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The Exceptional Family Member Program (EFMP)

Policy Alignment Between the Department
of Defense and the Services



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Preface

The Department of Defense's (DoD's) Exceptional Family Member Program (EFMP) provides resources and support to military families who have at least one dependent member with a special need. These special needs can include learning disabilities or mental, emotional, or physical health conditions that require nonstandard care. Though the EFMP is centrally managed by the Office of Special Needs (OSN; part of the Office of the Under Secretary for Personnel and Readiness's Military and Family Community division), each of the military departments (Air Force, Army, and Navy, which includes the Marine Corps) is responsible for implementation policies and practices. As of 2020, recent reports by the Government Accountability Office (GAO) and Congressional hearings have suggested that implementation of the EFMP across the services may be inconsistent. This study reviewed EFMP policies to identify where service policies are consistent with DoD policy and one another and where there are policy gaps or inconsistencies that could result in unequal or inequitable support for service members and their families.

The research reported here was completed in February 2021 and underwent security review with the sponsor and the Defense Office of Prepublication and Security Review before public release.

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the Navy, the Marine Corps, the defense agencies, and the defense intelligence enterprise.

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Summary

The Department of Defense's (DoD's) Exceptional Family Member Program (EFMP) is designed to provide resources and support to military families who have a dependent member—an adult or a child—with special needs. These special needs range from learning disabilities to mental, emotional, or physical health conditions that require non-standard care. The Office of Special Needs (OSN) is designated as the leading oversight body for the EFMP; however, each military department is tasked with implementing the program. As a result, the Air Force, Army, Marine Corps,¹ and Navy each have their own EFMPs. Both DoD and the departments have official policy documents that guide the EFMP, with the departments modeling their policy after the official Department of Defense Instruction (DoDI).

Assigning responsibility for executing DoD EFMP directives to the military departments allows for flexibility to tailor EFMP policy to organizations that differ greatly, but it also creates the opportunity for uneven program implementation across the service branches. Any discrepancies across these policy documents and the domains covered therein may lead to differences in how the program is actually implemented and thus experienced by service members and their families. A 2018 Government Accountability Office (GAO) report found that EFMP implementation varied widely by service and that the inconsistencies of EFMP execution created inconsistencies in the types of services provided to family members with special needs, which oftentimes

¹ Although the Marine Corps is technically part of the Department of the Navy, it does operate its own independent EFMP.

adversely impacted the quality of EFMP service.² Though the GAO report offered some indication of the policy sources for these inconsistencies, the current report provides a much more detailed examination of the relevant policy documents to identify additional areas that may serve as the source of inconsistencies in implementation of the EFMP as well as differing experiences by EFMP families.

Method

To explore additional possible sources of inconsistencies across service-specific EFMPs, this study adopted a systematic methodology to qualitatively assess (1) similarities and differences between DoD's EFMP policy (DoDI 1315.19) and the services' EFMP policies and (2) similarities and differences in policy across the services. Though not a direct assessment of implementation, the policies examined in this study set the foundation for how the services execute the EFMP. Thus, identifying policy differences between and across DoD and the services can highlight policy areas that, when implemented, may result in different experiences for military families with members who have special needs.

Requirements outlined in DoD policy were parsed into four domains: those related to identification and enrollment of family members with special needs in the EFMP; assignment coordination for service members; family support services; and other requirements related to implementation and monitoring of the program. Then, each of the relevant department-specific and service branch-specific documents was reviewed to abstract language that addressed each of the DoD policy requirements. Thus, for each requirement, we were able to assess whether the department/service branch policy fully addressed, partially addressed, or did not address the DoDI requirement.

² U.S. Government Accountability Office, *Military Personnel: DoD Should Improve Its Oversight of the Exceptional Family Member Program*, Washington, D.C.: Government Accountability Office, GAO-18-348, May 8, 2018.

It is important to note the scope and limitations of the study. We did not review policy for DoD civilian employees or members of the Coast Guard, nor did we review any policies specific to the reserve component. We relied only on publicly available policy documents, excluding nonofficial materials (e.g., websites). We also did not conduct interviews with EFMP personnel. We did not assess how EFMP is actually implemented in practice. Finally, given the vague and non-specific language used in many of the policy documents, we did have to make some decisions about whether language in the service policy documents addressed the intent of the requirement in the DoDI. Our general rule was that, if a topic was covered but the level of specificity used in the service-specific policy was not the same (or greater) as that used in the DoDI, then that requirement was coded as partially addressed.

Results

Our goal was to better understand the underpinning of implementation of the EFMP by studying variation in the language across policy documents. Perhaps the most salient finding from this study was the ambiguity in DoDI 1315.19 that could result in undesirable and unintended variation in the implementation of the EFMP across DoD when interpreted differently by each military department or service branch. Similarly, we also found instances of vague and nonspecific language used in the department and service documents themselves.

By comparing the requirements laid out in the DoDI with department and service-specific policy documents, we were able to assess the extent to which those policies addressed each DoDI requirement. In most cases, these policies fully or partially addressed the requirements spelled out by the DoDI. However, it was not uncommon to find a service-specific policy document addressing a DoDI requirement but (1) omitting specific elements of the requirement that could impact implementation or (2) not matching the same (or greater) level of specificity of language used in the DoDI. This led to several gap areas across the services.

Identification and Enrollment of Exceptional Family Members

- We noted that only one service-specific policy addressed the DoDI requirement that screening and evaluation procedures for identification and enrollment of family members with special needs should follow TRICARE access to care standards (e.g., standards relating to travel time to an appointment).
- Details about military treatment facility (MTF) staff training on EFMP policies and procedures were lacking. These personnel play critical roles in the suitability screening, medical assignment screening, and identification and enrollment for EFMP and must coordinate with EFMP family support staff.

Assignment Coordination for Service Members

- Similarly, not all service policies' description of the assignment coordination procedures referenced the Joint Travel Regulations (JTR) as the DoDI had specified.
- Required coordination with other military departments and offices as well as civilian organizations was not always spelled out in the service-specific policies.
- None of the service policies addressed the DoD's requirement that the military departments must establish procedures to reimburse Department of Defense Education Activity (DoDEA) if assignment coordination does not occur prior to a family's move.
- Details related to how each service would ensure that a service member's career would not be harmed by EFMP enrollment were largely absent in policy documents.

Family Support Services

- Though training of installation-level EFMP staff was mentioned in most policy documents, details about the timing, frequency and content of training were lacking.

Other Requirements Related to Implementation and Monitoring

- EFMP inputs to support the Secretaries of the Military Department's annual reporting requirements were not described in military department or service policy in a level of detail that matched the DoDI's specific list of necessary elements.

- DoDI requirements about ensuring service members and family website access to information about the EFMP and providing local, generic EFMP email addresses to reach program staff are not consistently addressed in military department or service policy documentation.

Policy Implications

Based on the results of this study, we developed four policy implications for OSN and the military departments/services to consider in order to better standardize the experience that military families have with the EFMP. The first two implications are more general while the last two are more specific and represent actions that could reasonably be undertaken immediately:

- **Military departments and services should update policy documents to fully address all requirements provided in DoDI 1315.19.** Many of the service policy documents that we reviewed addressed DoDI requirements but lacked specificity. This leaves open the possibility of different interpretation and implementation of requirements across DoD, which could then result in undesirable variation in the experiences of EFMP families and a lack of alignment with the intent behind the DoDI.
- **OSN should ensure consistency of EFMP policies and services provided across services.** Service branches should have enough flexibility to implement the EFMP in such a way that addresses each of their unique contexts and cultures. However, policy language should also be specific enough to ensure consistency across services where possible. Consistency across the departments and service branches is especially important for EFMP families who may experience a move to an installation managed by a different service branch (e.g., a joint base).
- **OSN should offer specific guidance, via policy, to the military departments and services regarding training for EFMP staff.** Vague language about training requirements, especially content, could result in variation in how EFMP family support

and medical staff interact with families enrolled in EFMP and the support services they provide to them. More specific details in policy documents about what training EFMP staff should receive could also lead to a better understanding of their role as coordinators across the various stakeholders (e.g., other military departments/services; DoDEA; Defense Health Agency [DHA]; and local, state, and federal agencies).

- **Military departments and services should provide all military families with information about the EFMP, and OSN should ensure that the information provided is current and comparable across service branches.** Though we were able to ascertain that all branches have headquarters-level websites for the EFMP, these websites and, more importantly, their content are not explicitly spelled out in service branch policy. This may mean that military families in different services have access to different types of information related to their service's EFMP and the resources and support services available to them.

Additional Areas for Future Research

Two specific aspects of the EFMP are ripe for future research. First, a consistent, systematic evaluation of the EFMP would help to understand if there is variation in implementation, where it is occurring, and how it may impact the effectiveness of the EFMP. Second, additional research is needed to better understand how the consolidation of the administration of MTFs under the DHA may impact the experiences of EFMP families.

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Abbreviations

AFI	Air Force Instruction
AR	Army Regulation
BUMED	Bureau of Medicine and Surgery (U.S. Navy)
BUMEDINST	Bureau of Medicine and Surgery Instruction (U.S. Navy)
CONUS	continental United States (excludes Alaska and Hawaii)
DHA	Defense Health Agency
DoD	Department of Defense
DoDEA	Department of Defense Education Activity
DoDI	Department of Defense Instruction
EFMP	Exceptional Family Member Program
EIS	Early Intervention Services
FMTS	Family Member Travel Screening
GAO	Government Accountability Office
HASC	House Armed Services Committee
JTR	Joint Travel Regulations
MCO	Marine Corps Order

MHS	Military Health System
MILPERSMAN	Naval Military Personnel Manual
MTF	military treatment facility
NDAA	National Defense Authorization Act
OPNAV	Office of the Chief of Naval Operations
OPNAVINST	OPNAV Instruction (Office of the Chief of Naval Operations Instruction)
OSN	Office of Special Needs
PCS	permanent change of station
SECNAVINST	Secretary of the Navy Instruction

Introduction

Military families face a set of stressors that can negatively impact their quality of life and military readiness. For example, frequent moves can disrupt spouse employment, children's education, community integration, and access to support systems.¹ For families who have a member with a special need—a learning or physical disability, for example—the upheaval associated with a military permanent change of station (PCS) move can have serious repercussions for family and service member well-being. Continuity of care for family members and availability of and access to specialty care may be disrupted after a PCS move, especially if the new assignment is outside the United States or in a remote, isolated, or rural location. Continuity in education, already a challenge for military children, can be even more so when special educational needs are also a factor. When these types of disruptions occur, service members may need to focus attention on resolving gaps in needed services and may not be able to focus on their jobs, which may ultimately result in a reduction in performance or readiness.

¹ Patricia K. Tong, Leslie Adrienne Payne, Craig A. Bond, Sarah O. Meadows, Jennifer Lamping Lewis, Esther M. Friedman, and Ervant J. Maksabedian Hernandez, *Enhancing Family Stability During a Permanent Change of Station: A Review of Disruptions and Policies*, Santa Monica, Calif.: RAND Corporation, RR-2304-OSD, 2018; National Academies of Sciences, Engineering, and Medicine, *Strengthening the Military Family Readiness System for a Changing American Society*, Washington, D.C.: The National Academies Press, 2019.

