Chapter 6
The Special Case of Civilian Service Members: Supporting Parents in the National Guard and Reserves

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National Guard and Reserve (NG/R) service members have been central to fighting the Global War on Terror, with more than 675,000 National Guard and Reserve troops deployed in combat since 2001 (U.S. Department of Defense, 2012). National Guard and Reserve families are also cycling through these military deployments, with 46 % of NG/R service members married and nearly 43 % with children (U.S. Department of Defense, 2014). Researchers and clinicians have started to consider the unique needs of NG/R families, particularly because they may experience frequent, lengthy deployments that can be related to increases in stress and other adverse mental health disorders (Blow et al., 2012). Some stressors may be similar to those faced by service members in active duty, while other stressors may differentially impact Active Duty and Reserve Component families.

This chapter reviews the stages of deployment from the perspective of National Guard and Reserve families, with a deeper discussion about the unique challenges of balancing civilian and military life, mental health, and parenting, with particular

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attention paid to parenting stress. We present data from female National Guard spouses/partners, exploring the role of household stress, parenting stress, and depression in the postdeployment period. We also introduce a resiliency framework for supporting families, with a review of several promising parenting interventions and programs for spouses/partners. Lastly, we discuss clinical practice and policy implications, and future directions.

The Deployment Cycle for National Guard and Reserve Families

The deployment cycle is experienced in three primary stages: predeployment, deployment, postdeployment, and, sometimes, repeat. DeVoe and Ross (2012) provide a unique framework for considering the deployment cycle from the perspective of parenting in military families. Each stage in the deployment cycle challenges families to face different stressors and family transitions that require parents to manage the emotional reactions of their children, each other, and of themselves. Below we consider the parenting deployment cycle from the unique perspective of NG/R families.

Predeployment

Predeployment describes the stage prior to an impending deployment. The changes to day-to-day routine and the anticipation of deployment can increase stress for all family members. For example, increased military trainings are necessary prior to deployment, and yet are an interruption to civilian employment and family time. The service member spends more time with his or her unit to train for the upcoming mission in anticipation for a safe and successful deployment, but this also impacts opportunities for family activities, special events, and family preparations for deployment. For families with children, additional logistical planning is needed prior to deployment, particularly if the departing service member has an active role in coordinating child care or extracurricular activities. Families are also busy completing necessary legal and financial paperwork (i.e., power of attorney, wills) and other household tasks such as home repairs. For NG/R families, their civilian community often does not understand the implications of deployment and may not be able to provide meaningful support during this time.

Deployment

Transitioning from civilian status as a National Guard or Reserve member to Title 10 activation with deployment translates to changes in coverage for medical insurance and payroll. For some families, this is a great benefit; for others with higher

paying civilian jobs or more lucrative benefit packages, it results in a financial loss. Activation of military benefits at deployment is a multistep bureaucratic process. Anecdotally, many NG/R families have shared that this process can be prolonged and, at times, prone to error, which can result in a break in insurance coverage and a disruption in income for families. Families report that the legal and financial paperwork is a tremendous stressor throughout deployment (Varcoe, Lees, & Emper, 2003). During deployment, other common family stressors can include intensified parenting responsibilities, increased household chores, taking on new roles, and adjusting to changes in the dynamics of family relationships. While there has been limited research on NG/R families during the deployment phase, spouses in active-duty families report elevated parenting stress with strong social and family support being important protective factors (Everson, Darling, & Herzog, 2013; Green, Nurius, & Lester, 2013).

Longer deployments have also been linked to more relationship and household hassles, with stress from deployment continuing to affect family functioning after reintegration (Lara-Cinisomo et al., 2012). For NG/R spouses who are less likely to be connected to a military community, coping with additional stressors of managing the household and family finances may be more difficult (Blow et al., 2012). The impact of such stressors, and in particular balancing civilian and military life, is a largely overlooked aspect of current research with this population.

Some service members become parents while deployed with the birth of a first child or of subsequent children. Becoming a father from afar is a particularly unique experience for deployed service members who are often unable to be present for the birth of their child. Popular stories abound on the Internet of social media and technology aiding in new parents seeing these births. Schachman's (2010) qualitative study provided vivid accounts from deployed fathers sharing worry about the health and safety of their family, guilt about not being able to experience this event with their partner, stress about their new role in the family, and learning how to communicate and bond with a new child while still residing in a combat zone. Many fathers in Schachman's study still attempted to fulfill their role as a provider and protector from afar. Limited research has examined the needs of fathers during deployment and what best practices might be to support their continued family involvement during deployment. Chapter 4 provides a more in-depth exploration of the research on military fathers.

Postdeployment

Postdeployment is considered an exciting and yet challenging stage for returning service members, nondeployed parents, and children in NG/R families as they readjust to each other and to the changes each may have experienced during the time apart (Chandra et al., 2010; Willerton, Schwartz, MacDermid Wadsworth, & Oglesby, 2011). Stress during postdeployment naturally arises from the normative adjustment in navigating new family roles, rules, and routines; reconnecting as a family again; and helping children to bond with the parent that has been gone.

