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EXCEPTIONAL FAMILY MEMBER PROGRAM

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Chairwoman Speier, Ranking Member Kelly, and members of this distinguished Subcommittee, on behalf of Mr. Matthew P. Donovan, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness, and the cadre of dedicated and expert professionals who comprise the team, I appreciate the opportunity to appear before you today to highlight the Department's many efforts to support our Service members and their adult or child with a special medical and/or educational need. The Department of Defense (DoD) is committed to supporting Service members as they face the unique challenges associated with the demands of military service. We sincerely appreciate the continued Congressional support of programs that help our Service members and their families stay strong and resilient.

During the late 1970s through the early 1990s, each Military Service independently established programs to support families with special needs and focused on various support systems such as assignment coordination, identification and enrollment, and family support. By the late 1980s and early 1990s, all branches provided support under the Exceptional Family Member Program (EFMP), and enrollment into the program was mandatory. In 2010, the National Defense Authorization Act directed the Secretary of Defense to create an office to support families with special needs. In September of that year, the Department established the Office of Community Support for Military Families with Special Needs, later renamed as the Office of Special Needs (OSN), within Personnel and Readiness. The action to stand up an office dedicated to supporting family members with special needs created the catalyst for developing an oversight structure and aligning the efforts of the Office of the Secretary of Defense with the efforts of the Military Services.

The EFMP, an element of OSN, maintains three separate and distinct components, each managed and carried out by either medical and/or personnel staff or family support staff. These three components - identification and enrollment, assignment coordination, and family support - represent the current structure of support to families with special needs and are designed to better address a family's need throughout the military life cycle. More than 103,600 sponsors with over 139,000 military family members with special medical and/or educational needs are enrolled in the Exceptional Family Member Program (EFMP). Active duty Military Service member sponsors of family members with special needs make up eight percent of the total active duty force with Service breakdown for these sponsors as follows: Army: nine percent; Navy: six

percent; Marine Corps: five percent; and Air Force: ten percent. Family members enrolled in EFMP – both adults and children - represent nine percent of active duty family members across the DoD. The Service breakdown for these family members enrolled in EFMP is as follows: Army: eight percent; Navy: six percent; Marine Corps: seven percent; Air Force: thirteen percent.

The Department has increased efforts to collect and analyze data and to solicit feedback on specific usage of, and satisfaction with, the EFMP. The data we collect, as well as the personal anecdotes we hear, combine to offer a broader understanding of the challenges our military families face and help to better define our approach. We are committed to balancing individual experiences with an evidence-informed strategy and program design in order to address a family's needs from both an enterprise and individual level. Today we will discuss the three components of EFMP, some of the challenges facing families enrolled in EFMP, and the Department's approach to addressing their concerns.

Research and Analysis

Research and analysis is critical to the Department's efforts to track, identify, and understand the challenges faced by family members with special needs. The Office of People Analytics (OPA) administers the Active Duty Spouse Survey (ADSS) and the Status of Forces Survey of Active Duty Members (SOFS-A). The target population consists of active duty spouses and DoD members, respectively, of the Army, Navy, Marine Corps, and Air Force, excluding National Guard and Reserve members and General/Flag officers. Questions regarding the EFMP are surveyed every 2 years for the ADSS and every other year with SOFS-A. Responses to these questions provide our office with unbiased feedback from program users. These surveys are population-based surveys and report the percentage estimates which are weighted to accurately reflect the populations being measured.

Over 6,800 active duty spouses responded to the 2017 Active Duty Spouse Survey to create a representative sample of the total active duty spouse population. Of the respondents, 35 percent of active duty spouses were enrolled in EFMP or resided with at least one family member with a special medical/educational need enrolled in EFMP. Survey data indicated that

spouses enrolled in EFMP or who had a family member enrolled in EFMP reported being “satisfied” or “very satisfied” with the military (63 percent) compared to 60 percent of the general spouse population and 56 percent for those who identified a special need but were not enrolled in EFMP. Additionally, 65 percent of active duty spouses enrolled in EFMP avored the Service member staying in the military as compared to 61 percent of the general spouse population and 57 percent of those with a special need, but not enrolled in EFMP. This was statistically significant compared to the average survey respondent response. The 2019 Active Duty Spouse Survey was sent out in July 2019 and the field just recently closed. The results will be available in the Fall of 2020.