Background

The Exceptional Family Member Program (EFMP) is a Department of Defense (DoD) program designed to help identify and enroll military personnel who have dependent family members with special needs, to document those needs and ensure they are considered in the assignment process, and to help families learn about and access needed services. The program currently services more than 120,000 military family members across the military branches.²

Despite the critical importance of caring for military family members, especially those with special needs, the EFMP did not start out as a DoD-level initiative. In 1979, the U.S. Department of the Army created an EFMP for its population. The Navy EFMP, which also serves Marines and their families, was established in 1987.³ The initial EFMPs were voluntary programs intended to provide medical assistance and other support both domestically and overseas to military families with a dependent member who has special needs.⁴ After the transition of the U.S. military to an all-volunteer force in the 1970s, the DoD recognized the increasing need to better support its service members and their families. As a response to the absence of a DoD policy in relation to caring for military family members with special needs across the services, Congress passed the Military Family Act of 1985 as part of the 1986 National Defense Authorization Act (NDAA) which mandated the creation of an Office of Family Policy with duties to “coordinate programs and activities of the military departments to the extent that they relate to military families.”⁵

From the late 1980s to the early 2000s, the provision of special needs services for military personnel who had family members with

² Office of Special Needs, *Annual Report to the Congressional Defense Committees on the Activities of the Office of Special Needs—2016 as Required by Section 1781c(g) of Title 10, U.S. Code*, Washington, D.C.: U.S. Department of Defense, April 2017.

³ We were unable to find the established date for the Department of the Air Force’s EFMP.

⁴ Enrollment is now mandatory for active duty service members, who may face disciplinary punishment if they have a family member enrolled in the EFMP but do not self-identify and participate in the program.

⁵ Public Law 99-145, Department of Defense Authorization Act 1986, November 8, 1985.

special needs was heavily service-dependent with no overarching DoD oversight. Several years later, Congress created the Office of Community Support for Military Families with Special Needs in Section 563 of the Fiscal Year of 2010 NDAA.⁶ The mission of this office, later renamed the Office of Special Needs (OSN), is to “enhance and improve DoD Support around the world for military families with special needs (whether medical or educational needs).”⁷ Per the 2010 NDAA, this office is to serve as a dedicated manager to oversee all EFMP-related policies across the services and also provide some degree of standardization. The OSN is situated within the Office of the Under Secretary of Defense for Personnel and Readiness’s Military Community and Family Policy division.

Currently, each military department⁸ is responsible for executing the EFMP requirements as set forth in Department of Defense Instruction (DoDI) 1315.19, *The Exceptional Family Member Program (EFMP)*. The OSN coordinates implementation of the EFMP among the different military departments as well as the Defense Health Agency (DHA) and the DoD Education Activity (DoDEA). In addition, OSN facilitates quarterly meetings with military families to hear directly from them. Further, the OSN is responsible for providing an annual report to Congress regarding EFMP effectiveness, performance, and needs.⁹

⁶ Bryce H. P. Mendez, “Defense Primer: Exceptional Family Member Program (EFMP),” *Congressional Research Service*, No. IF11049, January 2020, p. 3.

⁷ Public Law 111-84, National Defense Authorization Act for Fiscal Year 2010, October 28, 2009.

⁸ The three military departments are the Department of the Air Force, the Department of the Army, and the Department of the Navy. Note that two services—the Navy and the Marine Corps—are part of the Department of the Navy. As will be discussed later in this report, the Marine Corps does implement their own version of the EFMP based on both Department of the Navy policy and their own specific service policy. The Space Force, founded on December 20, 2019, is a part of the Department of the Air Force and is still in the process of being established as a service. It does not currently have an EFMP policy or program distinct from the Air Force’s.

⁹ U.S. Code, Title 10, Section 1781c, Office of Community Support for Military Families with Special Needs, January 7, 2011.

The Exceptional Family Member Program Services and Support

As required by law,¹⁰ the Office of the Secretary of Defense has, through DoDI 1315.19, uniform policy guidance for the EFMPs across DoD to include requirements regarding (1) procedures for identification and enrollment of family members into the program, (2) assignment coordination for service members, and (3) family support services. As described in the policy, family support services include but are not limited to special education services, medical services and coordination, and nonclinical case management (e.g., housing, financial, legal services), as well as connecting EFMP family members with community support groups. One key aspect of the EFMP policy is to avoid assigning service members and their families to a new location where required medical or educational services and support for the family member with special needs are not available or located beyond TRICARE-established travel distances. The policy also states, however, that assignment limitations should not hinder the service member's career nor should they impact the ability of the military to meet its mission. Another key aspect of the policy is that coordination to meet family needs is expected to occur across providers and organizations, across the military departments and the individual service branches, and between the military and federal, state, and local agencies. Throughout the policy are requirements for information sharing, training, and education for the various stakeholders potentially involved in the EFMP (e.g., medical personnel, assignments personnel, service members). In addition to the three core EFMP elements, the DoDI's stated purpose is to "establish a system of monitoring the EFMP and to assign oversight responsibilities."¹¹ The DoDI assigns the military departments responsibilities for policy development, program implementation, monitoring and evaluation, and reporting requirements.

¹⁰ U.S. Code, Title 10, Section 1781c, 2011.

¹¹ Department of Defense Instruction 1315.19, *The Exceptional Family Member Program (EFMP)*, Washington, D.C.: U.S. Department of Defense, April 19, 2017, p. 1.

The Exceptional Family Member Program Challenges

Assigning responsibility for executing the DoD EFMP directives to the military departments allows for flexibility to tailor EFMP policy to organizations that differ greatly, but it also creates the opportunity for uneven program implementation across the service branches. A 2018 Government Accountability Office (GAO) report found that EFMP implementation varied by service and that the inconsistencies in EFMP execution had the potential to result in irregularities in the types of services provided to these family members.¹² These inconsistencies included but were not limited to provision of legal services for family members with special needs, differing standards for respite care, varying training opportunities for EFMP personnel, relocation services for EFMP service members, and contact frequency with EFMP offices. The GAO made three recommendations to DoD: (1) assess the adequacy of resourcing allocated for appropriate EFMP staffing plans and developing family support plans; (2) develop a common set of performance metrics for assignment coordination and family support; and (3) implement a systematic process for evaluating the services' monitoring programs for identification and enrollment of family members in the program, the assignment process, and family support provided at the installation level.

GAO found that inconsistencies in the standards of EFMP service provisions across the military branches may lead to potential gaps in services for families with special needs. Differences in service implementation of the EFMP may be especially problematic for military families who move from an installation managed by one service branch to an installation managed by a different service. However, ambiguous service-level policies could also lead to differing interpretation and implementation at the installation level and present challenges even for families moving only to installations managed by their own service. In either case, if installations vary in their implementation of the EFMP, families may not experience consistency in the

¹² U. S. Government Accountability Office, 2018.

services and supports provided to them. Testimony to the U.S. House Armed Services Committee (HASC) hearing on the EFMP in February 2020 echoed a similar set of concerns.¹³ In particular, the HASC noted a lack of assignment coordination among EFMP personnel and family member needs, and the absence of formal policies within the military service directives that provide career impact prevention measures for service members enrolled in EFMP (as directed by the DoDI).¹⁴ In February 2020, the GAO released an update to its 2018 report, noting the DoD had made “limited progress” on its earlier recommendations.¹⁵

Relatively little academic work has focused on military families’ diverse experiences with the EFMP. What research does exist often uses small, nonrepresentative, qualitative samples of families of children with special needs or of service providers. Such studies do not capture the extent or likely the full range of experiences that military families have with the EFMP; however, they can provide valuable insights and reveal gaps or flaws in policies and practices. In a survey of EFMP family support providers, Aronson and his colleagues found that providers most often worked with families whose needs related to diagnoses of autism, attention deficit hyperactivity disorder, emotional or behavioral disorders, speech and language disorders, asthma, developmental delays, and mental health problems.¹⁶ Notably, these are all issues that, when found in children and youth populations, have implications for both medical and educational needs. In addition, providers suggested that, during PCS moves, not having a warm handoff from the sending installation was an impediment to successfully providing

¹³ House Armed Services Committee, “Subcommittee on Military Personnel Hearing: ‘Exceptional Family Member Program—Are the Military Services Really Taking Care of Family Members?’” video, Washington, D.C.: Rayburn House Office Building, February 5, 2020b.

¹⁴ House Armed Services Committee, 2020b.

¹⁵ U. S. Government Accountability Office, 2018.

¹⁶ Keith R. Aronson, Sandee J. Kyler, Jeremy D. Moeller, and Daniel F. Perkins, “Understanding Military Families Who Have Dependents with Special Health Care and/or Educational Needs,” *Disability and Health Journal*, Vol. 9, 2016, pp. 423–430.

EFMP families with the appropriate level of support.¹⁷ A 2018 RAND report also found that “needs related to having a family member [enrolled in the] Exceptional Family Member Program (EFMP) were the most frequently mentioned negative aspect of PCS moves during our interviews.”¹⁸

Another study highlighted service delivery barriers following relocations, as shown in survey results from 189 military spouses with children who have autism spectrum disorder. In particular, respondents reported problems with access to needed interventions, limited availability and proximity of providers, lack of continuity in service plans, and the quality of school interventions.¹⁹ The study urged future investigation to uncover where the process is breaking down and where it is working well, noting that some spouses did not report any service delivery difficulties.

Providers who are unfamiliar with the types of issues experienced by children and youths who are enrolled in the EFMP or who do not have awareness of the full range of community resources available may be unable to provide adequate support to EFMP families.²⁰ One study using survey data from military families enrolled in TRICARE found that those who had a child with multiple or complex health or behavioral care needs reported significantly less access to and a lower quality of care than military families with no special needs or families who had a member with a single, special health care

¹⁷ Aronson et al., 2016. See also Health Promotion and Wellness, Public Health Assessment Division, *Exceptional Family Member Program Survey: Assessing the Needs of Exceptional Army Families*, Aberdeen Proving Ground, Md.: U.S. Army Public Health Center, Public Health Assessment Report No. S.0065576-19, March–July 2019.

¹⁸ Tong et al., 2018.

¹⁹ Jennifer M. Davis, Erinn Finke, and Benjamin Hickerson, “Service Delivery Experiences and Intervention Needs of Military Families with Children with ASD,” *Journal of Autism and Developmental Disorders*, Vol. 46, 2016, pp. 1748–1761. See also Audra I. Classen, Eva Horn, and Susan Palmer, “Needs of Military Families: Family and Educator Perspective,” *Journal of Early Intervention*, Vol. 41, No. 3, 2019, pp. 233–255.

²⁰ Bronfenbrenner Center for Translational Research, *Department of Defense Exceptional Family Member Program Benchmark Study*, Ithaca, N.Y.: Cornell University, September 2013.

need.²¹ These findings suggest that “TRICARE-insured families are able to obtain referrals for care from civilian providers, but referrals alone might not mitigate challenges related to transportation, provider availability in the region, or getting prompt appointments for children with the most substantial needs.”²² Further, military families reported more issues with timely receipt of appointments and referrals to specialists for behavioral health care for child and youth dependents than for physical health care.

