused him additional worry and stress over his grades and his struggles with reading and writing. He has been to 4 different elementary schools. Changing schools has made it difficult with changing friends and making sure he is getting the appropriate interventions needed to support and teach his reading and writing difficulties. He is also being evaluated for a possible medical diagnosis and will need additional follow ups and medical tests. So we have 2 children enrolled in EFMP program.

My husband was up for orders, we would have liked to stay because care was established, my son receiving the help in school he needed. However, detailer said to husband, family can stay but you do not have to. So we stayed thru the school year while husband moved during the school year. We joined him over the summer. Then came the time to set up new specialist appointments. It took 3 months to get the correct referral in place to manage my daughter's hearing aid. I made multiple phone calls between Tricare and PCP (primary care provider) clinic trying to get the correct ICD 10 (diagnosis) codes in place to have her hearing aid cared for. Her PCP was not using the right terminology for her referrals and we had multiple wrong referrals for Medical offices that could not properly care for my daughter's needs, or a letter from Tricare saying no referral was needed for a hearing test (which we were not asking for, we were requesting a referral for hearing aid management which are 2 different things). If I did not understand this we could have gotten bills because of wrong referrals due to the incompetence of the PCP. This is beyond frustrating for anyone!! I even called my old co-worker who had managed her referrals' at the previous duty station for help. Now every year we have to make sure it is once again placed correctly so that she continues to get the correct care.

In addition, my daughter was seen at CHKD ENT and the specialist reviewed the CT images that was completed at Madigan 2 years prior and was able to see the cause of hearing loss, which was NEVER mentioned to me at all while till in Washington State. She now has additional medical diagnosis and 2 additional specialist that we will continue to see for management for her care. My husband will be due for orders again next year, I am dreading the potential move and trying to set up medical appointments and referral management for her if we do have to move. This is added stress to an already stressful time with moving. We have an EFMP 4 and 2 with our family.

When you have a child or you yourself have medical issues, continuity of care is very important. This is often not the case in the military families where there is an EFMP status or not. The providers will provide the best care if they know a patient's medical history and have established care with that patient. In addition, having providers that you trust has the best care available for your child is also very important. Our EFMP categories do not guarantee that we will be able to stay in the same duty location, and this is my fear that once again we will have to make changes and restart the medical processes again at the next duty station.

Before transferring to our 3rd duty station and before we knew anything about the EFMP program. Two months before my husband was due to detach, I developed a very large bleeding tumor on my liver and had to plan a surgery before the move and during a government shutdown. If I did not have the surgery the tumor could have potentially ruptured and I could have bled out while driving across country for the move. EFMP was never mentioned to us. The surgeon was able to fit me into his surgical schedule by using another surgeon's opening. I proceeded to have major abdominal surgery to remove an 8cm tumor from my liver, that needed to be biopsied to make sure it was not cancer, 2.5 weeks before driving across country from Virginia to Washington state with 2 kids 5yr & under with 2 dogs. Looking back, this should NOT have happened!!! I received a 5 inch scar on my abdomen for this surgery. We should have gotten emergency Homesteaded to allow for my appropriate healing, and appropriate follow up care afterwards, which I DID NOT receive, because yet again I had to set up referrals and management of care at the next duty station which is not an immediate thing. My husband's command, nor my doctors mentioned anything about EFMP status for this situation. This is poor lack of care for my husband's family.

Managing all of our medical appointments and when to schedule follow ups, managing treatments at home, along with managing IEP needs intensifies the stress that military families already have.

FROM: Lisa

My precious son Evan has experienced learning difficulties since Kindergarten. Despite being aware of the signs and sharing them with his teachers over the years we were not able to get an official, specific diagnosis of Dyslexia. It took us 6 years at age 11 to reach the diagnosis, but why? I am certain that we would still not have the Dyslexia diagnosis if I had to fully rely on the public education system. You see Evan is a cancer survivor. Therefore, Evan follows up with a Survivorship clinic and is able to have a neuropsychologist evaluate for learning disabilities covered by our insurance.

In my experience the individual schools stated they could not give a diagnosis as their professionals are not medical doctors. However, when tested by a neuropsychologist (a Dr.) many schools reluctantly accept their findings and apply it to an Individualized Education Plan (IEP). I was told repeatedly that a specific diagnosis was not pertinent and I should focus my attention on the interventions my child would need. So, a year goes by and Evan is still behind grade level and we change his interventions to meet his needs. Then another year goes by and Evan is still behind grade level. Then another year and I ask why is he being graduated to the next grade level when his report card doesn't show much progress. Why are all the interventions not making a difference in his learning? I am told legally he can not be held back to repeat the grade again. The law is No Child Left Behind. Besides it wouldn't be good for his emotional state either.

Obviously I can't share every grueling detail and struggle experienced trying to advocate for my child. My story is similar to many others. Are you picturing the frustration yet? If not, let's factor in that Evan's dad is active duty military, the Army has moved us twice during the school year in 3.5 years, and our new duty station is no where near a military installation. We are all trying to learn our new home surroundings and which school will best support Evan. During a conversation with the Principal at his new 9/10 school I share where Evan's educational weaknesses are, but don't have a diagnosis. The principal replies well we will just give Evan the same accommodations and interventions he was getting at his last school. Alright, I'll get you a copy of his IEP to which the principal replies "we don't need it. The accommodations are general, basically the same for each kid." Needless to say, Evan is not attending that school. Although we have an EFMP on file it hasn't assisted us in assignment locations, moving us within a school year, or providing educational liaisons to assist with our needs and transitions.

My point is it shouldn't be this hard. Evan should not have to endure a trial and error process of interventions that aren't working because no one is taking into account his signs and symptoms are likely dyslexia. Science proves that early intervention is key for success in dyslexia and that 1 in 5 children are affected. So why, like so many others, is Evan age 11 going into grade 6 just now diagnosed and have a reading level of a 3rd grader? Why is his spelling atrocious and writing non-existent? Why is my sweet, highly talented son depressed with suicidal thoughts?

Evan realizes he is different and behind in school that is not attributed to laziness on his part. He feels the depth of learning difficulty with everything in him. If the oncologist would have said Evan has a tumor. We don't know what kind, it doesn't matter. We are going to try this chemo first and then this one and see if it works. Hmmm, nope that didn't work. Let's try this chemo next. As a society we would all be yelling NO! Technology allows us to pinpoint the problem and intervene

with the Gold Standard in treatment. It is absolutely no different with Dyslexia. Abundant research shows the signs of Dyslexia, tools to diagnose it, and interventions that should be considered a gold standard approach. In order to provide Evan with an Orton Gillingham approach and instruction we have paid \$400 a month for at least the past year for a tutor, on an enlisted soldier's salary. We rely on online communities, other parents, and endless research to find products and solutions because our schools don't want to devote money to dyslexia instruction.

I urge you with desperation to please help this group of parents that NEED change for our children! Help us be heard and bring change to public education.