In 2017, over 18,040 active duty Service members responded to the Status of Forces survey to create a representative sample of the total active duty population. Six percent responded that they had used EFMP in the last 12 months “fairly often” to “very often”, with another seven percent using the program “sometimes”. Of those Service members who frequently used EFMP in the last 12 months, 78 percent reported being satisfied/very satisfied with the services received. When looking at satisfaction with the military and career opportunities, the data shows that those members who reported using EFMP services frequently in the past twelve months (72 percent of the respondents) reported being “satisfied” or “very satisfied” with the military compared to 60 percent of non-users and 61 percent of infrequent users. On the topic of retention, this same group of respondents reported being “likely” or “very likely” to stay in the military, and 55 percent perceived that their spouse/significant other favored him/her staying in the military. The frequent users also reported better outcomes than the other two groups: those who never or infrequently (those who responded “almost never” or “somewhat”) used the program. Sixty-one percent reported being “satisfied” or “very satisfied” with opportunities for promotion as compared to 55 percent of non-users and 50 percent of infrequent users. Finally, 85 percent reported being “well” or “very well” prepared to perform a wartime job as compared to 77 percent of non-users and 75 percent of infrequent users.

These survey results align with other military surveys and indicate that the majority of those enrolled in EFMP are satisfied with both the program and the military. The Department

recognizes that we still have work to do in some areas highlighted in the report, such as Permanent Change of Station (PCS moves).

Identification and Enrollment

There is no single entry point for identifying a family member with a special need. For example, a routine medical examination may identify a medical need requiring additional supportive services such as physical or occupational therapies. School or child care personnel may identify a child exhibiting possible developmental delays. Once a special medical or educational need is screened and confirmed by medical personnel, they complete the EFMP enrollment process using Department-level standardized forms. There are separate forms for medical and/or educational enrollment.

A family member enrolled in the EFMP is identified in the Service member's records to ensure the family's needs for specialty care and supportive services are addressed during the assignment process. A family member may be disenrolled from the EFMP for administrative reasons related to the Service member sponsor's retirement/separation or other life changes such as divorce or change in custody. Disenrollment due to changes in the medical and/or educational status require coordination with medical personnel who will validate that the medical condition either no longer exists, no longer needs specialty care, or no longer meets medical and/or educational enrollment criteria.

The Defense Health Agency (DHA), working with the Services, is focused on ensuring military beneficiaries with special needs receive the high-value care and support they need and have earned. Families serve just as much as Service members, and we owe them the very best care and services where and when they need them. Providing that care and support is a key component of family readiness, which in turn directly supports the readiness of our Service members. There are several ways TRICARE meets this goal. The first is by directly providing timely, high-value medical care, either through the direct care system of military treatment facilities (MTFs) and also through our extensive network of providers through the TRICARE Network. The TRICARE benefit for families is very robust, and it has low out-of-pocket costs; for active duty families using the Prime option, there is often no out-of-pocket cost, except when

families must obtain prescription medications from mail order or retail networks. In addition, the Extended Care Health Option (ECHO) provides additional non-medical benefits to beneficiaries with special needs, including, but not limited to, modifications to vehicles when needed, translation services, and respite care. This benefit follows families wherever they may be stationed.

The DHA works closely with our colleagues in the Exceptional Family Member Program (EFMP) at individual installations, at Service headquarters, and at the DoD level. As DHA assumes responsibility for management of Military Treatment Facilities (MTFs), we are working with the Military Departments to ensure a seamless transition of management responsibilities.