The Purpose of this Study

Both the earlier GAO reports and the HASC hearing identified areas where EFMP service members and their families are not experiencing the same type or quality of service across the DoD service branches. Though the 2018 GAO report did a cursory review of policy areas where these differences in military family experiences may originate, it did not do a detailed, line-by-line comparison of policy documents across the military departments and service branches. Nor did it complete a detailed comparison among military departments and service branch policy documents and DoD EFMP policy documents. Such an analysis may identify yet more sources of differential implementation of the EFMP as well as differential experiences across EFMP families and provide specific areas for policymakers to address. Moreover, several of the relevant policies have been updated since the GAO review.

To explore these additional possible sources of inconsistencies across service-specific EFMPs, this study adopted a systematic methodology to qualitatively assess (1) similarities and differences between

²¹ Roopa Seshadri, Douglas Strane, Meredith Matone, Karen Ruedisueli, and David M. Rubin, “Families with TRICARE Report Lower Health Care Quality and Access Compared to Other Insurance and Uninsured Families,” *Health Affairs*, Vol. 38, No. 8, August 2019, pp. 1377–1385. See also Marji E. Warfield, Rachel S. Adams, Grant A. Ritter, Ann Valentine, Thomas V. Williams, and Mary Jo Larson, “Health Care Utilization Among Children with Chronic Conditions in Military Families,” *Disability and Health Journal*, Vol. 11, No. 4, October 2018, pp. 624–631.

²² Seshadri et al., 2019, p. 1384.

the DoD's EFMP policy (DoDI 1315.19) and the services' EFMP policies and (2) similarities and differences in policy across the services. Though not a direct assessment of implementation, the policies examined in this study set the foundation for how the services execute the EFMP. Thus, identifying policy differences between and across DoD and the services can highlight policy areas that, when implemented, may result in different experiences for families with members who have special needs.

In the next section of the report we provide an overview of the method used in this policy analysis (Chapter Two), followed by the results (Chapter Three), and finally a summary discussion of the findings and their implications (Chapter Four).

Method

Our primary objective was to identify whether service-specific EFMP policies address the requirements laid out in DoDI 1315.19 that are assigned to or shared with the military departments and whether they varied in how they did so. In addition, we sought to identify the extent to which the level of specificity in department (or service) policy documentation was equal to (or greater than) the specificity of the language in the DoDI. We began by identifying the current EFMP-focused policy documents through an internet search and reviewing the list of policies referenced in the policies we found (see Table 2.1).¹ Even if the service's most recent policy was published prior to DoDI 1315.19 (dated April 19, 2017), we included it because our goal was to analyze the content of the guidance, not whether the policy specifically referenced DoDI 1315.19.

First, one team member reviewed DoDI 1315.19 and parsed out each individual requirement, placing it in an Excel spreadsheet and noting the section of the document where each requirement was located.² A second team member reviewed both the DoDI and the requirement list to ensure it accurately captured all the elements in the

¹ We did not engage with anyone in OSN, the military departments, or the service branches to identify other relevant documents.

² Note that, though we use the term "requirement," some of the language used in the DoDI reflects an optional action (e.g., "may"). Language such as "must" or "will" denotes a mandatory or required action in the present or future, respectively. See U.S. Department of Defense, *Writing Style Guide and Preferred Usage for DoD Issuances*, Washington, D.C.: U.S. Department of Defense, February 10, 2020.

Table 2.1
Policy Documents Included in the Study Review

Department or Service	Policy Document Description
Department of the Air Force	<p>The Department of the Air Force includes both the Air Force and the Space Force. The Space Force was established as an independent branch of the military on December 20, 2019, and to our knowledge does not have a separate EFMP policy. The Department of the Air Force has one policy directive that establishes the core of EFMP and three related Air Force instructions that relate to various EFMP policies:</p> <ul style="list-style-type: none"> • AFPD 36-82, Exceptional Family Member Program, April 19, 2019. This policy directive establishes EFMP for Department of the Air Force outlining three components of EFMP (Identification and Enrollment, Family Support Services, and Assignments) as well as the headquarters-level responsibilities for each component. • AFI 40-701, Medical Support to Family Member Relocation and Exceptional Family Member Program, April 22, 2020. This is the primary EFMP directive for the Air Force and addresses airmen's entitlements, EFMP staff responsibilities, EFMP assignment process, and medical coordination as it relates to EFMP. • AFI 36-3009, Airman and Family Readiness Centers, May 29, 2020. This directive outlines programs and services available to service members and their families. The policies outlined in this Air Force Instruction (AFI) are designed to help commanders to minimize challenges to airmen that may negatively impact the unit mission while also offering the care for airmen and their families. • AFI 36-2110, Total Assignments, July 28, 2020. This instruction outlines the overall criteria for the assignment of Air Force personnel and includes very brief mentions of EFMP exceptions.
Department of the Army	<p>The Department of the Army has one policy directive that establishes the core of EFMP and two additional policy documents regulating specific assignment policies for enlisted soldiers (AR 614-200) and officers (AR 614-100), which were also reviewed as part of this study:</p> <ul style="list-style-type: none"> • Army Regulation (AR) 608-75, which was last updated on January 27, 2017, is the primary document outlining the Department of the Army's EFMP. This document covers general EFMP program management, leadership responsibilities, and program policy and procedures.^a • AR 614-200, Enlisted Assignments and Utilization Management, January 25, 2019, provides guidance on the selection of enlisted soldiers for assignment, utilization, reclassification, detail, transfer, and training as implemented by DoDI 1315.18. • AR 614-100, Officer Assignment Policies, Details, and Transfers, December 3, 2019, prescribes policies and procedures pertaining to the assignment, reassignment, details, and transfers of officers between commands, units, branches, specialties, and components within the Regular Army, or between external military organizations.

Table 2.1—Continued

Department or Service	Policy Document Description
Department of the Navy	<p>The Department of the Navy has multiple major policies that address its EFMP requirements. There are two main Department of the Navy-level EFMP policies and then service-level policies for each the Navy and Marine Corps. The main EFMP policies at the level of the Department of the Navy are:</p> <ul style="list-style-type: none"> • The Bureau of Medicine and Surgery Instruction (BUMEDINST) 1300.2B, Suitability Screening, Medical Assignment Screening, and Exceptional Family Member Program Identification and Enrollment, July 27, 2016. Its purpose is to communicate the policies, procedures, and responsibilities for the processes in the health-care domain that fall under the responsibility of the Bureau of Medicine and Surgery (BUMED). Since the Department of the Navy provides the health-care personnel and services for both Navy and Marine Corps personnel, this policy specifically mentions both Navy and Marine Corps personnel and policies. This policy was released nearly a year prior to 2017 version of DoDI 1315.19 and refers to military treatment facility (MTF) responsibilities. Thus, it may need to be updated to reflect the transfer of MTF authority and subsequent changes to policies, procedures, and responsibilities. • Secretary of the Navy Instruction (SECNAVINST) 1754.5C, April 12, 2019, establishes policy and assigns responsibilities for the Department of the Navy. It designates the Assistant Secretary of the Navy (Manpower and Reserve Affairs) as responsible for ensuring that Navy and Marine Corps policies and procedures to implement the EFMP are consistent with the law, Office of the Secretary of Defense, and Department of the Navy policy and for developing measures of effectiveness, monitoring, and evaluation of Navy and Marine Corps EFMPs. The BUMED is responsible for policy for health-care providers and patient administrators and for ensuring that EFMP enrollment forms are accurately completed and provided to the appropriate service. The Chief of Naval Operations and the Commandant of the Marine Corps are responsible for service-specific EFMP implementation policies, procedures, and practices.
Navy (service)	<p>Office of the Chief of Naval Operations Instruction (OPNAVINST) 1754.2F, Exceptional Family Member Program, November 15, 2017. Its purpose is to communicate the Navy policies, procedures, and responsibilities for identification and enrollment, assignment, and family support for Navy personnel. This document is much more general than the BUMED EFMP policy (17 versus 72 pages). The Marine Corps has its own equivalent of this policy (discussed below). Two other Navy policy documents address specific aspects of the EFMP:</p> <ul style="list-style-type: none"> • The Naval Military Personnel Manual (NAVPERS 15560D, known as the MILPERSMAN) is referenced in the OPNAVINST; specifically, section 1300-700, Exceptional Family Member Program, CH-65, November 5, 2018. The MILPERSMAN as a whole guides the administration of Navy military human resources policy and procedures.

Table 2.1—Continued

Department or Service	Policy Document Description
<i>Marine Corps</i>	<ul style="list-style-type: none"> <li data-bbox="319 324 953 418">• OPNAVINST 1300.14D, Suitability Screening for Overseas and Remote Duty Assignment, April 9, 2007, is also referenced in 1754.2F and includes policy and guidance for screening Navy service members and family members. <p data-bbox="284 439 991 557">The Marine Corps is part of the Department of the Navy and as such, Department of the Navy EFMP policy documents are applicable to it (as discussed earlier in this table). Specifically, Marine Corps Order (MCO) 1754.4C references BUMEDINST 1300.2B and SECNAVINST 1754.5C. The Marine Corps has one policy directive that establishes the core of EFMP:</p> <ul style="list-style-type: none"> <li data-bbox="319 578 991 718">• In October 2020 the Marine Corps released an update to their official EFMP policy document, MCO 1754.4C, replacing 1754.4B (September 2010). The MCO covers general EFMP policy, identification and enrollment, assignment coordination, family support services, the respite care reimbursement program, personnel, and legal services.

^a The Army is updating AR 608-75. It was last updated January 27, 2017.

DoD policy. Then the same team member who originally extracted the requirements from DoDI 1315.19 scanned the main EFMP policy document(s) for each service branch—Air Force, Army, Marine Corps, and Navy—and extracted sample relevant text into the Excel file, locating it alongside the relevant DoDI requirement. Each column in the file corresponded to a service branch and each row corresponded to a specific requirement in the DoDI.

Next, each member of the team was assigned one service branch and asked to review more closely the relevant service-specific policy documents. Using the Excel file developed in the prior step, relevant text from each service-specific policy document was compared with each DoDI requirement. Edits were made as necessary to make sure all relevant text from the service-specific policy documents had been extracted or summarized, noting the location of the excerpt within the policy (e.g., sections or pages numbers). Team members then each assessed whether their assigned service’s policy text fully addressed the DoDI requirement, partially addressed the requirement, or did not address the requirement, explaining the rationale for each decision in

a notes column. Two basic questions guided the rating process. First, did the department or service branch policy address, in any way, the requirement stated in the DoDI? If the answer was no, then the requirement for that service branch was not addressed. If the answer was yes, the rating was determined to either partially address the requirement or fully address the requirement. To determine whether the rating was full or partial, we then assessed the second question: Did the service branch document address each portion of the DoDI requirement at the same (or greater) level of specificity? If the answer was yes, the rating was fully addressed. If the answer was no, the rating was partially addressed.

As an example, the EFMP DoDI requires that the secretaries of the military departments establish policies and procedures to safeguard personally identifiable information and protected health information (Section 2.5.i). We found language in each of the service EFMP policies regarding establishing a process for the safeguarding of this information and thus rated the policies as fully addressing that requirement. As noted earlier, if the primary EFMP service policies did not mention a particular type of DoDI requirement or specifically reference other service regulations covering the requirement, we treated service policy as not addressing the requirement.³ As another specific example, Section 1.2.e.5 in DoDI 1315.19 says that “active duty Service members whose families include a member with special needs may be stabilized in Alaska, Hawaii, or a continental United States (CONUS) assignment location for a minimum of 4 years when” certain criteria are met. All service-specific policy documents discussed assignment stabilization under specific circumstances but not all explicitly included language about “a minimum of 4 years.” In those cases, the service policy was coded as partially—rather than fully—addressing the DoD requirement since the level of specificity in the service-specific policies was not at least equal to the level of specificity used in the DoDI.