FROM: Connie

My name is Connie. I have a 15-year-old son named Caleb, who is severely dyslexic. He has always had learning issues, some of which stem from him being an ultra-preemie. He has been on an IEP since the age of 2. He is a bright young man who brings a lot of joy to everyone he meets.

We are currently stationed at Fort Campbell, KY. He attends Mahaffey Middle school part-time and is home-schooled part-time. We have chosen this route because it has worked well for Caleb. Two weeks ago, we had his Triennial review and his IEP meeting. He is consistently eligible to stay on an IEP due to what they deem a " Specific Learning Disability" and a "Speech/Language Impairment." I have asked repeatedly at the school if any of the SPED teachers are trained in a Dyslexic specific curriculum, such as Orten-Gillingham. The answer is always a resounding, "No."

I had Caleb tested privately at our own cost at a Dyslexia tutoring group in Tulsa, OK, and Hopkinsville, KY. He was found to be profoundly dyslexic by each of these centers. We did some tutoring with each of these groups, and we saw progress. He is currently being tutored privately, and we are more than willing to pay for that, to see our son succeed.

It is tragic to me that the DODEA schools do not recognize Dyslexia. Many of my son's poor test scores stem from the fact that he is not able to read well, which is a direct result of being Dyslexic. Until the DoDEA schools recognize dyslexia and train their educators/SPED teachers in how to help them, more children, like my Caleb, will fall through the cracks.

I have never even considered enrolling him in the EFMP program. With the lack of dyslexic support within DODEA Schools, I have assumed that EFMP would be no different. I want nothing more than for my son to succeed in life and overcome the obstacles that Dyslexia puts in

his way. I, however, have not been able to depend on military family resources, such as DODEA or EFMP, to help us in this struggle.

Dyslexia, and the need for specific support, is a vital issue that affects not just my son, but hundreds just like him.





FROM: *Kim*

This is the story of our experience as an Army family, attempting to work within EFMP for our children. At this point we have given up, and are homeschooling and I am providing services myself because 1) "there is no EFMP office at USAG-Humphreys" and 2) DODEA and the MTF go around and around so no one has to make a diagnosis that will result in EFMP considerations having to be made for our children.

Our oldest son has identified Special Needs. Our journey began in 2012 when he was born and at 6 months began missing milestones. It was apparent that he was delayed in speech and physical milestones. This began our journey with EFMP. It took over one year to have Samuel accepted into the Early Intervention Program, and his Developmental Pediatrician at Portsmouth Naval Hospital felt that he had many indications of Sensory Processing Disorder, which at that time the DSM V no longer identified as a stand-alone disorder. It took some very creative coding to get Tricare and the EIP to offer Samuel the speech, OT and PT services he needed. At the time he was functionally 9 months old, and his chronological age was 20.5 months. Eventually to allow for continued services, he was diagnosed with a Global Developmental Delay because of the scope and severity of his delays at the time. Since that time, we have PCS'd successfully once, where services were available,

and once not as successfully. Once we moved to WI, Samuel was enrolled in an Early Childhood preschool, and was within 3 months of his chronological age developmentally at that point.

in March 2018 we were notified that we were available for Command-Sponsorship with my husband to USAG-Humphreys, ROK. Samuel's IEP expired at the end of the school year, with the understanding that he would progress into the mandatory 4K in the State of Wisconsin. When we attempted to have his EFMP updated for CSP paperwork, we began to have issues. We were nowhere near an installation - the closest was Naval Station Great Lakes which was 3 hours one way away from us. Fort Knox repeatedly mishandled our EFMP paperwork, delaying our CSP by months and threatening non-approval. In the end, after multiple daily phone calls, and some questionable work-arounds on the part of our local providers and our contact at Ft. Knox, we were approved. Samuel was expected to attend the 4k here at USAG-Humphreys. EFMP said his newly diagnosed allergies in March-May 2018, as well as his learning disabilities and his newly added dyslexia diagnoses, we not EFMP-eligible and we had to re-do paperwork because there was no EFMP category for them.

When we arrived to Humphreys, we found they have no 4K; only a daycare for 4 year olds, for which we would have to pay 1200/month. They also have no dyslexia support, and no ability to test for it. in Korea or DODEA Korea. When he was finally evaluated by the local DODEA, he scored BARELY at baseline for a 4 year old: he was a month from turning 5. He also failed on area badly, social, and we were suggested to 'put him in a daycare and see if that helped' and then to 'wait it out and we would evaluate when he began Kinder in 6 months.' This began the bouncing back and forth with Medical and DODEA. DODEA insisted they saw no signs of ADHD, which had me in TEARS. Samuel is CLEARLY ADHD, and it affects every part of his daily functioning. Even his pediatricians have noted this. But a Medical DX does not constitute an educational DX, and since there 'is no EFMP office at Camp Humphreys,' we had to submit EFMP paperwork and wait. It has been 9 months and we still have no idea if his EFMP is updated. In addition, they have no support here for dyslexia, dysgraphia or dyscalculia, and no way to test for it. There is no developmental pediatrician, and the DODEA has made it clear to myself and other families of special needs students, that they have no ability (or interest) in serving those students. Families have been threatened with being sent home while the servicemember remains in Korea for 2 years if 'they cannot deal with the limitations of the DODEA system' or 'if the parents want to pursue a diagnosis that only the parents see.' Samuel has been identified by a Dyslexia and Reading specialist as having dyslexia; but the DODEA still refuses to acknowledge it as a legitimate diagnosis. They refuse to test him until he is 8, and imply that his learning delays are due to us not working enough with him at home, an accusation I take great offense to. As a SAHM, and an actively involved parent, my

children's education has been foremost since birth. I have spent my life as their advocate, their support, working with them, reading to them, helping them learn colors, letters, etc. Nothing could be farther from the truth; in fact, as I speak with other families here of children with dyslexia who now homeschool, we have all been told that same thing. One family was told their child had a 'visual processing disorder' and that the DODEA wasn't able to provide an IEP for that diagnosis. This mom removed her child to homeschool and uses Barton with her son, as we do at home.

In the meantime, our younger son William while in Wisconsin began exhibiting behavioral issues and executive functioning issues. We had him evaluated and he was borderline for functioning at age level. Since he has been diagnosed with ADHD, executive functioning disorder, and he has a brain imbalance which prevents him from learning as other students do. Once arriving in Korea, we also had him evaluated. He was evaluated at the same time as Samuel, and came back functioning just barely at age level (of 4 years and he was 4 years 1 month.) 1:1 he is great, but in a class situation or educational situation he struggles. I noted this to staff that were doing the eval, and they noticed ADHD symptoms as well. I was again sent to medical to obtain a diagnosis to be used to force the issue at the DODEA school on post, to have services offered for William. He was too young to be formally diagnosed with ADHD at the time, and was referred to Behavioral Health. His Asthma, allergies etc were also not EFMP-eligible (according to Ft. Knox) and we attempted to have that updated. 9 months - still no confirmation of that update.