At the installation level, responsibilities include identifying family members who have a medical condition that warrants enrollment in EFMP, providing the medical evaluations necessary for enrollment, and providing treatment and case management services. Our MTFs also advise on the availability of needed medical services at potential future duty stations with the goal of ensuring family members are located in areas where needed care is available on a timely basis. The MTFs and managed care support contractors (MCSC) work closely together in making these determinations. At the Service and DoD levels, the DHA, Office of TRICARE Health Plans, helps to identify areas where access to care may limit assignments (both for persons enrolled in EFMP and with other serious medical conditions). When possible, we seek to increase the number of providers in the TRICARE network in those areas and when possible, increase direct care access when the Military Departments can offer such solutions. At the OSD level, DHA serves on the DoD Coordinating Committee for Military Families with Special Needs and supports the Military Family Readiness Council. DHA also sponsors periodic Pediatrics Advocacy Forums for pediatric advocacy and professional groups. All of these meetings allow for greater collaboration with EFMP and the Services. DHA and the Office of Special Needs have also created an EMFP/TRICARE liaison position, filled with a full-time GS employee, who works to ensure communication and information flows freely in both directions. The addition of this position has been invaluable to our efforts to improve collaboration.

Particularly important to the EFMP process and providing care to our beneficiaries with special needs is access to high value care on a timely basis. The TRICARE networks ensure

timely access to care in most areas and for most specialties. That said, we recognize that there are areas where access to care is problematic, especially for some pediatric specialties. Where there are medically-underserved communities, or where beneficiaries do not receive timely care, our MCSCs work to expand networks or look to otherwise improve access to care.

The DHA shapes policy to improve access. For example, recent changes to the mental health benefit led to an over 50 percent increase in the number of Network Residential Treatment Facilities for mental health care, an area where access is challenging. In cases where there is simply an insufficient number of providers to serve the total community, we work to mitigate these shortages to the greatest extent possible by either encouraging larger provider groups to try to expand medical presence, and through the use of telehealth. When care from a “network” provider is not available, the MCSCs are required to use non-network providers, if available. If needed, the TRICARE Prime travel benefit, which applies when a TRICARE beneficiary is more than 100 miles from care, can be used to pay for the travel expenses of the beneficiary and an authorized non-medical attendant to ensure access to care.

In addition, we provide care management services to beneficiaries with complex medical needs. Our recently awarded TRICARE Select Navigator contract will help guide EFMP beneficiaries who utilize TRICARE Select to the right care from the highest quality providers. The next generation of TRICARE contracts, known as T-5 will also measure and report outcomes for individual network providers and facilities which will be combined with direct care data so that families, working with their EFMP coordinators and their medical providers, can make informed decisions about their care.

Moving forward, DHA will continue to work with the Services to further enhance the support provided to military families. This includes working with the Services and other stakeholders to proactively identify beneficiary medical needs and arrange for care before the beneficiary actually arrives in a new location, further leveraging the use of telehealth to expand access when appropriate, and building greater liaison between the MCSCs and EFMP into the upcoming T-5 contracts. DHA recently announced that the first four TRICARE markets have been activated, linking MTFs and purchased care to a greater degree, which will in turn allow for

greater coordination of and access to care for all beneficiaries, but especially those in the EFMP program.

Assignment Coordination

The assignment coordination process exists to determine the availability of services at the projected duty station when a Service member is notified of an assignment by the Military Service's personnel office. When Service members receive notification of a new assignment overseas, dependents are screened, in accordance with Service policies, to determine any medical, dental or education needs. Personnel staff coordinate with medical activities to verify that required medical, dental, and education services are available at the gaining location to address these needs before authorizing family member travel at government expense.

If services are not available at the gaining location, family travel at government expense may not be approved. Active duty Service members who have family members with medical, dental, and educational needs may be removed from an overseas assignment if no suitable location can be found and if there will be no adverse impact on the military mission or on the active duty Service member's career. In some cases, the member may be sent unaccompanied to the overseas location, with the family staying behind in an area where needed services are available.