³ It is possible that a DoDI 1315.19 requirement could be mentioned in a service policy document that does not focus primarily on EFMP, such as a housing or childcare policy document. Our underlying assumption, however, was that a service’s primary policy on EFMP should include or reference all of the DoDI’s requirements.

After each member of the team completed their ratings for their assigned service branch, the full team then met to discuss how ratings were assigned and to review each rating as a group. We did this because some of the language used in both the DoDI and the department/service documents was vague enough to leave some room for individual interpretation. To ensure that all team members were using the same interpretation of such vague language, the full team reviewed the relevant DoDI text, the department/service text, and the coder's original rating. As part of this process, the team came to a consensus about whether there was agreement with the original rating. If there was not, the team discussed why not and then made any necessary changes to the original rating. Across a series of team meetings, all of the ratings were reviewed by all four team members. In doing so, we were able to ensure that the same criteria were being used for each requirement/service branch combination and that the criteria were being applied consistently.

Once ratings had been completed, one team member reviewed all the DoDI requirements and grouped similar requirements (e.g., those related to coordinating assignments prior to a PCS move) and categorized them into the relevant domain (i.e., identification/enrollment, assignment process, family services, other). The team reviewed the groupings, resolving any categorization decisions that were not unanimously agreed on. Team members then conducted one final review of the requirements compared with the service-specific policy document language and wrote final descriptions of how well the policy documents addressed and met the same (or greater) level of specificity of language used in the DoDI requirements. When the services' documents only partially addressed the DoD requirements, team members identified the elements of the DoDI requirement that appeared to be missing or inadequately addressed in terms of specificity.

Scope and Limitations

The scope and several limitations of the study are worth noting. First, we did not review policy for DoD civilian employees, who are, in some cases, eligible to use the EFMP. Nor did our review include the Coast

Guard, a military service that falls under the Department of Homeland Security, although it does have its own version of an EFMP. Finally, although the policies we reviewed are applicable to EFMP National Guard and Reserve personnel, we did not review any Reserve or National Guard policies that might focus specifically on EFMP implementation within the reserve component.

Second, we relied only on publicly available policy documents and evaluated whether and to what extent they appear to address the DoDI requirements. We did not review nonofficial policy documents or other materials (e.g., reports, websites, social media, training materials) or otherwise assess how department or service branch EFMP policies are being implemented in practice. In some cases, this may mean that we coded a service-specific policy as not addressing a DoDI requirement even where the service has addressed that requirement in practice. For example, if service policy did not mention a requirement to establish an EFMP website, the relevant requirement was coded as not addressing the DoDI requirement, even if the service actually did have a website. Our analysis focused only on policy documents, not the implantation of that policy or implementation of the EFMP.

Third, we did not interview service representatives or submit any data requests regarding the EFMP. Again, our primary focus was whether the main service EFMP policies discussed or referenced each requirement contained in the DoDI.

Fourth, many sections of DoDI 1315.19 are not specific and provide only vague language concerning requirements about the EFMP. For example, language that the secretaries of the military departments will “require military treatment facility personnel to be trained on the policies and procedures in this instruction” (Section 2.5.e, p. 8) does not clarify whether a MTF is expected to have at least one person trained on the DoDI or whether all personnel need to be trained on it. Similarly, some service-specific documents are also vague and non-specific. As such, the research team did have to make some decisions collectively about whether language in the service policy documents addressed the intent of the requirement in the DoDI. As discussed earlier in this section, our general rule was if a topic was covered but that the level of specificity in the language used in a service-specific

policy was not at least equal to that used in the DoDI, then that requirement was partially addressed.

In the next section we present the results of the policy analysis, focusing on (1) whether differences in EFMP policy occur between DoD and the services and (2) whether there are differences in policy across the service branches themselves.

Results

In this section we present the results of the EFMP policy analysis. First, in Table 3.1, we highlight areas where the language in DoDI 1315.19 is vague and nonspecific. This ambiguity matters because the DoDI serves as the core document for subsequent comparison and analysis, and ultimately for service policies and practices. Second, in Tables 3.2 through 3.5, we summarize the requirements outlined in the DoDI and indicate the extent to which each service's EFMP policy or policies address them. The color of each cell indicates whether the service policy fully addresses (green), does not address (red), or partially (orange) addresses the requirement(s). When a requirement is not addressed or only partially addressed, the text below the table explains what part(s) of the DoDI requirement(s) is not covered. We do not provide additional details for requirements that are fully addressed. Requirements are addressed in the order that they appear in the tables. The requirement tables are organized by domain: identification and enrollment (Table 3.2), service assignment (Table 3.3), family services (Table 3.4), and other DoDI requirements related to policy development, implementation, monitoring, and annual reporting (Table 3.5).

Specificity in the Department of Defense Instruction

Before we move to department and service branch policy documents, it is important to briefly discuss the base policy document in this analysis: DoDI 1315.19. Our review of the DoDI found that some

of the language it uses is vague and nonspecific. We make no value judgment about whether this is good or bad. On the one hand, vague language allows each department or service to tailor their own EFMP policy to their specific missions, cultures, and so on. On the other hand, the lack of specificity in a policy requirement could introduce a source of misalignment with policymakers' intentions. It could also result in variation in how the EFMP is implemented and thus how military families experience the program. We offer some examples of language that could be left open to interpretation in Table 3.1, noting

Table 3.1
Examples of Nonspecific Language in Department of Defense Instruction 1315.19

DoDI 1315.19 Requirements [Document Location]	Domain	Description
Military services must coordinate the availability of medical and educational services. [4.2c]	Assignment coordination	Does not provide details on what this coordination entails.
Ensure no adverse impact on the military mission or on the active duty service member's career. [1.2.e.3,4]	Assignment coordination	Does not provide details on how the military departments should define or ensure no adverse impact nor on how they should measure or assess it.
Require MTF personnel to be trained on the EFMP policies and procedures in the DoDI 1315.19p instruction. [2.5e]	Family support services	Does not provide detail on training frequency. Does not clarify whether it is sufficient for each facility to have one person trained or whether all personnel need to be trained.
Ensure that annual education and training to key personnel is conducted on the policies and procedures in this instruction and on topics appropriate to providing family support services. These topics may include Early Intervention Services (EIS), special education, Medicaid, supplemental security income, and TRICARE benefits, including the extended health-care option and any other programs that benefit military families with special needs. [2.5k]	Family support services	Does not list essential, required training topics or content (only suggestions) nor who is considered "key personnel."

Table 3.1—Continued

DoDI 1315.19 Requirements [Document Location]	Domain	Description
EFMP Family Support Services and their personnel should provide information and referral to military families with special needs. [6.1.a]	Family support services	Does not provide details on what types of information should be provided to exceptional families.
Family Support Services should include documentation of the support provided to the family and follow-on contacts, including case notes. [6.1b]	Family support services	Does not provide detail about what types of information about the support provided should be documented (e.g., issue, number of visits, referrals).
Family Support Services should collaborate with military, federal, state, and local agencies to share and exchange information in developing a comprehensive program. [6.1.f]	Family support services	Does not provide details on what this coordination entails.
Program, budget, and allocate sufficient funds and other resources, including staffing, to meet the policy objectives of this instruction. [2.5b]	Other: resources	Does not provide any detail about what “sufficient” funding to meet the policy objectives means or how a threshold would be determined.
Military departments must participate in the development and deployment of a data management system, including appropriate interfaces that support the EFMP mission. [2.5f]	Other: data	Does not describe required data elements for the data management system or what an “appropriate” interface looks like.

SOURCE: Department of Defense Instruction 1315.19, April 19, 2017.

the text’s location in the DoDI and the associated domain as well as a brief description of why we considered the language to be vague or nonspecific enough to potentially lead to variation at the department or service branch level. The list is not intended to be exhaustive but rather provide an overview of some of the relevant examples.

General Description of the Exceptional Family Member Program Identification and Enrollment Requirements

Table 3.2 describes the requirements in DoDI 1315.19 that are related to identification and enrollment of family members in EFMP. The policies distribute the requirements across the military departments (i.e., the Department of the Air Force, Department of the Army, and Department of the Navy), the services (i.e., the Air Force, Army, Marine Corps, and Navy), medical personnel, and service members. The requirements cover several areas, including identifying the criteria for EFMP eligibility, establishing screening procedures commiserate with existing TRICARE access to care policy, the role of medical personnel in identifying family members and their special needs and completing required paperwork, the use of DD Form 2792 (for medical needs) and DD Form 2792-1 (for educational needs), and establishment of sanctions for service members if they do not enroll or provide false information.

Air Force

Air Force policy documents fully addressed most DoDI requirements in the identification and enrollment domain. The exception is that, although AFI 40-701 does address the identification and screening procedures, it does not mention that its procedures must be commensurate with the TRICARE access to care standards (2.5j). That is, it does not define wait times, priority of access, or distance to providers who are required to complete the necessary paperwork for enrollment.

Army

The language in AR 608-75 fully addresses the DoDI requirements related to the identification and enrollment of family members in the EFMP. Unlike the other services, instructions for completing the Army's form for EFMP enrollment (DA Form 5888) addresses one of the TRICARE access to care standards, describing how to manage enrollment when there is no Army MTF within 60 miles or one hour driving distance.

Table 3.2
The Exceptional Family Member Program Identification and Enrollment Requirements by Service Branch

DoDI 1315.19 Requirements [Document Location]	Summary of DoDI Language	Air Force	Army	Marine Corps	Navy
Identification of family members with special needs [Section 3]	The criteria established in Section 3 of DoDI 1315.19 will be used to identify conditions requiring EFMP enrollment.	✓	✓	✓	✓
Screening [2.5j]	The military departments must establish screening and evaluation procedures to identify family members with special needs, commensurate with TRICARE access to care standards.	–	✓	–	–
MTFs identify and refer family members with special needs [2.5d; 4.4]	Medical personnel at an MTF will identify or confirm family members having special needs (per Section 3 in DoDI 1315.19), document their needs, and refer them to a service branch-specific EFMP point of contact who will enroll them and follow up to complete the medical summary.	✓	✓	✓	✓
DD Forms 2792 and 2792-1 [4.2a,b; 4.5a,b]	The military services will have procedures for EFMP enrollment through completion of DD Form 2792 to identify the family member's medical needs and DD Form 2792-1 to identify educational needs and to keep the statuses updated. Active duty service members are required to notify the service, complete all required forms and processes, and keep these forms current and edit them as needed.	✓	✓	✓	✓
Disciplinary action [4.5c]	Active duty service members may face disciplinary actions or administrative sanctions for failing to enroll or for providing false information.	✓	✓	✓	✓

NOTES: Green cell/check mark = Service branch policy documents address the DoDI requirement.

Orange cell/dash = Service branch policy partially addresses the DoDI requirement.