William was a whole different child at Behavioral Health. He is great 1:1, and when he is getting his way, and all the attention, no issues. The minute something doesn't go the way he wants it to or thinks it should, everything goes downhill. As Beh Health was actually reinforcing his negative behaviors, we decided to no longer continue with that.

After we moved from VA to Wisconsin in 2017, we lost our Respite Care eligibility. Respite Care was SO needed. We had no family closer than 1200 miles away, in VA, and the only way I could go to Dr. Appts, the store, etc was through Respite Care. Nowhere have I needed Respite Care more than here at USAG-Humphreys. Our family is now 7000+ miles away. Childcare here is the CDC - there are ZERO FCP on this installation. CDC is full and hourly care stops at age 4. I have been forced to homeschool due to the school refusing to accept any diagnoses for our sons. In addition, placing our children in private care is cost-prohibitive at \$20/hour off base, and they exacerbate the existing sensory, behavioral, and other struggles of our children because 1) they are not trained to deal with them and 2) they plop them in front of a TV and go. For the last 18 months I have struggled alone. My husband works long hours, late nights, weekends etc, and is in a high stress job in a notoriously problematic unit. He does his best, but we have very little time together, and

without adequate childcare support, or adequate support services on installation, we have no break from the struggles of homeschooling two children with significant special needs.

EFMP not having an office or liason on this installation is unacceptable. Many families here on USAG-Humphreys have come here with EFMP correct, only to find that the installation did not have the support that it claimed to have. The families or the EFMP adult, were then blamed for coming here, by medical and/or the DODEA. I am working now to address these issues on Camp Humphreys - however it is clear that DODEA wants me to shut up and go away, and medical has a 'what do you want us to do?' attitude.

My husband has served for 19 years honorably, and when considering whether or not to retire or remain in the military we have two serious considerations: 1) that Tricare benefits will decrease significantly when he retires and the cost just to maintain the new lowered level of benefits will be over half of his retirement check and 2) that EFMP will continue to be a 'feel good' program that gives families the illusion of provisions for their needs at the next duty station; but in reality only ensures that they will get stuck in an endless loop of duty stations, or be denied PCS 'due to EFMP.'

I thank you for bringing our concerns to the table, and am happy to speak with you in greater detail in regards to our experiences. I can be contacted at 82-10-2437-4360 (Korean cell phone number because I live in Korea) or via email or Facebook (Kim Hillenbrand.)

Again, I thank you for your dedication to our EFMP families.

FROM: Jennifer

Here's a snapshot of our story.

My husband is an active duty Colonel in the Army and I have a background in teaching. When our 14 year old daughter was 3 I saw some quirky personality traits that turned into Dyslexic features. I was pushy with the school in K/1st grade, being on the board I thought would help but they wouldn't budge. There wasn't a big enough "discrepancy".....A great off base school district but disgusted with them. Our Ft. Carson pediatrician was helpful and we had full testing done. Because I had a background in teaching I was grabbing the bull by the horns, per se in getting things done. We immediately enrolled her in EFMP but honestly I haven't seen that help us in anyway. I am very educated in the system so I don't need any help with dealing with schools. I haven't seen it help us in duty locations. We have spent over 60 K for special schools/programs when the schools have been lacking or she needed extra help. In Hawaii there is actually a Dyslexic school that was

opened many years ago to help military alternative learners, Dyslexics. The school is Assets. It was amazing, but expensive and many/most military families can not afford it so it is mostly locals. We will soon stay somewhere where the schools are good while my husband moves away from the family. Spending \$ on 2 households on different sides of the country. We have lived where he is going and the public schools are not up to par for Dyslexics. I feel like EFMP could be a good tool for those trying to navigate the schools for people who don't know much about how to do so. I also feel like the military could help much more also. When I have looked at military funding I had found that there is \$ and help with children that have more behavioral issues to get help but yet nothing for Dyslexia. Many Dyslexics also have a visual issue and require visual therapy. The military DOES NOT help pay for that. We have paid over 7 K toward that and will pay 7 K more. That is in addition to the other 60 K. I am not looking for sympathy on these amounts but the fact is most people can't afford to try to get their child the extra help that they may need. There are many military in the DC area who have children with Dyslexia and/or visual issues.

I love that you are asking for pictures to put a face with these stories but out of respect for my "teenage" daughter I don't feel right doing so. Thank you for your time and feel free to contact me for more info, etc.

FROM: Anna

Griffin, Phoenix, Aquilae and Seraphine. These are the names of our four kids who live at home without their Dad. For the last two years they have only able to see their Dad, and my husband, on the weekends because the Exceptional Family Member Program is failing our kids with education issues. In the Army's infinite wisdom they offer you milk when you're dying of dehydration and lactose intolerant or a peanut parfait as a last meal when you are dying of hunger and deadly allergic. We need to change the way the Army, military, and EFMP view, respond. and provide services for more than just medical issues.

We are a military family with five beautiful kids. Jeff, my husband, has proudly served in the military for 19 years, 13 years of which have been on active duty. Our Family has survived 5 deployments in addition to training events and more military related separations than we can count.

We were lucky to be stabilized at Fort Campbell, KY for 8 years. Our oldest, Trenton, graduated from a Clarksville high school and enlisted in the Army after graduating. It was when we were stationed at Fort Campbell that our youngest son (Aquilae, 9) was diagnosed with dyslexia during his kindergarten year. He had an IEP for speech and language services prior to starting school, but we quickly identified that he was struggling to learn his ABC's, numbers, sight words, and had a

concerning increase in anxiety about school due to losing recess and center time for incomplete work. We were lucky because the special education teacher actively provided services to try and avoid an extensive gap in his reading skills. His struggle with school increased exponentially; he would beg, plead and cry to not go, often becoming physically ill and vomiting from the experience. This became our daily routine.

At the end of kindergarten my husband got orders to a military school in South Carolina and we moved as a family. We were hoping the change would help reduce our son's stress. Through testing at Vanderbilt Learning Disability Center, prior to moving, we learned he was dyslexic but also had a learning disability in written expression which made the writing process challenging for him.

We took his Individual Education Plan (IEP) from TN that required an inclusion classroom to provide the most services with reduced need to be pulled out for services. Sadly, the SC district said that inclusion services was not an option and they reduced services to 60 minutes of speech and language weekly and 45 minutes of pull out resource services daily. It left the general education teacher trying to provide extensive accommodations that led to frustration for our son as he tried to access the curriculum in a class with only one teacher.

We quickly realized he was struggling to make progress and even reached out to a dyslexia center to determine where his basic reading skills were at. We learned he had made very little progress and had appeared to regress. His goals were extremely low for his school IEP and even those he was unable to meet. We became increasingly concerned that the gap between him and his peers was growing rapidly. He struggled to read even at a very basic level and he struggled with all aspects of writing. The staff was very compassionate and worked very hard to continue to support him, but we worried the teachers did not have enough training to provide the right intervention at the time. Our son was increasingly depressed and would cry asking why he was having such a hard time. He thought he was dumb and no matter what we said we couldn't undo the feeling of isolation he was feeling.