When a life cycle event impacts the family (for example, the birth or adoption of a child), a family member would then be screened by a medical professional for possible enrollment for EFMP. If a family member is already enrolled in EFMP, the enrollment would be updated to reflect any life cycle changes.

Initiatives to Address Challenges with Assignment Coordination

While overall satisfaction with EFMP is statistically significant, we know that some families have expressed concerns about unique special education challenges and the screening process for permanent change of station (PCS) travel overseas. In addition, families have expressed concerns about the lack of legal assistance and challenges with Tricare enrollment. The 2017 SOFS-A results indicate that frequent users of EFMP have more negative outcomes

related to PCS moves when compared to the other two groups. Fifteen percent reported the availability of special medical and/or educational services for spouse to be a problem to a “large extent” or “very large extent”. This was true for only seven percent of non-users and 12 percent of infrequent users. In addition, 27 percent reported the availability of special medical and/or educational services for child to be a problem to a “large extent” or “very large” extent, as compared to six percent of non-users and 17 percent of infrequent users. Finally, 32 percent reported having a child changing schools to be a problem to a “large extent” or “very large” extent compared to 19 percent of non-users and 30 percent of infrequent users.

Family Member Travel Screening

All family members of active duty Service members who request government-sponsored travel to locations outside of the continental United States (OCONUS) must be screened prior to their PCS move. In order to address the lack of standardization in the OCONUS screening processes, each of the Military Services collaborated with OSN in a multi-year effort to develop the Family Member Travel Screening (FMTS) forms and standardized processes. This effort crossed functional areas and included OSN, Health Affairs, and the Defense Health Agency. The FMTS process equips all military Services with standard forms, roles, responsibilities, and processing instructions to identify, document, and coordinate potential travel concerns, which may include medical, educational, and/or dental needs. The FMTS also facilitates a more standardized experience for families in cross-Service screening scenarios. Over 400 administrative and medical staff from over 200 MTFs around the world have been trained on the new forms and processes. Health Affairs is the lead agency for policy development and publication with subsequent policy required by the Defense Health Agency. The Office of Management and Budget has approved the forms for release once the policies are published.

Family Support

EFMP family support staff assists families in identifying and accessing community services and provided support services such as information and referral for installation and local community services. Additionally, EFMP family support staff provide non-clinical case management to requesting families by conducting a needs assessment and working with the

family to develop a family services plan. Standard services offered across the Department include: providing requesting families with a "warm hand off" to the installation to which they are moving; informing families on educational and early intervention programs and resources in the area; developing community events for families to meet each other and create a network of support; and assisting families in researching and/or applying for State or Federal benefits and entitlements. All services offered through EFMP Family Support are voluntary.

Initiatives to Enhance Family Support Services

EFMP & Me

Throughout the life cycle, a family's needs change based on events such as marriage, divorce, the birth of a child, or caring for an aging parent. *EFMP & Me*, an online application offered through MilitaryOneSource.mil, is designed to provide comprehensive and easily-accessible information on all three EFMP components: identification and enrollment, assignment coordination, and family support. A virtual, 24/7, self-service portal, *EFMP & Me* allows the user to effectively navigate through the DoD's vast network of services and support created for families with special needs. Within the application, a family can create life event-driven checklists and gather resources specifically tailored to their family's needs, when they need them. The checklists offer "tips" or pertinent information for consideration. Throughout the application, families are directed to installation services and points-of-contact if they need further assistance. *EFMP & Me* launches in April 2020, beginning with family content. Future content for Service members, service providers, and leadership is under development and will be launch in phases throughout 2020.

Family Needs Assessment

As part of the ongoing effort to standardize support to families by the EFMP, OSN, in collaboration with Service-designated EFMP family support representatives, developed the EFMP Family Needs Assessment (FNA) form. The standardized Department-level form provides a single document that supports consistent and improved EFMP family support services for military families with special needs regardless of their location and Service affiliation. The

form includes three main components: the FNA, the Family Services Plan, and the Inter-Services Transfer Summary.