Marine Corps

MCO 1754.4c fully addresses all but one of the DoDI requirements regarding EFMP identification and enrollment. Though the Marine Corps policy does identify a screening procedure, like the Air Force and Navy service policies, it does not specify that the standards must be commensurate with TRICARE access to care standards (2.5j).

Navy

The Department of the Navy's and the Navy's service policies contain a great deal of content on screening and enrollment but do not explicitly state that access to screening and evaluation procedures need to be commensurate with established TRICARE access to care standards (2.5j).

General Description of the Exceptional Family Member Program Assignment Coordination Requirements

Table 3.3 describes the requirements in DoDI 1315.19 that are related to assignment coordination. The requirements are spread across the military departments (i.e., the Department of the Air Force, Department of the Army, and Department of the Navy) and the military services (i.e., the Air Force, Army, Marine Corps, and Navy). The requirements cover several areas, including adherence to general DoD travel policy (i.e., the Joint Travel Regulations [JTR]), stabilization of assignment, coordination of an EFMP family member's medical and educational needs during the assignment process, responsibilities of the medical activities during the assignment process, coordination across other military organizations during the assignment process, DoDEA reimbursement, and assessing the impact of assignment on mission requirements and service member's career development.

The remainder of this section explains where the service policies either partially or did not address the language in the DoDI, following the same order as those items presented in Table 3.3.

Table 3.3
The Exceptional Family Member Program Assignment Coordination
Requirements by Service Branch

DoDI 1315.19 Requirements [Document Location]	Summary of DoDI Language	Air Force	Army	Marine Corps	Navy
Adherence to general travel and assignment policy [4.1, 2.5m,n]	The military departments will adhere to travel regulations and authorizations for family members with special needs as defined in DoDI 1315.19 (e.g., JTR).	✓	✓	–	–
Assignment stabilization criteria [1.2e]	Assignments may be stabilized (for a minimum of four years) for Alaska, Hawaii, and CONUS assignments if the family member has a need for stabilization, the service member requests stabilization, and stabilization will not adversely impact mission or the service member's career.	–	✓	–	✓
Coordination of medical services [4.2c; 4.3.a,b]	The military services must coordinate medical service needs for assignments overseas and in the United States and its territories.	✓	✓	✓	✓
Coordination of education services [4.2c; 4.3.b]	The military services must coordinate education service needs. Assignments overseas must coordinate with DoDEA and the medical activity responsible for supporting DoDEA. Assignments in the United States and its territories must coordinate across various stakeholders (e.g., the Military Health System [MHS], school districts, EIS providers, EFMP personnel, school liaison officers).	✓	✓	✓	✓
Personnel activities and medical activities coordination [4.4]	Military medical activities will respond to requests from personnel activities to determine the availability of medical services the family member requires.	✓	✓	✓	✓
Coordination with other military organizations [2.5m,n,p,q] ^a	The military departments will coordinate outside and within CONUS assignments of EFMP families with other medical authorities, military departments, or DoD components that would be responsible for providing the family member's medical services, EIS, or related services.	✓	–	✓	✓

Table 3.3—Continued

DoDI 1315.19 Requirements [Document Location]	Summary of DoDI Language	Service Branch			
		Air Force	Army	Marine Corps	Navy
Reimbursement [2.5o]	The military departments must establish procedures to reimburse DoDEA if coordination does not occur.	X	X	X	X
Impact of assignment [1.2d,e; 4.3a]	Military departments must ensure no adverse impact on mission requirements or the active duty service member's career development due to assignment stabilization. Military personnel activities may remove active duty service members from overseas orders if no appropriate overseas assignment can be found and if there is no adverse impact on the mission or the service member's career.	X	✓	✓	—
Effectiveness of assignment [4.2d]	The military services must maintain records on the effectiveness of the assignment process among EFMP families.	✓	—	—	—

NOTES: Green cell/check mark = Service branch policy documents address the DoDI requirement.

Orange cell/dash = Service branch policy partially addresses the DoDI requirement.

Red cell/X = Service branch policy does not address the DoDI requirement.

^a The JTR discussed in sections 2.5m and 2.5n in DoDI 1315.19 are included in the first row of this table and excluded from this row. This row refers to coordination of assignments.

Air Force

AFI 40-701 and AFI 36-2110 address many of the DoDI requirements pertaining to the EFMP assignment process. However, although the Air Force currently has policies in place for humanitarian EFMP assignments (in AFI 36-2110) that address reassignments due to EFMP needs, none of the Air Force policy documents allow for a minimum assignment stabilization of four years, as permitted by the DoDI (1.2e). Thus, because the level of specificity of language is not at least equal to that used in the DoDI, the Air Force policy only partially addressed this

portion of the DoD policy. Additionally, the Air Force policy does not list any reimbursement requirements for DoDEA in any of its EFMP policy documents (2.5o); as such, this requirement was not addressed. Finally, the Air Force policy documents pertaining to EFMP do not provide guidance for how to ensure that the active duty service member's career is not adversely impacted due to assignments that may be restricted by the family member's needs (1.2d, e). This requirement was not addressed.

Army

AR 608-75 and the assignment policies detailed in AR 614-100 and AR 614-200 fulfill most of the assignment coordination requirements in DoDI 1315.19. The Army regulations only partially fulfill the DoDI requirements for coordination with other military organizations (2.5m, p, q). AR 608-75 1-18 directs the Commander, U.S. Army Medical Command, to coordinate with other Surgeons General before making an assignment for a soldier with a family member enrolled in the EFMP but does not provide specifics on assignment considerations. With respect to joint assignments, the AR requires the Army to share information with other military departments to assist with the provision of medical care to a family member with a special need once that assignment has been made. However, the policy document does not detail what that preassignment coordination with other military departments should look like to ensure that the needs of family members can be met at the gaining installation. Though the AR *does* require the Army to establish a program evaluation system to evaluate its EFMP, it does not specifically mention that it should be used to maintain records on the effectiveness of the assignment process, as required by the DoDI (4.2d). Thus, this requirement is only partially addressed. Finally, the Army does not address one of the DoDI requirements (2.5o) pertaining to reimbursement of DoDEA for unanticipated costs should coordination not occur prior to an assignment.

Marine Corps

The new 2020 policy, MCO 1754.4c, omits or partially addresses several of the DoDI requirements regarding the assignment process that

are summarized in Table 3.3. First, the MCO does generally discuss travel regulations authorizing travel for EFMP family members, but it does not specifically mention official DoD travel regulations (i.e., DoDI 5154.31 or the JTR) (2.5m, n), though it is important to note that the MCO does specifically mention use of Family Member Travel Screening (FMTS) prior to overseas and remote CONUS assignments.¹ Thus, this requirement is only partially addressed. Second, though the MCO does discuss stabilization (or Continuation on Location), it does not specify the length of time a stabilization may last (at least four years as specified in DoDI 1315.19) or that assignments may be restricted to CONUS locations (1.2e). Thus, this requirement is partially addressed. Third, there is no mention of reimbursing DoDEA for unanticipated costs should coordination with them not occur prior to an assignment; as such, this requirement was not addressed (2.5o). Fourth, the MCO outlines requirements for the Marine Corps to maintain various records relating to EFMP, but it is unclear whether these documents are directly related to assessing the effectiveness of the Marine Corps's assignment procedures with respect to the EFMP (4.2d). This requirement is also partially addressed.

Navy

Navy policies do discuss many of the assignment-related policies, procedures, and responsible parties, but OPNAVINST 1754.2F, the Navy's main service policy on EFMP, and MILPERSMAN, the manual on administration of Navy human resources policies and procedures, do not refer to the JTR, which was specified in the DoDI. Although Navy policy does reference taking sailor career and Navy needs into account when making assignment and deployment decisions, it does not discuss how to ensure no negative impact on either. The policy does not mention reimbursement to DoDEA if there is a failure to coordinate with DoDEA prior to an overseas assignment, nor does it describe a process for doing so; as such, this requirement was not addressed. The OPNAVINST section on responsibilities (Section 6) describes many

¹ The FMTS is not mentioned in DoDI 1315.19. In 2017, the FMTS was a pilot program across the service branches and used only at some installations. MCO 1754.4C has fully adopted the FMTS as the screening process for some PCS moves.

actors that should evaluate the EFMP, but there (and elsewhere), nothing explicitly requires evaluating the EFMP for effectiveness of the assignment process nor on-assignment problems that may result from an inadequacy of the Navy's procedures or failure to follow them, as is required by DoDI 1315.19.

General Description of the Exceptional Family Member Program Family Support Service Requirements

Table 3.4 describes the requirements in DoDI 1315.19 that are related to family support services in the EFMP. The requirements are spread across the military departments (i.e., the Air Force, Army, and Navy), MTF personnel, EFMP staff, and family support service coordinators. The requirements cover several areas, including staff training, provision of information and referrals by EFMP staff, support during PCS moves, case management and record keeping, outreach, liaison responsibilities, and the provision of respite care. As in the previous sections, we identify those DoDI requirements that we assess to have been only partially addressed by military department or service policies or to have not been addressed by those policies.

Air Force

Air Force policy documents address most of the family services requirements mentioned in DoDI 1315.19. There are three areas, however, where DoDI requirements were addressed only partially or not at all. First, the current AFI 40-701 mentions annual training requirements for the EFMP medical staff but only provides vague descriptions about the content of the trainings (not that the content would cover all the DoDI's policies and procedures) and how often other EFMP staff should be trained in (2.5e, k). Thus, the training requirements are only partially addressed. Second, although the Air Force policy documents do discuss interaction with leadership (6.1e) and some military agencies (e.g., DoDEA, 6.1f), they do not provide guidance about coordination among federal, state, and local agencies (6.1f). The DoDI requirement for the liaison role for EFMP staff with these various organizations is similarly partially addressed. Third, though the AFI does address some

Table 3.4
Family Support Services Requirements by Service Branch

DoDI 1315.19 Requirements [Document Location]		Air Force	Army	Marine Corps	Navy
EFMP staff training [2.5e,k]	MTF personnel must be trained on policies and procedures outlined in DoDI 1315.19. Military departments must ensure key EFMP personnel receive annual education and training aligned with DoDI 1315.19.	–	–	–	✓
Provision of information and referral by EFMP staff [6.1a,c,g,h]	EFMP staff should provide information and referrals to EFMP families. In the event that EFMP families have serious or complicated medical issues, they should be referred to the MHS for case management.	✓	–	–	✓
PCS support [6.1g]	Support services should be provided before, during, and after relocation, including coordination with the gaining installation's EFMP.	✓	✓	✓	✓
Case management and record keeping [6.1.b]	EFMP staff should provide nonclinical case management and development of a service plan that documents current needs, received services, and follow-up engagement with the family. Family support service coordinators should keep case notes documenting support provided to EFMP families and any follow-on contact.	–	–	✓	✓
Outreach by EFMP staff [6.1.d]	EFMP staff should have ongoing contact with military units, service members and families, other service providers, and military and community organizations to promote the EFMP and increase uptake among eligible families.	✓	✓	✓	✓
Liaison role for EFMP staff [6.1.e,f]	EFMP family support service staff are the point of contact for leadership and should collaborate with military, federal, state, and local agencies to share information and to ensure that the EFMP is comprehensive.	–	–	✓	–
Respite care [6.2]	EFMP family support services may include respite care for family members who meet service-specific eligibility criteria.	✓	✓	✓	X

NOTES: Green cell/check mark = Service branch policy documents address the DoDI requirement.