While my husband was in school we learned his follow on duty station was in an area with failing schools. Our son is an EFMP enrollee so we contacted them for help to see what we could do. We were told there was nothing they could do and he could "just catch up" when my husband's assignment was up. Knowing that is not how early intervention services work we talked to my husband's branch manager, their supervisors, and the school liaison and even the school house leadership. We were told due to a good service record they would by name request him to come back and it would only be 12-18 months. My husband was able to get his orders changed to Fort

Bragg, a 3 hour drive from our current duty location, but services specific to dyslexia were not easily accessible there.

We decided that he would go to Fort Bragg and we would stay to ensure our children would get their needed therapy here in South Carolina. After my husband PCS'd to Bragg, Aquilae's older brother (Phoenix, 11) was diagnosed with Autism, generalized anxiety disorder and depression. Aquilae's needs are identified under the educational side of EFMP, whereas Phoenix's Autism diagnosis is under the medical side. With this new information we went back to EFMP, but unfortunately, because Jeff had already signed in to Bragg the only thing they could do is offer services at Bragg. It was too late to attempt a compassionate action based off this new diagnosis.

Aquilae attends a school specifically for dyslexia and we continue to receive speech and language, occupational therapy, and applied behavioral analysis services outside of school. There are limited schools in the US similar to the one he attends and none where my husband is stationed. Jeff travels home for weekends when he can, and we are currently having to pay for two households as the military has no way to assist families in our situation. We spend near a thousand extra in food, gas, rent and utilities a month. In four months, I put 12,000 miles on our car driving children to school and therapies plus all the other regular mom driving duties. The school our son attends is over \$20,000 annually, but the teachers are highly trained in Orton-Gillingham, the recommended intervention for dyslexia. It uses a multi-sensory method of instruction and is applied using the science of reading. Unlike the public school they believed that Aquilae could close the now 2 year reading gap that occurred. It was a relief to have someone look at our son's records and say it was going to be alright. He would fit in beautifully, albeit it has come at the cost of our savings and we fall deeper into debt each month even with the assistance of family.

Sadly, after Jeff PCS'd we learned that they could no longer by name request for the position that we were told about. We tried using every method we could think of to take care of our family. EFMP couldn't help because what the military deemed as appropriate services was not actually sufficient for the level of care required. And because of that both the compassionate action branch and branch manager said they would not be able to support a request to move. We are now coming up on 2 years of separation. We are unsure when we will be able to live in the same household again. We worry it will not be before our son Griffin graduates high school. Our son is making significant progress in his school and is once again self confident, happy and thriving.

Since this journey began our 11 year old was diagnosed with dyslexia, dysgraphia and an SLD in mathematics in addition to this diagnosis of Autism. We are currently fighting for services for him,

but it has been an uphill battle. He did finally get services in school to help him address social and emotional difficulties due to years of being denied assistance. We were lucky to get ABA services quickly out of school which is a major barrier for many families with children with a diagnosis of Autism. My son's BCBA has been instrumental in advocating for our 11 year old in the schools. We have had to seek out mental health counseling to manage severe depression and anxiety symptoms. We are very lucky to have found providers here to support him. If we had moved the wait list times would have been detrimental to our son. Our 5 year old daughter was tested in school for learning disabilities and found eligible under a specific learning disability in reading (dyslexia), Math calculations (dyscalculia) and Written expression. She is now receiving special education services through the schools.

Our oldest is in 10th grade and struggles with bouts of depression due to the separation. At this point we are holding on to the fact that through this difficult time we still have a loving, strong family and our kids who need additional therapies to meet their full potential are getting what they need and or will be. Without our choice that would not have been the case. I am 100% certain Aquilae would not be reading today if remained in any public institution, and even many private institution. While I think the EFMP system is full of well meaning individuals who desperately want to help they need more funding and guidance on how to effectively support their families. There needs to be more communication between providers and EFMP to maximize support when possible. Enrolling in programs like ECHO is very helpful, but not without its difficulties. While EFMP is part of the process they are not always knowledgeable about what is needed and the providers often aren't either. Since both of those pay an instrumental part of the enrollment I would suggest increased training and cross training to ensure families aren't left tripping through the process.

Due to our 11 year old son's increased need we have submitted a compassionate reassignment again and have been fortunate to have more support this time around. My husband's command has been instrumental in helping us get needed documentation and supporting my husband during this difficult time. When we reached out to EFMP to ask if the EFMP chair physician could help make recommendations we were told that is no longer an option. Being geographically separated for two years has been incredibly difficult for our family. As the spouse trying to provide all the needed support and participating in therapies has been emotionally and physically draining without my husband here. For Jeff, my husband, it has been incredibly difficult trying to balance doing his job to the fullest while also being there for his family when he is three hours away. I feel like if EFMP could help work with branch managers in rare occasions, we could have avoided some of the challenges our family has faced.

Eventually, we hope that the military will expand their programs to help families with special education services before situations escalate to an emergency requiring significant support. There is a belief that all schools provide appropriate services equally across the United States, but I can assure you that is not the case. Many families are facing significant issues advocating for their children with what the military identifies as purely educational needs and the responsibility of the schools. Due to PCS frequency many families face difficulty with eligibility for services from state to state and maintaining the same services, if lucky enough to get the right services in one state. Often families are spending thousands of dollars, or more, to even get a diagnosis that will help clarify the needs of their children's supports and services. I know for us our private evaluations were far more in depth and clarified what would be the best intervention for our children. I believe that improving the EFMP system could lead to more stability for many service members. If military members feel confident that their families are supported than they can more easily do their jobs to the best of their ability. I, along with two other military spouses and mothers of dyslexic children, have started a grassroot movement of military families called Decoding Dyslexia Military. We are lucky to team up with each state chapter of Decoding Dyslexia to try and help support military families as they try and advocate for their children through moves, separations, and trying to get appropriate services for their children.

We are happy to answer any questions that could be helpful in increasing support for families enrolled in the EFMP system.

FROM: Beth

I appreciate your stand to be a voice for all military families being treated poorly by EFMP. I wanted to share our story since it started this Monday and we're just beginning the fight:

We were informed in March of 2019 that my husband was selected to be a Battalion Commander in Alaska. We recently updated our EFMP packet in January 2020 for our overseas screening. Our son is 5 years old and has Down syndrome. It is documented in his file that his heart needs to be monitored every 2-3 years while he grows, but he is in excellent condition and has no restrictions. This documentation was also in his prior EFMP file, done in 2017. Otherwise, his needs are speech therapy and occupational therapy (both received at school), twice a year ENT visits and twice a year audiology visits. Concerning my husband's command slate, we were told that everyone was prescreened through EFMP prior to the slate and given a position based upon EFMP approval.