The EFMP FNA form guides the EFMP Family Support case management processes. The forms contain open-ended questions to help staff gain an understanding of a family's needs. The Family Services Plan addendum outlines strengths-based and family-centered goals and strategies to help a family meet goals and objectives and addresses the individualized Services Plan requirement in statute. Finally, the Inter-Services Transfer Summary addendum documents current needs and goals to support warm hand-offs with gaining sister-Service EFMP Family Support Offices to maintain continuity of services for families.

Staffing Pilot

OSN commissioned Auburn University to conduct a literature review of case management staffing ratios used among civilian agencies with functions similar to the type and scope typically done by EFMP family support staff. The study was conducted in response to a recommendation of the General Accounting Office (GAO) report, "DoD Should Improve Its Oversight of the Exceptional Family Member Program," May 2018 (GAO Report No. 18-348).

The Auburn University review proposed a research-based staffing formula. Utilizing the information available from the review, OSN, along with Military Service Family Support representatives, collaborated to refine the report's initial recommendations to reflect EFMP Family Support requirements, establish standard definitions for key criteria, and develop an initial EFMP Family Support Case Management Staffing Tool. The staffing tool identifies both the tasks performed by family support staff and the work effort required to provide services to families and provides a standardized metric designed to assist in determining the number of EFMP Family Support staff needed at each installation. In November 2019, a pilot program was initiated at eight installations across the Department to validate the staffing tool. Six of the eight installations each received a contracted employee and agreed to collect detailed data on work effort and families served. The remaining two installations will provide the same data using existing personnel. The pilot phase is expected to last two years during which time the data collected will be analyzed to validate the standardized metric tool and explore expansion of its use.

Training and Professional Development Resources

We recognize the importance of providing EFMP Family Support staff standardized training materials and opportunities for professional development. The EFMP Family Support Core Competency Training Curriculum's content provides access to information that supports a consistent programmatic knowledge base, increased standardization, and improved delivery of EFMP family support across the DoD. Support materials and trainings, developed in collaboration with the military Services, are available through MilitaryOneSource.mil at <https://millifelearning.militaryonesource.mil/MOS/f?p=SIS:2:0>; and include a briefing template to be used when briefing installation leadership about EFMP accomplishments, updates, roles, and responsibilities. On-demand training features content on completing case notes, an interactive e-learning module designed to reinforce understanding of the value and components of thorough case notes when working with families with special needs, and training guidance to EFMP Family Support staff on the process of establishing, implementing, maintaining, and enhancing their installation's EFMP Family Support Program.

Additional professional development opportunities are available to DoD program administrators and service providers through the Military Families Learning Network (MFLN). The MFLN engages military family service providers and Cooperative Extension educators in the exchange of experiences and research to enhance professional impact and encourage professional growth. In 2018, nine webinars provided approximately 2,500 continuing education units to service providers worldwide. The webinars provide a mechanism to focus on shared common language and offering strategies to assist in addressing gaps in services.

Respite Care

Family members responsible for the regular care of dependents with moderate to profound special needs can find temporary relief through the Military Services' respite care programs. The family member with special needs must be enrolled in their Service's Exceptional Family Member Program and be living with their sponsor to be eligible for respite care. Each Service provides from 20 hours to 40 hours a month per eligible individual family

member, depending on the Service. Family members with severe, profound, or significant medical needs are eligible to use the program.

Additional Efforts

OSN collaborates with the Military Departments to provide program oversight and to standardize aspects of the EFMP and relies on input from DoD leaders, Military Services, internal and external stakeholders, and, most importantly, families with special needs, to gather information on the operation of existing programs and to assess the effectiveness of EFMP policies and procedures.