Orange cell/dash = Service branch policy partially addresses the DoDI requirement.

Red cell/X = Service branch policy does not address the DoDI requirement.

aspects of nonclinical case management (e.g., some legal services and Individual Education Plans for special needs students), it does not discuss nonclinical case management, nor does it mention an individual service plan (6.1b). Thus, this requirement is only partially addressed.

Army

The main AR for EFMP partially addresses some of DoDI 1315.19 requirements we created and list in Table 3.4. For the regulations on EFMP staff training, the AR mentions training of EFMP, MTF, and Child Youth and School Services personnel but does not define the content or frequency of the training (2.5e, k). Regarding the provision of information and referral by EFMP staff, the AR does include requirements for providing information and referrals by EFMP staff (6.1c, g, h), but there is no explicit mention of “serious or complicated medical issues” (6.1c). For case management and record keeping, the language in the AR refers to medical issues, but nonclinical case management provisions are not specified (6.1b). Finally, the AR does specify that EFMP staff serve a liaison role with other military entities (6.1e), but there is no provision in the AR for collaborating with federal, state, or local agencies (6.1f). In sum, the AR only partially addresses each of these categories of DoDI requirements.

Marine Corps

The MCO largely addresses all the requirements for provision of family support services in DoDI 1315.19. There are, however, two exceptions where the MCO only partially addresses DoDI requirements. First, though the MCO does discuss training of EFMP staff (2.5k), it does not discuss training of MTF personnel on policies and procedures DoDI 1315.19 (2.5e). Note that training MTF staff is discussed in BUMEDINST 1300.2B, which covers the Marine Corps, but this document is not referenced in the MCO with respect to training. Second, though the MCO does address referrals (6.1a, g, h), it does not specifically call out referrals for families whose family member has “serious or complicated medical issues” to the MHS to request medical case management (6.1c). However, BUMEDINST 1300.2B does indicate that EFMP coordinators should “collaborate with MTF

medical case manager and/or referral manager to assist families who may have more *significant medical needs*” (emphasis added).

Navy

Navy policy addresses many of the DoDI requirements related to provision of EFMP family support services but only partially addresses two areas. First, the Navy policy only partially addresses the DoDI 1315.19 requirement that a service’s EFMP “should collaborate with military, federal, state, and local agencies to share information and ensure that the EFMP is comprehensive” (6.1f). The OPNAVINST states that the Navy EFMP case liaisons and collateral duty case liaisons must “maintain a list of national, state, and local community exceptional family resources”² but does not explicitly require a coordinated effort with those agencies to ensure a comprehensive program. More vaguely, the Navy policy does call for collaboration “with agencies and other Service support offices to include installation medical and recreational facilities, community service agencies, and private organizations to promote community awareness and to assist families,” but because the policy does not specify that the program must be coordinated with military, federal, state, and local agencies, the policy only partially addressed the DoDI requirement. Second, Navy policy did not address the DoDI’s statement that EFMP family support services *may* include respite care for family members (6.2). Although we learned that the Navy does have a program called EFMP Respite Care, because neither Department of the Navy nor Navy Service EFMP policies refer to respite care, we rated Navy policy as not addressing this language in the DoDI.³

General Description of Other Exceptional Family Member Program Requirements

Table 3.5 describes other requirements in DoDI 1315.19 that were not easily categorized as part of identification and enrollment, the

² OPNAV Instruction 1754.2F: Exceptional Family Member Program, Washington, D.C.: Headquarters, Department of the Navy, November 15, 2017, p. 11.

³ Commander, Navy Installations Command, “EFMP Respite Care,” webpage, November 3, 2020.

Table 3.5
General Exceptional Family Member Program Policy Development, Implementation, Monitoring, and Reporting Requirements by Service Branch

DoDI 1315.19 Requirements [Document Location]	Summary of DoDI Language				
		Air Force	Army	Marine Corps	Navy
Service policy elements [2.5a,c]	Military departments should create an EFMP; model their own policy after the DoDI; make sure the policy covers identification and enrollment, assignment coordination, and family support services and collaborations across the three; and ensure leadership oversight at all levels of military command for implementation, monitoring, and evaluation.	✓	✓	✓	✓
Resourcing [2.5b]	Military departments should program, budget, and allocate funding and other resources (e.g., staff) required to sufficiently operate EFMP.	✓	✓	✓	✓
Data [2.5f,i]	Military departments must develop an EFMP data management system and establish policies and practices that safeguard personally identifiable information and protected health information.	✓	✓	✓	✓
Annual reports [2.5s]	Military departments must submit an annual report addressing specific aspects of its EFMP, including enrollment numbers, services provided, and assignment-related issues.	–	–	X	–
Policy dissemination [2.5g,i]	Military departments must ensure that the EFMP guidelines in the DoDI are available on the appropriate headquarters website and that all installation websites link back to the official site. In addition, info in the DoDI must be provided to all active duty service members and their families as well as civilian employees and government employees in overseas locations. ^a	–	–	–	–
Access [2.5h]	Military departments must establish a generic EFMP email address for easy access to family and medical support capabilities.	✓	X	✓	X

NOTES: Green cell/check mark = Service branch policy documents address the DoDI requirement.

Orange cell/dash = Service branch policy partially addresses the DoDI requirement.

Red cell/X = Service branch policy does not address the DoDI requirement.

^a Civilian employees are outside the scope of this analysis.

assignment process, or the provision of family support services. The requirements are spread across the military departments (i.e., the Department of the Air Force, Department of the Army, and Department of the Navy). The requirements cover several areas, including development of department level policy, resources, data, annual reports, policy dissemination, and access to EFMP. Again, we follow the order the items appear in the table as we discuss the service-specific results.

Air Force

The Air Force policies addressed the general guidance listed in the DoDI with two exceptions. Although AFI 40-701 mentions how EFMP enrollments will be captured in an Air Force-wide database, it does not provide guidance regarding the annual reporting requirements as stipulated by the DoDI (2.5s). Second, although the Air Force has an active EFMP website⁴ (note that the AFI itself does not include this website address), the AFI does not stipulate the need for all installation websites to link back to the official site (2.5g). Thus, Air Force policies only partially addressed these DoDI requirements.

Army

The Army fully addresses some of the DoDI requirements shown in Table 3.5; however, others are only partially addressed or not addressed at all. Regarding the provision of annual reports, not all of the data required by the DoDI to be included in the reports are specifically mentioned in the main EFMP AR (2.5s). In addition, there is no provision in the AR for identifying for the annual report any obstacles to the effective delivery of EFMP family support services. The DoDI requirements related to annual reporting are thus only partially addressed. Regarding policy dissemination, though the AR does address outreach by Army Public Affairs, Army Community Services, and garrison commanders, the AR does not mention publishing guidelines on a website or providing for links from installation websites to the guidelines (2.5g).⁵ Finally, the AR does not address the establishment of a generic email address to ensure that families have easy access to family and medical support capabilities (2.5h).

⁴ Air Force's Personnel Center, "Exceptional Family Member Program," webpage, undated.

⁵ U.S. Army Medical Department, "EFMP Overview," webpage, undated.

Marine Corps

The MCO fully addresses all but a couple areas in this domain. It does not address how the Marine Corps will contribute to the Department of the Navy's annual EFMP reporting requirements (2.5s). The SECNAVINST 1754.5C does refer to some EFMP data and analysis that the Commandant of the Marine Corps must provide annually to the Assistant Secretary of the Navy (Manpower and Reserve Affairs). And although the MCO does mention that information about EFMP is provided to all active duty service members and their families and an official Marine Corps EFMP website exists,⁶ the website is not identified in the MCO nor is there an explicit directive to link all installation specific website to the main Marine Corps EFMP site (2.5g). As such, we found the MCO only partially addresses the DoDI requirements relating to policy dissemination.

Navy

The Navy policy addresses most of the requirements summarized in Table 3.5. With respect to the annual report, as noted in the Marine Corps section, SECNAVINST 1754.5C does refer to some EFMP data and analysis that must be annually reported to the Assistant Secretary of the Navy (Manpower and Reserve Affairs) (2.5s). However, the level of specificity used in the Department of the Navy policy does not at least match that used in the DoDI. Specifically, the SECNAVINST does not mention what data is required to be reported (i.e., total number of service members and family members enrolled in the EFMP; total number of assignments of service members enrolled in the EFMP that were coordinated in the last year; assignment problems; and total number of requested stabilizations, those approved, and the location). Accordingly, the Navy policy only partially addresses requirements relating to the annual report. Regarding policy dissemination, the Navy Service EFMP policy (OPNAVINST 1754.2F) does require incorporating EFMP information into centrally developed education and training materials and throughout Fleet and Family

⁶ Marine Corps Community Services, "Exceptional Family Member—Marine Corps Community," webpage, undated.

Support Program education and awareness campaigns,⁷ and it does state that EFMP information is available on a Naval Personnel Command website (2.5g).⁸ The policy does not specify, however, that the EFMP guidelines must be made and kept available on that website and that all installation websites must link back to that official site.⁹ For this reason, the policy only partially addresses requirements relating to policy dissemination. The Navy policy does not mention establishing a generic EFMP email address to provide service members and their families easy access to family and medical services (2.5h). Thus, the policy does not address this requirement relating to program access.

Across Service Comparisons

The tables presented in this section can also inform us as to policy differences *across* the service branches. These between-service differences in policy could account for different experiences that EFMP families have.

Identification and Enrollment

All the service policies we reviewed addressed most DoDI requirements pertaining to identification and enrollment, except for the section in the DoDI that requires military departments to establish screening and evaluation procedures to identify family members with special needs commensurate with TRICARE access to care standards. Only the Army specifically referenced the TRICARE access to care standards in its EFMP policy, but the other service branches did not explicitly address this requirement through their respective policy documents.

⁷ Commander, Navy Installations Command, November 3, 2020.

⁸ U.S. Navy, “Navy Exceptional Family Member Program (EFMP),” webpage, undated.

⁹ U.S. Navy, undated. A cursory check of several nonrandomly selected installation websites indicates that, in practice, not all link back to the headquarters’ website.

Assignment Coordination Process

The service policies addressed DoDI requirements pertaining to coordination of medical services, education services, and personnel-medical activities for assignment purposes. However, the Marine Corps and the Navy policies did not explicitly reference the JTR in the context of assignment coordination procedures as the DoDI did. Further, the assignment stabilization requirement was only fully specified by the Army and Navy policies, as the Air Force and Marine Corps only partially satisfied the requirement by failing to explicitly state that the option could be for a minimum of four years as the DoDI allows (assuming certain conditions are met). Additionally, unlike the other services' policies, the Army policy only partially addressed the coordination criteria as there was no explicit mention in its EFMP policy of coordinating with other military departments. All other service policies more fully described this DoDI coordination requirement. Finally, all military service EFMP policies failed to mention anything about a reimbursement procedure for DoDEA in circumstances where it incurs costs due to lack of EFMP coordination before an EFMP family relocates due to a change of assignment.