We found out Monday, January 27, through a phone call from AK EFMP to my husband that our

EFMP packet has been denied due to our son. We are in complete shock because he has had no change in health from his 2017 packet to his now 2020 packet, and EFMP had to have screened the packet for my husband to be placed into the command. EFMP is stating that they denied HRC's approval for my husband to be placed into the command, but HRC states they never received a denial regarding my husband's packet, and the command slate was approved by all higher authorities. Then AK EFMP stated that their denial is based off of our recent update to the EFMP packet. But there is no change in medical condition regarding our son.

I spent Wednesday, January 29, on the phone with services in AK to prove that his needs can be met there. I lined up a speech therapist that can start treatment next month and is Tricare compliant. I found a pediatric audiologist who is taking new patients now and is Tricare compliant. I found that the base hospital is taking new pediatric patients in ENT! And I registered my son as a new patient in the AK Children's Heart Center, which is Tricare compliant and they can start seeing him now. But we probably won't need to use this since he only needs an echocardiogram every 2-3 years.

We have completed our side of the appeal process through our local EFMP coordinator and doctor, but we still don't have AK EFMP's written denial to even submit our appeal! My husband is set to take command in June of 2020. We feel completely discriminated against. There is no warrant to their denial of our son. All of his needs can be met in AK.

In regards to our current duty station: We were not screened to be stationed in the NCR and we have had a terrible time finding doctors who will see my son. I believe it has become an OPINION, not fact, of the military that we would want to be stationed here due to "all the services provided". But who wants their stress levels rising driving through crazy traffic for HOURS for a 30min appointment? And to find someone who is listed in Tricare appropriately has been quite an issue here. As a parent, it's my duty to research what my children need. And it's a FACT that AK has all that we need.

Thank you for listening to our story. I hope this helps during the congressional hearing. It's our desire that our appeal can be turned over and our orders rightly given.

FROM: *Bobbi*

My name is Bobbi Irvin and my family and I are currently stationed at Fort Campbell Kentucky. My son Tristin pinney and myself have been enrolled in EFMP since 2015. When we were first enrolled it was very confusing, and never truly explained to us. We thought we were being added for my sons

iep in school(they put him down as adjustment disorder which was a lie he only needed a iep) and for myself for headaches that I had from smoking and having a bad diet. Upon going to efmp we were told we were added for other things that we never needed. From week 1 we have tried fighting efmp and army drs to remove us. We are told over and over it's impossible. A dr went as far as going behind my back and making a prescription I didn't need(I never picked it up and have proof), and because of that they renewed our efmp. Drs refuse to dig into our history and see we don't need efmp.

We have begged every dr, and the efmp office at 2 duty stations. There are no other outlets to help us get disenrolled, and for families like mine who were lied to, it's not fair. It's not fair to be on efmp when we've never needed services and till this day don't. There needs to be ways that families can be allowed to have a day in their care and remove themselves off programs like this that they never needed. It should be our say to fight for these things and they give us zero power. Please help families like mine who are enrolled in such programs have a day and fight. We would give anything to fix this, but the Army and it's employees give us zero say or power. I appreciate your time in reading our stories and considering any future help with such problems.



FROM: *Ann Marie*

While our family was stationed at Fort Bliss, El Paso, Texas (2012-2017), we were in a season of recovering from war. Our service member was deployed 48 months in nine years of service; so moving from Baumholder Germany to the southwest with children two, four, and six, began as an

optimistic adventure towards rebuilding relationships. We enrolled our two oldest in the local public school system where they struggled with new routines and large class sizes. Six months later with the looming mental health issues, we decided to homeschool our children so we could have more flexibility to travel and engage our children. During the five years we were stationed at Fort Bliss, I sought out mental health professionals for feedback and encouragement about our middle child's ADD/ADHD and oldest child's Aspergers/Autism. They were very encouraging and recommended I keep doing what I was doing as our sons were both exceeding milestones in social development considering the diagnosis's the symptoms & surveys pointed to.

Dyslexia runs in our family. My father, sister, and spouse, all struggled with learning to read in elementary school and as high functioning / successful adults they have learned how to accommodate themselves with podcasts / audio books when time is of the essence. When our middle child struggled to learn how to decode letters into words in first grade, I knew he probably had this same challenge. Through my the social network of our local homeschool co-op, I discovered a Silva Center where children with learning disabilities in the local public school were receiving tutoring - and with a referral from our PCM (Primary Care Manager), our child could receive the same. Because this was something other public school children were receiving, I figured this was my responsibility to facilitate as his homeschool teacher. I did not realize that EFMP(Exceptional Family Member Program) was something that I could utilize to help navigate education issues at this time.

When our service member received orders for Fort Leonard Wood, Missouri, we were very excited. With a large, well funded school district, we were optimistic about enrolling our children now beginning 2nd, 4th, and 6th grade. In August of 2017, I met with our PCM for back to school physicals and explained that our sons needed a referral for neuropsychological testing. I suspected our oldest child was on the Autism Spectrum and our middle child was ADD/Dyslexic - but without documentation, I knew it would be difficult to advocate for our children in the public school system. Both were diagnosed that fall - our middle child also received an Aspergers/mild Autism Spectrum Disorder diagnosis.

For a year, we watched our sons struggle. We repeatedly asked teachers about pursuing a 504/ IEP (Individualized Education Plan) for our oldest child and were informed he was just a typical disorganized teen. The situation for our middle child was much more dire. The school performed their own testing and agreed to set up an IEP with goals for progress. Our son was placed in special education classes for 3 hours a day with 18 other children - with one teacher and one para-professional. He made no progress in reading after one year. When the IEP team met in September

of 2018, the special education teacher informed us she "had dusted off her copy of 'Hooked on Phonics' and we're going to give that a try this year", I was shocked. At this time I reached out to ACS (Army Community Service) and started researching available resources for advocacy. I discovered an EFMP coordinator who could attend meetings with me. I discovered the SLO (School Liaison Officer) was also a tremendous resource on local and state education laws. I thought things would improve - but they did not.

The EFMP coordinator attending the meetings with the school and encouraged me to be patient as she felt the district was "doing the best they could." It became very clear that she was more interested in her long standing relationship with the school than advocating for our child. It was during this time I began reading everything I could about Dyslexia and Special Education Law (Wrightslaw.com). I learned how to document requests and phone calls via emails and keep careful records of test scores so I could demonstrate the lack of progress to advocate for better services. I invited the Superintendent to attend an IEP meeting about the appropriate interventions available and supported by decades of research - his only comment during the meeting was that as a parent he felt the school district was doing the best they could to help all of our children. A week later, I filed a complaint with the Department of Education in Missouri - 2 months later, the school was found in violation of IDEA (Individuals with Disabilities Act).