Oversight

Developed in 2018 in response to the May 2018 GAO Report, “DoD Should Improve Its Oversight of the Exceptional Family Member Program,” OSN developed a comprehensive framework to identify the activities and processes necessary for DoD to provide the full range of support for military families with special needs. The framework provides a structured outline to ensure that these tasks and activities are monitored for timely compliance and an acceptable level of performance. The activities within the framework are executed under the authority and responsibility of the OSN, and with the leadership of the Assistant Secretary of Defense for Manpower and Reserve Affairs (M&RA) and the Deputy Assistant Secretary of Defense (DASD) for Military Community and Family Policy (MC&FP). The framework is a living document requiring a regular review to ensure the changing needs of military families with special needs are appropriately and efficiently addressed.

The DoD Coordinating Committee for Military Families with Special Needs (Coordinating Committee) is comprised of senior executive-level leadership and is a key component in meeting oversight requirements. Members represent the Military Departments, DHA, Military Personnel, Department of Defense Education Activity, and the Office of General Council, among others. The Coordinating Committee is actively engaged in advising the OSN and provides an additional level of oversight of policies, programs, and support that impacts military families with special needs.

Data Collection

The EFMP Data Repository, the Department's centralized data collection system, aggregates EFMP data from all the Services and enables OSN to provide a higher level of oversight and monitoring enterprise-wide. The data repository tracks and maintains key data points in the three EFMP components. These data points provide visibility into the status of standardization efforts. The data repository was successfully implemented in 2017 and expanded in calendar year 2018 to include the collection of a full year of quarterly data submissions across the Services. Future expansion efforts to collect installation-level EFMP Family Support data across all three of the EFMP components are currently underway. Currently, 82 percent of 67 data elements are collectible across all four Services, further supporting standardization and providing the means to identify and analyze historical trends with a focus on assignments, EFMP enrollment, and family support data. Enhancements to the database are underway and will include additional data elements and more granular, installation-level data collection. Program survey questions are routinely reviewed and prioritized to ensure that key indicators are being addressed to facilitate opportunities to be more efficient and effective.

Communication

The OSN utilizes Military OneSource as a primary mechanism for outreach to military families with special needs through various strategies and avenues, such as the *Exceptional Advocate* e-newsletter, a quarterly publication that provides information about EFMP and related initiatives. Social media efforts such as "EFMP Facebook Live" events and the "Did You Know" social media series highlight EFMP resources and support services via Twitter, Facebook, and Instagram. Additionally, numerous resources and tools related to special needs are available through the website.

The Department has also provided a way for families to submit concerns about EFMP through the "DoD Advisory Panel on Community Support of Military Families with Special Needs" (also known as the DoD Family Advisory Panel). The panel, made up of seven members appointed by their respective Services, meets quarterly to provide informed advice on the implementation of EFMP policy and programs throughout the DoD. Each appointee has a

family member with special needs. Families can submit feedback to the panel members via the Military OneSource feedback link which is monitored 24/7 by the Military OneSource call center. Past topics of interest to the panel included TRICARE initiatives, such as the expansion of mental health/substance abuse coverage and the autism care demonstration; community resources available to military families with special needs, including resources that panel members found helpful; ways to enhance panel engagement; and on-line resources. In addition, an online EFMP Family Support Feedback Tool that provides feedback mechanism for families to share their recent experience with installation-level EFMP family support services will be launched on Military OneSource in April 2020. The feedback tool will also assist with evaluating family satisfaction at key touchpoints such as services plan generation and PCS.

Specialty Consultations through Military OneSource

A significant focus has been the effort to increase awareness of resources available to families through Military OneSource and enhance support for military families with special needs. EFMP Resources, Options, and Consultations (EFMP ROC), accessible 24/7 telephonically through Military OneSource, offers information and assistance on topics such as education, the military health care system, and local resources through targeted articles and resources. Masters-level specialty consultants professionally-trained to provide phone consultations are available through EFMP ROC. The EFMP ROC provides supplemental services in addition to services available through the installation Family Support Center and is particularly helpful to Reserve Component members, Service members geographically- separated from an installation, Service members on shift work, and others unable to access support at their installation Family Support Center.