Family Support Services

The military policies were most inconsistent pertaining to the numerous EFMP family support services requirements. Services only partially fulfilled the DoDI policy directive that outlined training requirements for MTF (or medical) and EFMP personnel.¹⁰ The Air Force and Army both state that EFMP medical and related personnel will be trained but fail to designate the frequency of the EFMP personnel training. The Marine Corps MCO does not mention any form of MTF personnel training but fully satisfies the requirement regarding content and frequency for other EFMP staff members.¹¹ Department of the Navy and U.S. Navy policy describe MTF and EFMP personnel training.

¹⁰ Note that the DoDI requires the EFMP personnel training to occur on an annual basis.

¹¹ Note that the Marine Corps is subject to a Navy BUMEDINST that includes language about training MTF staff; however, this BUMEDINST is not referenced in the USMC MCO.

The Air Force and the Navy policies fully address the DoDI requirement that pertains to the provision of information and referral by EFMP staff. The Army and the Marine Corps only partially addressed the requirements in this category because they failed to mention anything about providing EFMP medical referral regarding “serious or complicated medical issues.” However, the Department of the Navy provides the medical personnel for the Marine Corps, and BUMEDINST 1300.2B does refer to families who may have “more significant medical needs.”

The Army and the Air Force policies we reviewed did not fully describe the case management and record-keeping requirement as it relates to family support services because they failed to mention providing nonclinical case management or a service plan that would document EFMP family support services.

All service policies addressed the DoDI requirements regarding the provision of family support services before, during, and after PCS relocation as well as EFMP family support outreach performed by its staff members.

Only the Marine Corps policy fulfilled the DoDI requirement that mandates EFMP family support staff to serve as points of contact with leadership and the coordination authority with various governmental organizations at every level. The Air Force policy only mentions a vague intra-agency coordination requirement and fails to mention anything regarding collaboration and coordination with government organizations at the local, state, and federal levels. The Army mentions coordination between EFMP family support staff and leadership at the garrison level but fails to mention any liaising requirement beyond that. Navy policies partially addressed this requirement because they vaguely mentioned collaboration and coordination and required at least maintaining lists of national, state, and local community family resources for families with special needs.

Finally, the Air Force, Army, and Marine Corps policies all mention some form of respite care provision in their related EFMP policies, but none of the Navy policy documents we reviewed mentioned respite care (the Navy’s provision of respite care service is published on their website). Note that the DoDI 1315.19 does not require each depart-

ment to have a respite care program but instead notes that such a program “may” exist.

Other Requirements

All the services branches addressed the DoDI requirements related to the need for a service-based EFMP program, resourcing, and a comprehensive EFMP data management system. The DoDI requires each secretary of the military departments to submit an annual EFMP performance report to the Assistant Secretary of Defense for Manpower and Reserve Affairs. None of the military department or service policies outlined the secretaries’ own requirements; however, they did mention in general terms a requirement to provide aggregation in data collection or performance evaluations. For example, the Department of the Navy’s policy (SECNAVINST 1754.5C) does indicate that the Chief of Naval Operations and Commandant of the Marine Corps are required to provide annual reporting inputs. EFMP policies by the Department of the Navy, U.S. Navy, and the Marine Corps, though, do not list the specific data elements that are required in the annual report as they listed in DoDI 1315.19.

The policies were also missing some details regarding EFMP communications. None of the policies stated that all installation websites must link to the headquarters-level website that publishes their EFMP guidelines. This is potentially an information access hurdle for service members and their families. A cursory examination of EFMP websites provided evidence that these links are not all established in practice either. Finally, the Air Force and the Marine Corps were the only branches to describe or list a generic EFMP email address in their policy documents as is required by the DoDI. The Army listed a headquarters-specific email address but did not provide guidance for creating a generic EFMP email address that can be adopted by different installations.

In sum, although there are differences across the service branches, for the most part they do not appear to be systematic in any way (e.g., one service consistently does address requirements in a single domain). And, as we noted in Chapter Two of this report, we did not examine how the EFMP is actually being implemented on the ground. Thus,

while lack of policy alignment across the services branches *could* lead to disparate experiences by EFMP families, in reality this may not be the case. Nonetheless, the differences we identified in this section do point to some policy areas where DoD, the military departments, and the service branches could clarify policy documents related to the EFMP. We discuss those areas in Chapter Four.

Discussion and Policy Implications

Military families who have a dependent member with a special need (e.g., a medical, psychological, or educational condition requiring specialty care) must enroll in the EFMP. Though oversight, monitoring, and management is provided at the DoD level, each military department (or service) is tasked with crafting their own service-specific policy, guided by DoD policy, and with implementing the EFMP for their military members and installations. The delegation of implementation across organizations, however, opens the door to potential variation in how families are able to access and experience the EFMP. To explore one possible source of inconsistencies across service-specific EFMPs, this study adopted a systematic methodology to qualitatively assess (1) similarities and differences between the DoD's EFMP policy (DoDI 1315.19) and the services' EFMP policies and (2) similarities and differences in policy across the services. The analysis focused on four domains: identification and enrollment of family members in the EFMP, assignment coordination for service members, family support services, and other DoDI requirements related to implementation and monitoring of the program's performance and impact.

Summary of Findings

Perhaps the most salient finding from this study was the ambiguity in DoDI 1315.19 that could result in undesirable and unintended variation in the implementation of the EFMP across DoD. Because parts of the DoDI are ambiguous or vague, the military departments and services may interpret the DoDI differently. The services may implement the

program differently not because they are tailoring it to service-specific needs but instead because they interpreted the DoDI differently. By comparing the requirements laid out in the DoDI with the EFMP policy documents of each military department and service branch, we identified several gaps between DoD and military department or service-specific policies and across the services themselves. Specifically,

Identification and Enrollment of Family Members into the Exceptional Family Member Program

- We noted that only one service-specific policy addressed the DoDI requirement that screening and evaluation procedures for identification and enrollment of family members with special needs should follow TRICARE access to care standards (e.g., travel time to an appointment). Not doing so could lead to difficulties in accessing the medical personnel who must help complete the paperwork necessary for enrollment into the EFMP.
- Details about MTF staff training on EFMP policies and procedures were lacking. These personnel play critical roles in the suitability screening, medical assignment screening, and identification and enrollment processes for EFMP and must coordinate with EFMP family support staff.

Assignment Coordination for Service Members

- Similarly, some service policies' description of the assignment coordination procedures did not reference the JTR as the DoDI had specified. The JTR outlines reimbursement policies for service members that are related to PCS moves (e.g., per diem, transportation) and provides families with clear expectations about expenses they may incur.
- Required coordination with other military departments and offices as well as civilian organizations was not always spelled out in the service-specific policies. Discrepancies in the type and quality of referrals and services received by EFMP families, especially as they move from installation to installation, could result from inconsistent coordination across the organizations.
- None of the service policies addressed the DoD's requirement that the military departments must establish procedures to reim-

burse DoDEA if assignment coordination does not occur prior to a family's move. This could lead to increased costs to EFMP families if costs are passed on to them or to reduced resources available to DoDEA to support other military children.

- Details related to how each service would ensure that a service member's career would not be harmed by EFMP enrollment were largely absent in policy documents. Without a clear understanding of how to measure and then assess negative career impact, the military departments and services may not be capturing the full experience of EFMP service members and learning of ways to better protect them.

Family Support Services

- Though training of installation-level EFMP staff was mentioned in most policy documents, details about the timing, frequency, and content of training were lacking.

Other Requirements Related to Implementation and Monitoring

- EFMP inputs to support the secretaries of the military department's annual reporting requirements were not described in military department or service policy in a level of detail that matches the DoDI's specific list of necessary elements, possibly resulting in the inability to consistently assess the effectiveness of the EFMP across DoD and make necessary improvements.
- DoDI requirements about ensuring service members and family website access to information about the EFMP and providing local generic EFMP email addresses to reach program staff are not consistently addressed in military department or service policy documentation. This could lead to EFMP families not receiving correct or timely information about the program.

Discussion

Policy Ambiguity and Variation Across Services

As mentioned earlier in this report, we did not attempt to assess how the EFMP was actually being implemented on the ground. Instead, our

goal was to better understand the underpinning of implementation by studying variation in the language across policy documents. In most cases, Military Department or service-specific policies fully addressed the requirements spelled out by the DoDI. However, when requirements were not fully addressed, they were either not discussed (i.e., completely omitted) or they were partially addressed, often using vague language that did not match the level of specificity in the DoDI. In addition, vague and nonspecific language also occurred in the DoDI itself. In both cases—the DoDI and department/service policies—such ambiguity in language can and does have real implications for EFMP service members and their families.

For instance, testimony provided during a 2020 HASC hearing noted that the medical screening process for the EFMP does not always work as intended. EFMP coordinators may identify providers at the service member's new duty station yet may not account for availability of appointments from said provider.¹ Therefore, service members and their families could experience long waitlists and critical gaps in care due to these process inefficiencies. The current language in the DoDI does not account for this level of nuance and specificity (i.e., whether a provider at a new installation has a waitlist), which can have significant impacts on a family member enrolled in the EFMP and their family. The TRICARE access to care standards is mentioned in the context of screening and evaluation procedures but not assignment coordination to ensure appropriate placement.

As noted earlier, in some instances, service policy provided detailed instructions on some requirements while in other instances, service policy did not address a requirement at all or provided only minimum provisions in formal policy documentation. As an example, Marine Corps policy details legal resources and services available to EFMP families, dedicating a significant portion of their EFMP policy

¹ House Armed Services Committee, "Subcommittee on Military Personnel Hearing: 'Exceptional Family Member Program—Are the Military Services Really Taking Care of Family Members?'" (statement of Ms. Carolyn Stevens, Director, Office of Military Family Readiness Policy, Military Community & Family Policy, and Capt. Edward Simmer, Chief Clinical Officer, TRICARE Health Plans, Defense Health Agency, Washington, D.C.: Rayburn House Office Building, February 5, 2020).

to describing the various legal services to which their EFMP families are entitled.² By contrast, the Air Force, Army, and Navy policies only briefly mention basic provisions of legal services provided by their respective Judge Advocate General corps to EFMP families. Provision of appropriate legal services was one of the chief complaints raised during the testimony of a Navy spouse who is a mother of a family member enrolled in the EFMP and an advocate for special needs families during the 2020 HASC hearing.³ This variation in the services' treatment of legal services for EFMP enrollees may stem from a lack of clarity in the underlying DoDI: legal services are only mentioned once in the DoDI 1315.19 as a part of "non-clinical case management" that family support services are required to provide.⁴ However, the DoDI does not provide any further guidance regarding legal services.

In another example, the DoDI currently requires the services to provide protection against adverse career impacts due to EFMP enrollment but does not specify how services are to incorporate this requirement in policy or program implementation. This may result in wide variation in services' translation of this requirement to policy and implementation. For instance, even if the service member's enrollment in EFMP is not revealed to a promotion board, if the service member misses an important career-development opportunity due to EFMP-related coordination complications, such a decision would have an impact on one's career progression. To understand how the services have implemented this requirement, DoD might consider conducting a systemic analysis to examine EFMP effects on career progression across the services. We are aware of only one service-specific effort to examine this issue: a 2017 report found

² Marine Corps Order 1754.4C, "Exceptional Family Member Program," Washington, D.C.: Headquarters, U.S. Marine Corps, Department of the Navy, October 8, 2020.