At 11 years old, in 5th grade, our child still had a first grade reading level. However, after listening to a 6th grade audio book, when the comprehension test questions were read to him, he could answer with 95% average accuracy. His visual spatial skills were measured to be 135 via the Woodcock Johnson testing he had with a Neuropsychologist. Our son is brilliant, but simply struggling to decode written symbols. Because our family could not use JAG (Judge Advocate General) as a legal resource, we could not pursue due process when we had a clear case. Local lawyers specializing in education law required a fee of \$200 just for a consultation. We did not have the financial resources to pursue legal action against the school district - even though there was a very clear paper trail of violations.

It was during this time, we learned of the Compassionate Reassignment system through a neighbor navigating the process. It was at this time that we enrolled our middle child in EFMP to request a new duty station where resources would be available to him to learn to read. All of our letters of recommendation described our son's challenges with Dyslexia. The three duty stations offered to our family had ample resources for children with Autism. It was incredibly disappointing. Our child had never received any services for Autism and each of the letters very clearly described the need for appropriate interventions for his Dyslexia. The options offered were also located in states that were

further behind Missouri with legislation mentioning dyslexia. Missouri had recently passed a screening law where all children were required to be tested / identified as dyslexic if they enrolled in the district between kindergarten and second grade. Through social media, I saw difficult conversations and requests for advocacy help at each of these options presented to our family. How can we move to a new location knowing it would be the same disappointing scenario for our child?

In December of 2018, we decided to move our family to Pennsylvania (our intended retirement destination) where a local public school system was using an evidenced based program specifically for children with Dyslexia - the Wilson Method. This also allowed us the ability to lean on extended family for support and logistics. Because of the intensity and thoroughness of this type of program, our child needs intensive tutoring over several years in order to close the gap with his peers. (The closest certified tutors to Fort Leonard Wood were 90 miles west in Springfield or over 100 miles east in St Louis). Our Compassionate Reassignment paperwork specifically requested a duty station near the geography of southeastern Pennsylvania knowing it would be our final assignment before retirement.

As of January 2020, after one year of appropriate interventions and accommodations, our middle child is THRIVING. He is on grade level with all of his core subjects and only removed from the classroom for 3 hours total per week for 1:1 Wilson tutoring with a certified instructor. Fully mainstreamed with speech to text and text to speech software, he is able to participate fully in his 6th grade classroom. His new SMART IEP goals were adjusted this quarter to include 3rd and 4th grade sight words and he is reading fluently with leveled readers directly correlating to the context of his work with his tutor. Our oldest child with autism is also THRIVING now with an array of supports through an IEP and is learning to advocate for himself as we prepare to transition him to high school next year.

Unfortunately, all of this is at the cost of geo-bacheloring with our service member. I am currently living with our three children in Pennsylvania where our EFMP child is receiving what he needs. My husband is currently stationed 5 hours/300 miles north of us at Fort Drum, New York. I work full time to provide for our living expenses and my husband drives to visit whenever there is more than a 3 day. Two households, two sets of utilities, two grocery budgets, and the rest is spent on gas for travel in between. This is our reality until 1 August 2022 when my husband can submit documentation for retirement.

We have made this choice with the long range perspective for our grandchildren. Our son must learn to read. He is now in 6th grade and with appropriate interventions, it is our hope he will close

the gap enough to be able to take college prep classes in high school. We want our son to be a successful independent adult. Moving to multiple school districts and having to re-advocate for services not guaranteed to our child is non-negotiable. Moving between states where laws are inconsistent in supporting or protecting children with this type of educational disability is non-negotiable.

It is because of our family's experience that I now volunteer as an admin for the Decoding Dyslexia Military Facebook page and group in order to help other families navigating the system. Families who are stationed in Germany where DoDEA (Department of Defense Education Activity) Schools are denying Dyslexia exists. Families are spending thousands of dollars on private tutors outside the school system because they aren't in one place long enough to advocate for appropriate interventions. EFMP coordinators are not uniformly trained to advocate for family members with educational disabilities. Tricare does not acknowledge the diagnosis so specialized remediation is a completely out of pocket cost.

All of these challenges are burdens for the military child to carry. After 15 years serving my military community as a military spouse through deployments, field rotations, leading and serving through FRG (Family Readiness Group) functions, teaching ACS classes - I must step back and take care of my grandchildren.

The EFMP program, in our experience, was not helpful. The healthcare professionals at the hospital were wonderfully supportive and informative. The EFMP advocate was not. The Compassionate Reassignment system did not serve the long term needs of our child. I am sad to no longer live and serve beside my husband in a physical military community - but I am honored to continue volunteering as an advocate for other families with similar struggles. Our military children must learn to read.



FROM: Katherine

We are the Rodgers family, Andy, Katherine, Caroline, Meredith, and Nolan. My husband has been in the service for 24 years and is still an active duty military police officer. He is a colonel working for the CID command down in Quantico, Virginia.

Here is our story -

Our son, Nolan, attended a Dodea school for kindergarten on Fort Stewart called Diamond Elementary. He struggled to learn sight words and to read. He is my youngest of three children, the other two being girls and when he wasn't reading or able to identify sight words, I was told it was because he was a boy. Kids at the school who did learn their sight words were rewarded with ice cream parties and sadly for the entire year, Nolan was never allowed to go.

Before first grade we moved to the Fairfax country school district. My husband was working at the Pentagon and commuted every day so we could be in a great school district with a small elementary school. He finished first grade well below grade level and I was encouraged in second grade to have

the school test him for a learning disability but to wait until after the winter break not realizing that if something was found the state allows another 60 days before an IEP would be put into place. The testing took many months and he did not get an IEP until the end of second grade.

We decided to send him to a reading program over the summer to help catch him up - which cost around \$3000 for five weeks of intense reading help. We found a fantastic tutor there that our elementary school allowed to come in and tutor Nolan for half of his third grade year until the principal decided she was a liability to have and we ended up driving to her house 40 minutes away three days a week. We had to get a tutor because no one at the school was qualified to teach a dyslexic how to read in the method in which they learn the best - an Orton-Gillingham method or multi-sensory method. In the spring when the tutor was no longer allowed in the school, I quit my job to take my son to see his tutor. While all of this was going on, Tricare was denying our claims until we wrote a congressional to our Texas congresswoman, Lizzie Fletcher.

Nolan now goes to a boarding school called Oakland down in Troy, Virginia. He asked to go there after he attended their summer camp and learned reading, math, and writing. He said, "mom, these are my people. No one makes fun of you or bullies you there because we are all the same." He is 10 years old now and it is very hard on us to have him away but we felt that he needed a school that worked with kids with learning challenges. We took a \$50K loan from a family member to pay for the school as we are still paying back the cost of camp last summer - \$8000 for five weeks. We are now sending him to see a therapist at the school to help him deal with homesickness and anxiety. Who would have thought that we would be living in one of the best school districts in the country and yet I am sending my son away to learn? The irony.