Other Departmental Support

Department of Defense Education Activity

The Department of Defense Education Activity (DoDEA) operates 163 schools in eight Districts located in 11 countries, seven states, and two territories. There are 996,069 military-connected children of all ages worldwide, of which more than 70,000 (11.5 percent) are enrolled in DoDEA schools and served by approximately 8,700 educators. DoDEA serves

approximately 8,737 (8 percent) students with disabilities. All other military students attend public or private schools or are home-schooled.

Impact Aid

Federal Impact Aid is designed to assist United States local school districts that have lost property tax revenue due to the presence of tax-exempt Federal property, or that have experienced increased expenditures due to the enrollment of federally-connected children. The U.S. Department of Education (ED) determines eligibility for the all of the Federal Impact Aid programs, including DoD Impact Aid. DoDEA administers a portion of the Impact Aid, the DoD Impact Aid for Children with Severe Disabilities (CWSD), but does not determine Impact Aid eligibility. In fiscal year 2019, only 38 of the 357 districts that serve an eligible child with disabilities applied to be reimbursed for DoD Impact Aid for CWSD. Of those 38 Local Education Agencies (LEAs), 23 had less than ten eligible students for DoD-CWSD Impact Aid funding. Eighteen of the same 38 LEAs received less than \$50 thousand. In other words, for fiscal year 2019, the 18 LEAs that received less than \$50 thousand only received partial reimbursement, a percentage of what they spent based on the formula, and not full reimbursement.

The Department appreciates the additional \$5 million provided by Congress in fiscal year 2019 for DoD Impact Aid for CWSD. These funds support the goals of Federal support for CWSD by reimbursing school districts that had the greatest financial expenses associated with children from military families' special education costs. The funding, distributed to the districts that had 20 or more children, resulted in additional payments to five school districts that provided education support to 253 military-connected students. Four of the five school districts with the highest numbers of military dependents enrolled received 100 percent reimbursement for their eligible students, while the fifth district received 77 percent of their reimbursement. This is the first time this funding had covered all or most of the funding the district had already expended on the eligible children's education.

In 2014, DoDEA awarded 19 invitational grants to LEAs for projects focused on special education services; all of the projects included and completed professional development for

teachers to support students with disabilities. The project topics were selected by the LEA based on their needs study and included focused support related to Response to Intervention, social emotional well-being for students with disabilities, and reading/language arts curriculum for targeted assistance for identified students.

Legal Assistance

One resource for military families with special needs who face unique challenges, including those impacted by a PCS move, is free legal assistance and educational materials provided by installation legal offices. In some situations, legal support may consist of providing information on topics such as the federal rights to free, appropriate public education and free disability evaluation; advanced estate planning/special needs trusts; guardianship proceedings; and PCS and deployment issues.

Installation legal offices can also refer qualifying military families for more advanced and in-depth legal assistance through the American Bar Association's (ABA) Military Pro Bono Project. The project connects eligible, active duty Service members, typically E-6 and below, with pro bono attorneys to assist with the resolution of civil legal issues. The project matches an eligible military family with a specialist volunteer attorney associated with the ABA to provide further assistance on special needs issues.

Conclusion

Given the mobile military lifestyle and that our force is increasingly joint, it is imperative that we minimize the challenges experienced by our special needs families in the context of intra-Service and cross-Service coordination and support. The partnership created between the EFMP and the families who rely on us for their care while they serve our Nation, provides outstanding support that is among the best anywhere. OSN's efforts to build collaboration and to standardize processes, where possible, contribute greatly to family and mission readiness.

In September 2019, Secretary of Defense Esper addressed a memo to the co-chairs of the Council of Governors announcing that he had informally added a fourth line of effort to the National Defense Strategy focusing on military families. He continues to articulate this

additional priority line of effort – taking care of families. The Department is committed to the importance of evidence-informed strategy and program design as a means to achieve desired results. Individual insights and experiences throughout military life provide ongoing opportunities to assess for trends and potential gaps in services. These personal experiences coupled with data combine to offer a broader understanding of the challenges facing our military families and are an essential touchpoint as we define our data driven approach to the Exceptional Family Member Program and other family support programs.