³ House Armed Services Committee, 2020b.

⁴ The DoDI 1315.19 defines "Non-clinical Case Management" as: "The provision of information and referral to families and individuals that assist them in making informed decisions and navigating resources to improve their quality of life, such as educational, social, community, housing, legal, and financial services. This does not involve coordination and follow-up of medical treatments"; Department of Defense Instruction 1315.19, *The Exceptional Family Member Program (EFMP)*, p. 22. This is the only time legal services are mentioned regarding what EFMPs are supposed to provide eligible families.

that EFMP enrollment had no impact on an enrolled Marine's career.⁵ For DoD-level oversight, to better gauge the effects of EFMP enrollment on a service members' career, a systematic program evaluation with standardized metrics across the services would be necessary. We further discuss this need for additional analysis later in the report.

Other Potential Sources of Variation in the Exceptional Family Member Program Experience

Below, we highlight three specific areas of EFMP policy that we identified from the policy documents that we reviewed where additional specificity in language could result in reduced variation in how military families experience the EFMP.

Access to Information

The DoDI states that the military departments must ensure that EFMP guidelines are available on the appropriate headquarters website and that all installation websites link back to the official site, but the services could also be required to update their websites and resources regularly with the latest EFMP news and information. Moreover, the DoD released the DD Form 3054 (EFMP Family Needs Assessment)⁶ in December 2019; this form is designed to be a standardized form that EFMP staff use across the DoD for the family needs assessment, the family services plan, and the interservices transfer summary.⁷ The Military OneSource website states that family members can request a

⁵ Marine Corps Combat Development and Integration, *Analysis of the Impact of Exceptional Family Member Program Enrollment on Individual and Marine Career Progression and Promotion: Final Report*, Quantico, Va.: Marine Corps Combat Development Command, 2016.

⁶ DD Form 3054 has three main components that are completed by installation EFMP Family Support staff with the EFMP family: (1) The Family Needs Assessment: Family Support asks about needs of the exceptional family member to gauge the services needed; (2) The Family Service Plan: organizes the EFMP family's goals and outlines strategies to obtain them; (3) The Interservices Transfer Summary: provides losing and gaining EFMP Family Support offices a standard for continuity when family members enrolled in the EFMP PCS to a sister-service location.

⁷ Military OneSource, "Making the Most of EFMP Family Support Services with the EFMP Family Needs Assessment," webpage, December 2, 2019.

EFMP family needs assessment at any time. However, as of December 2020, the service branches have not yet added use of this new form in their respective EFMP policies. The Air Force, for instance, certified their main EFMP policy (AFI 40-701) as of April 2020 but did not mention this new DD form. The Marine Corps's latest EFMP MCO updated in 2020 was the only service policy document to mention DD Form 3054. Further, information about this new form could only be readily found on the Military OneSource website and was only rarely described on the services' headquarters-level EFMP websites. Lags in policy updates can create unnecessary confusion and potentially also in time-sensitive medical services needed by family members enrolled in the EFMP. A cursory look at the various EFMP websites across services and across different military locations also suggests that EFMP-related materials and policies should be updated.⁸

Related to pushing up-to-date information about the EFMP to military families, the service branches' policy documents are inconsistent in how they describe and define official policy related to program outreach. Army policy provides a more detailed example that the DoDI or other services could follow. AR 608-75 specifies "Family-find activities" where Army Community Service is tasked with "initiat[ing] an EFMP command information and education program to include on- and off-post publicity, awareness briefings, and education and training sessions to locate Family members who show indications that they might be in need of specialized medical care, therapy, developmental services, or special education."⁹ The policy also directs the Army Community Service to refer families eligible for EFMP to the "nearest Army MTF EFMP case coordinator for screening and evaluation." The level of specificity in the Army model—which details about who is to carry out the outreach, what they are supposed to do, and the

⁸ Note that only a few websites across the services and bases (roughly ten) were examined due to the sheer amount of location-specific EFMP websites that exist.

⁹ Army Regulation 608-75, *Exceptional Family Member Program*, Washington, D.C.: Headquarters, Department of the Army, January 17, 2017, section 2-5c, p. 20.

expected outcome of the outreach—could serve as a model for DoD and service outreach policies.

The Exceptional Family Member Program Coordination

Service branch policy documents are inconsistent in how they describe and define official policy related to coordination with other relevant stakeholders. We observed a lack of consistency in mandating how EFMP staff should coordinate across stakeholders to include other military departments/services and offices (e.g., DoDEA, DHA) and local, state, and federal agencies (e.g., local school liaison officers). Neither the nature nor the scope of what these relationships should look like is treated with any level of detail in the policy documents we reviewed, leading to yet another area where implementation across the services, and thus families' experiences with the EFMP, may vary from one another and from the Office of the Secretary of Defense's intentions. For families who are experiencing a PCS move, especially to or from a joint base, these coordination relationships may be especially important for maintaining continuity of care.

Eligible Populations

Finally, it is important to remember that children are not the only family members who might have special needs. The needs of adult dependent family members could also require EFMP enrollment and be eligible for EFMP supports and services. Adults can have different needs than children or youths. Spouses with disabilities, for example, may have greater needs for education or employment accommodations or vocational rehabilitation. We noticed that neither DoDI nor department/service branch policies address different services and coordination requirements that may be required for different family members with differing needs.

Policy Implications

Based on the results of this study we developed four policy implications for OSN and the Military departments/services to consider in order to better standardize or reduce variability in the experience that military families have with the EFMP. The first two implications are more

general while the last two are more specific and represent actions that could reasonably be undertaken immediately.

- **Military departments and services should update policy documents to fully address all requirements provided in DoDI 1315.19.** Lack of specificity for certain requirements was apparent across the policy documents that we reviewed. This leaves open the possibility of different interpretation and implementation of requirements across DoD, which could then result in undesirable variation in the experiences of EFMP families. The results presented here may help to identify areas where department and service branch policy could benefit from added detail and more specific language to prevent unintended variation in services provided to EFMP families.
- **OSN should ensure consistency of EFMP policies and services provided across services.** In addition to using clear language in the DoDI, the DoD should take steps to ensure that the EFMP policy documents for each service uniformly address DoDI policy. Service branches should have enough flexibility to implement the EFMP in such a way that addresses each of their unique contexts and cultures. However, policy language should be specific enough to ensure consistency across services where possible. As an example, the Marine Corps is currently the only branch that uses the FMTS process and only for some PCS moves. Additionally, consistency across the departments and service branches is especially important for EFMP families who may experience a move to an installation managed by a different service branch (e.g., a joint base). For this reason, OSN may want to explore whether it is appropriate to ensure that additional types of support or services specified in the EFMP policies of one service branch also appear in the other services' EFMP policy documents.
- **OSN should offer specific guidance, via policy, to the military departments and services regarding training for EFMP staff.** Though DoDI 1315.19 does contain a requirement that EFMP be trained at least annually and offers some suggestions for what that training *may* include, the service policies varied in

how they treated this mandate, with some policies not offering any details about exactly what this training should or must entail. Vague language about training requirements, especially content, could result in variation in how EFMP family support and medical staff interact with families enrolled in EFMP and the support services they provide to them. More specific details in policy documents about what training EFMP staff should receive could also lead to a better understanding of their role as coordinators across the various stakeholders (e.g., other military departments/services; DoDEA; DHA; and local, state, and federal agencies). Some training will be specific to service policies and procedures, but training on the DoDI and other family support service topics could be centralized for standardization, quality assurance, efficiency, and the sharing of “lessons learned.”

- **Military departments and services should provide all military families with information about the EFMP, and OSN should ensure that the information provided is current and comparable across service branches.** DoDI 1315.19 instructs all the service branches to disseminate information about the EFMP to all military families, regardless of eligibility. Though we were able to ascertain that all branches have headquarters-level websites for the EFMP, the requirements for these websites, including content, maintenance, and publicizing, are not explicitly spelled out in DoD, department, or service branch policies. This may mean that military families in different services have access to different types of information related to their service’s EFMP and the resources and support services available to them. Similarly, more variation may occur at the installation level, resulting in differing awareness of the EFMP and the resources it provides across DoD families.

Additional Areas for Future Research

Two specific aspects of the EFMP are ripe for future research. Both continue with the theme of this report: potential sources of variation in the EFMP across DoD as well as the aims stated within the DoDI

(i.e., with respect to evaluation of the EFMP). Our analysis focused on variation in policy across the military departments and service branches. Additional variation could occur in the actual implementation of policy. A consistent, systematic evaluation of the EFMP would help to understand if there is variation in implementation, where it is occurring, and how it may impact the effectiveness of the EFMP. The OSN, with input from the military departments/services, should evaluate the EFMP using a method that is consistent across the military. This method should include the development of a program logic model, an implementation and an outcome evaluation process, and measures and metrics associate with those evaluations. A logic model is a visual representation that describes how a program, in this case the EFMP, operates to achieve an expected outcome. An implementation or process evaluation focuses on the specific pieces of the logic model that are related to how the program is actually operated on the ground. These pieces include the resources (or inputs) used to run the program, program activities, and outputs of the program.

A process evaluation designed to understand how a program was implemented and identify successes, limitations, and lessons learned. For example, in practice, how do assignment personnel or career field managers actually assign service members who have a family member enrolled in the EFMP? How do they attempt to balance competing requirements of supporting the mission, the service member's career, and the needs of the family member enrolled in the EFMP? What information guides their decisionmaking?

In contrast to a process evaluation, an outcome evaluation focuses on the expected short-term and intermediate outcomes as well as the overall expected impact of the program. For the EFMP, such outcomes might include the health and well-being of the family member, the family's well-being as a whole (e.g., family resilience, marital quality), and the service member's career trajectory. Notably, however, satisfaction with the EFMP is *not* an outcome. Satisfaction, though important, is an output and part of a process or implementation outcome. To help ensure that families can have a successful experience with the EFMP and that DoD policy is being implemented consistently and equitably, it will be vitally important for OSN to

make certain that there is one standard for evaluation across the military departments/services.

Second, additional research is needed to better understand how the consolidation of the administration of MTFs under the DHA may impact the EFMP. A Congressional mandate in the 2017 National Defense Authorization Act initiated the MHS Transformation plan which called for management of all MTFs to be transferred from the military departments to DHA. Part of the transformation process involves moving care to the civilian community in locations where local market conditions would support such a move. The process began in the fall of 2019 with the expectation that the process would be complete in 2022. As of the time of the writing of this report, the COVID-19 pandemic had put a halt to the transfer, and it is unclear if and when the transfer will resume. We are unaware of any assessment of how these changes in management structure and provision of care may impact families who are enrolling or who are already enrolled in the EFMP. Variation in the availability of care in the civilian community may introduce additional variability in how military families experience the EFMP. Additionally, these changes may introduce new challenges to implementing, monitoring, and evaluating the EFMP that future policy revisions will need to address.

Closing

Military support for service members who have dependents with special medical or educational needs has come a long way since the first EFMP was established in 1979. This analysis focused on just one critical element of a successful program: policy. DoD, military department, and service policies have been updated within the past five years. As the Congress and senior military leaders strive to meet the evolving needs of military families, policies, procedures, and practices will need to continue to be refined to ensure compliance, consistent application, and effectiveness in meeting the needs of military families, service member careers, and the military mission.

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