We made such a drastic decision to send him for several reasons. The first was reason is because there was no school near us that could meet his needs and we would have to continue with a private tutor which caused him to miss several hours of school several days a week. However, the main reason is because we are getting ready to PCS to Guantanamo Bay, Cuba and he will attend another Dodea school with his IEP. Due to the small and remote base, most special services for kids are over facetime back to Fort Bragg. We only recently found out that Nolan should be enrolled in EFMP for a learning disability. I always assumed EFMP was for medical issues. We are now in the process of getting him enrolled but I am unsure what EFMP can do to find help for him when I understand most schools do not say or recognize dyslexia.

Having a child with learning disabilities and trying to get help is the hardest thing we have had to endure as a military family, harder than our last deployment because there is no end in sight. To

name a few of our struggles; fighting with Tricare over coverage, fighting the school over resources, getting a diagnosis, watching your child be bullied, being told he is lazy by this teachers, hearing him ask me "am I dumb?" after I had attended so many meetings at the school that he began to notice, watching him struggle to read, struggle to write, and now having him away from home at the age of 10. If often feels like I am in a rowboat trying to cross an ocean alone.



COAST GUARD

FROM: Hillary

Thank you for your time and consideration of my email.

The military is not doing enough to take of its own in Special Education .

AD Members are forced to choose because career and kids because services in some areas are so bad. Some parents choose to live separate to avoid constantly moving a child in special education.

Some spouses are not aware they are being sent to a place that doesn't have services or can't handle the child's needs because often the AD either doesn't know any better or doesn't tell their spouse.

My child is dyslexic, has an Auditory processing disorder, a temporal processing disorder, adhd and mild- moderate receptive -expressive language disorder.

My child was diagnosed with adhd and auditory processing disorder in 2013. We found out my child was dyslexic when she was 8. In May of 2019 we found out she also has a temporal processing disorder as well as the receptive language disorder. It took from the time we found out this to time of additional services

from a school almost six months due to summer and the IEP progress. At the same time we started with school we did get services from Tricare for Speech Language Language deficits within 6 weeks.

We've spent 5000 in neuro psychologist testing since 2013 because Tricare doesn't cover it. Often the school psychologist is ill equip to deal with a more complicated case. We've also spent close to 70k in Orton-Gillingham tutoring over the years because Tricare doesn't cover it and schools don't provide it. We spent another 500 this year on Auditory testing because Tricare didn't cover it. If we had waited for the school it would have been almost 6 more months to get new services.

We lived in California they have one of the worst dyslexia laws passed. It doesn't included any mandated screenings, teacher certification, teacher instruction on dyslexia in teaching programs, nor does it require any mandated multi sensory explicit instruction (Orton-Gillingham) for anyone who has dyslexia.

Everytime someone has to move the IEP process basically starts over. While the federal law requires a state to implement the iep within 30 days as is or start the process over in the new state it is fairly common for a state and/or district to try to remove services without notice. (We know this is illegal, but it happens to parents who are not able to follow the laws).

When we moved to GA from Ca we had an IEP under SLD since 2013. We arrived here in Jan 2019. I had 8 Iep meetings last year. When I first arrived my first iep meeting wasn't even legal. It didn't include anyone who knew anything about dyslexia. Only a general education teacher and special education teacher attended. Neither of them knew anything about dyslexia. I had to call the head of Student Services for this county (30k kids outside Warner Robbins AF Base) to ask for help. I wrote the superintendent for the county. My next IEP meeting was in Feb 2019. It was pretty obvious still no one knew much about dyslexia. Georgia's dyslexia law passed in May 2019. While it's great to have this law it does little to help my child today. Most of the components of it SB48 we pushed out over five years. I had another IEP meeting in April when I found out from my private tutor my child was having issues with reading comprehension. At my May 2019 IEP meeting both the LEA person and the assistant principal of my middle school told me they didn't support reading in middle school. (Even though the IDEA act covers anyone from birth to 21.). I again called the Superintendent and the Director of Student Services. I've basically had to teach my school how to use Assistive Technology for or with a dyslexic. I hired a private advocate in May who I've also paid \$2500.00 last year to get help.

The Pentagon needs to require ever child who has an IEP to be in the EFMP program or at the bare minimum create a reporting system and be logged into a system to track whether that child's family can find the services they need in the place they are being sent.

We owe families who choose to serve on Active Duty more than choosing between kids and service.



Dyslexia Stories

The Honorable Ms. Jackie Speier
Chairwoman, Military Personnel
House Armed Services Committee
House of Representatives
Washington D.C. 20515

Ms. Chairwoman:

Thank you for taking the time to address the systemic issues within the Exceptional Family Member Program. As a veteran and military spouse of 16 years, my family and I are committed to public service. The unfortunate reality is this service comes with great sacrifice, some of which is unnecessary.

I have three children, all of whom have disabilities that impact their education. For the past 11 years I have navigated 13 schools, all with their own eligibility criteria, differing services and knowledge of learning disabilities. When my oldest was first diagnosed, we were told she needed to be enrolled in EFMP in order to receive support services and ensure her education needs were met with each school she was enrolled. We did enroll her, but over the next few years and PCSs we found that EFMP did not offer any support before, during or after a PCS. It was however another system to navigate, paperwork to keep up with and a red flag in my husband's record. We made a choice to let her enrollment lapse and did not enroll any of our children going forward.

My younger two children have a diagnosis of dyslexia, a specific learning disability affecting their ability to read, spell and write. I have found over the years that issues within the EFMP system include the lack of knowledge of learning disabilities, IDEA and ADA regulations and the unwillingness to support these children in the local school district. I homeschooled my two dyslexic children for two and a half years due to inaccessible curriculum at that duty station, and we are now paying a private tutor for my youngest while she is enrolled in public school.

I have reached out to EFMP as a parent in need, an advocate for other families and as a volunteer educator. I have provided education at EFMP trainings in hopes that EFMP employees will be better equipped to help families. The feedback that I have received from my training is overwhelmingly that they appreciate the training, but also feel ill equipped and lack the necessary knowledge to help families with dyslexic children navigate the special education system.

We have a responsibility to ensure educational equity for our children. I implore you to address the systemic issues within the EFMP system in a timely manner, as our nation's children are suffering the consequences of its failure everyday. I appreciate your time and consideration in this matter.

Sincerely,

Erin Reardon
Founding Member, Decoding Dyslexia Military
erin.b.reardon@gmail.com

FROM: Lisa

My precious son Evan has experienced learning difficulties since Kindergarten. Despite being aware of the signs and sharing them with his teachers over the years we were not able to get an official, specific diagnosis of Dyslexia. It took us 6 years at age 11 to reach the diagnosis, but why? I am certain that we would still not have the Dyslexia diagnosis if I had to fully rely on the public education system. You see Evan is a cancer survivor. Therefore, Evan follows up with a Survivorship clinic and is able to have a neuropsychologist evaluate for learning disabilities covered by our insurance.

In my experience the individual schools stated they could not give a diagnosis, as their professionals are not medical doctors. However, when tested by a neuropsychologist (a Dr.) many schools reluctantly accept their findings and apply it to an Individualized Education Plan (IEP). I was told repeatedly that a specific diagnosis was not pertinent and I should focus my attention on the interventions my child would need. So, a year goes by and Evan is still behind grade level and we change his interventions to meet his needs. Then another year goes by and Evan is still behind grade level. Then another year and I ask why is he being graduated to the next grade level when his report card doesn't show much progress. Why are all the interventions not making a difference in his learning? I am told legally he can not be held back to repeat the grade again. The law is No Child Left Behind. Besides it wouldn't be good for his emotional state either.

Obviously I can't share every grueling detail and struggle experienced trying to advocate for my child. My story is similar to many others. Are you picturing the frustration yet? If not, let's factor in that Evan's dad is active duty military, the Army has moved us twice during the school year in 3.5 years, and our new duty station is no where near a military installation. We are all trying to learn our new home surroundings and which school will best support Evan. During a conversation with the Principal at his new 9/10 school I share where Evan's educational weaknesses are, but don't have a diagnosis. The principal replies well we will just give Evan the same accommodations and interventions he was getting at his last school. All right, I'll get you a copy of his IEP to which the principal replies, "We don't need it. The accommodations are general, basically the same for each kid." Needless to say, Evan is not attending that school. Although we have an EFMP on file it

hasn't assisted us in assignment locations, moving us within a school year, or providing educational liaisons to assist with our needs and transitions.

My point is it shouldn't be this hard. Evan should not have to endure a trial and error process of interventions that aren't working because no one is taking into account his signs and symptoms are likely dyslexia. Science proves that early intervention is key for success in dyslexia and that 1 in 5 children are affected. So why, like so many others, is Evan age 11 going into grade 6 just now diagnosed and have a reading level of a 3rd grader? Why is his spelling atrocious and writing non-existent? Why is my sweet, highly talented son depressed with suicidal thoughts?

Evan realizes he is different and behind in school that is not attributed to laziness on his part. He feels the depth of learning difficulty with everything in him. If the oncologist would have said Evan has a tumor. We don't know what kind, it doesn't matter. We are going to try this chemo first and then this one and see if it works. Hmmm, nope that didn't work. Let's try this chemo next. As a society we would all be yelling NO! Technology allows us to pinpoint the problem and intervene with the Gold Standard in treatment. It is absolutely no different with Dyslexia. Abundant research shows the signs of Dyslexia, tools to diagnose it, and interventions that should be considered a gold standard approach. In order to provide Evan with an Orton Gillingham approach and instruction we have paid \$400 a month for at least the past year for a tutor, on an enlisted soldier's salary. We rely on online communities, other parents, and endless research to find products and solutions because our schools don't want to devote money to dyslexia instruction.

I urge you with desperation to please help this group of parents that NEED change for our children! Help us be heard and bring change to public education.

FROM: Anonymous

I am sure you receive all kinds of things from all kinds of people. So I would like to thank you for your time and patience to read this. I am 47 years old, and I have Dyslexia. My father, 2 brothers and 3 out of 4 of my children have it as well. So to say the least I am pretty versed in it. I went to public school as well as my brother's. We could not afford private school. But back then no one really knew a whole lot about it; so I don not think private or public would have made any difference.

The out come for us was we did our best but the teachers just sort of push you through. Again I understand because they did not know what else to do. But now days there is a lot more understanding and research on this subject. So it is saddening to see the results are the same as they

were before. Teachers in this are more like babysitters than teachers. And again it's the fault of our government for not having them taught any differently.

I watched my two oldest children fail so badly at school I cried all the time for YEARS! I tried to do everything within my power to change it or get some kind of help from the school system. Nothing and I mean NOTHING was done or helped in ANY way. It's heart breaking and so discouraging at the lack of care for us. My oldest son was held back in Kindergarten and when they realized that was not the right thing they decided to have him skip 1st Grade and go straight to 2nd Grade. They did not inform me of this decision because at that time he was in a self contained class of multiple grades. He switched schools and when he was starting the next year is when I found out. The teacher even did not know that he did not ever receive 1st Grade.

They told me there was nothing they could do, but keep going forward. He missed learning all those basic foundations! But they keep going any way. (He was put in regular Special Ed in 2nd Grade.) He was beat up by another child with issues. But nothing was done and it continued from 6th Grade to 8th Grade. The school had to send him to the Hospital because the other child cracked his ribs. He has holes in the back of his neck where this other child poked his pencil in the back of his neck .But the teachers and school still just were more of babysitters that actual teachers.

Then we get to High school..... His 9th Grade teacher taught the kids in sign language the word Fuck you. When I asked about it the teacher told me "It's because I can not actually say this to them and I can do this instead." My son never came home with work and said they played basketball all day. When I asked the teacher about this he said " They don't really want to learn and nothing I send home would come back. Most of them are bad kids that we don't know what else to do with them. Now your son is good and I put him right beside me so the other kids don't hurt him, and I send him to help out in the cafeteria so he can learn something there."

Time and time again I went to the principle, but he would never see me or talk to me. When 10th Grade came I went to the new teacher to ask about him learning 9th Grade stuff. She told me we can't go back only forward. She said, " Think about me, now I have to teach these kids 10th Grade stuff and they never learned 9th." So now by this point my son did not receive 1st or 9th Grade knowledge.

By 12 Grade the school wanted him to just do weight lifting instead of History. Because they felt like for them it was not necessary in life. When my son graduated he got a certificate of attendance not a Diploma. He wanted to go and Get his GED so he could go to a Tech collage. But because

his reading and comprehension is at a 5th Grade level they would not let him try. The school told me I needed to go and get him on social security and claim him incompetent.

He is now almost 27 years old. He drives big trucks and works on cars. He wanted to go to school to become an underwater welder. He has his Scuba license and knows some welding. But because of our WONDERFUL system that cannot happen. This is just some of the story of my oldest. I could right page after page on everything that happened to him at school and then My Daughter. More sad, sad stories of similar things.

If it was just me that would be one thing. But it's not it is happening all the time to child after child in our broken school system. We are getting left behind when there is so much we could contribute. But so many are pushed through the system and left behind and fall through the cracks, that they are not confident and are broken. Leaving them in bad ways that should and could be different.

FROM: Kelly

My daughter is not in EFMP, yet before we PCSed we had to get EFMP to sign off. When we questioned this, they said it was because they had to make sure the appropriate services were available. This was ridiculous, because the military was no help in getting her diagnosed for two years, and she does not receive any services from the military or public school (she is homeschooled). What services could they be referring to, ones that aren't provided? I refused to send my child to a school where the head of special education thinks that dyslexia can be "cured" with tinted glasses, so we homeschool and pay \$500 per month for private tutoring. My son is 7 and is showing signs of dyslexia, but we will be skipping the official diagnosis because there are no resources available if we cannot see a neuropsychologist or have access to a tutor who is actually trained in dyslexia. Military kids with dyslexia completely fall through the cracks. If the public schools are not educated on dyslexia, the least we can ask if that we can get a diagnosis or help with tutoring.