In addition, if the service member parent returns home with physical and/or psychological injuries, this can influence the family's reintegration experience (Paris, DeVoe, Ross, & Acker, 2010). For example, higher rates of posttraumatic stress symptoms at postdeployment have been linked with less effective parenting and greater parenting challenges (Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010). However, social support can be an important protection from adverse psychological and parenting stress symptoms.

Another area of emerging research focuses on the experience and adjustment of mothers who have deployed, with results suggesting that female NG/R service members who are also mothers struggle more at postdeployment, with higher rates of mental health concerns (PTSD and depression) than female service members who are not mothers (Gewirtz, McMorris, Hanson, & Davis, 2014). With more women deploying and serving in the NG/R, understanding the unique experience of mothers will be important.

Unique Challenges for National Guard and Reserve Families

Civilian and Military Life

Being a part of an NG/R family can be a source of great strength and resilience, and is associated with fewer challenges in some areas in comparison to active-duty families. NG/R families generally do not have to move due to military service, allowing them to stay in their homes and communities throughout the stages of deployment. For active-duty families, moves are a regular course of duty with permanent change of stations occurring every 2–4 years, which can add tremendous stress to families. In NG/R families, most spouses can retain their job and local support network, and children can stay in the same school and neighborhood, with the same friends and extracurricular activities. Lack of disruption in these overall family connections and routines is a positive aspect of family life and parenting for NG/R families.

A major difference between NG/R and active-duty service members is the level of connection and immersion in a military community. Generally, the lack of a military community is seen as a disadvantage for NG/R families. However, for some families, being embedded within the military community can feel invasive and overwhelming, with frequent reminders of the possible dangers for one's spouse or partner who is serving.

While there are identified positive aspects for families, there do remain challenges unique to the NG/R. NG/R service members drill with units that can be hundreds of miles away from their home, thus placing their families spread far from one another. NG/R families are dispersed throughout more than 4000 communities nationwide (POTUS, 2011), and generally do not have access to a military base or installation. The absence of a nearby military base translates to fewer readily available supports, services, and resources for families (Blow et al., 2012). Compounded

by the challenges of geographic disparity, NG/R families often live in civilian communities that know very little about military life. When communities lack familiarity with military culture and lifestyle, a feeling of disconnect can occur (Blue Star, 2014). NG/R families may not even know another military family in their community. Indeed, in our own work with NG/R families, we have several experiences where families have joined our programs and unwittingly met another NG/R family who lived in their same town or whose children attended the same school. The availability of local, regional services to support NG/R families can be of great benefit, as can the use of technology-based services, including web-based programs (http://militaryparenting.dcoe.mil/), mobile applications (e.g. National Center for Telehealth and Technology; FOCUS on the Go!), or telephone support (e.g., Nichols, Martindale-Adams, Graney, Zuber, & Burns, 2013).

Mental Health

The wars in Iraq and Afghanistan have increased the awareness of the effects of combat deployment on service members, veterans, and their families. While the majority of family members are resilient, numerous descriptive and qualitative studies have reported heightened prevalence of mental health symptoms in nondeployed spouses and children. Most research has centered on active-duty spouses, highlighting elevated rates of anxiety, depression, and posttraumatic stress (Eaton et al., 2008; Everson et al., 2013; Mansfield et al., 2010; Warner, Appenzeller, Warner, & Grieger, 2009). The few studies focused specifically on NG/R spouses have also shown elevated rates of mental health symptoms and adjustment concerns. In a sample of 212 National Guard spouses postdeployment, nearly one in three spouses reported clinically significant symptoms of PTSD, anxiety, or depression (Gorman, Blow, Ames, & Reed, 2011). Also concerning, one in ten NG spouses reported a recent history of suicidal thoughts. In another NG population surveyed at postdeployment, spouse depression was related to compromises in family functioning, including lower marital satisfaction and higher rates of parenting stress (Blow et al., 2013). Further research with NG/R spouses is needed to better understand mental health trajectories across the deployment cycle and to identify characteristics of resilience in this population.

Parenting and Parenting Stress

Parenting can be a great source of strength as well as stress for all families. In the civilian literature, stressful life events, perceptions of stress, and their interplay with parenting and child outcomes have been studied extensively. Parenting behaviors and child outcomes may be compromised in the face of stressful life events or parental perceptions of excessive and overwhelming levels of stress, with parent

mental health also suffering (Deater-Deckard, 1998, 2004). In active-duty and NG/R families, elevated levels of parenting stress have been correlated with higher rates of parent mental health symptoms, including depression, anxiety, posttraumatic stress, and substance use (Blow et al., 2013; Gold et al., 2007; Hoge et al., 2004; Kelley, 1994). This suggests that a cluster of military families are struggling with both parenting stress and mental health symptoms; however, the reliance on single-time data points limits conclusions that can be drawn about the source of parenting stress or the long-terms impacts of such stress over time on parent mental health, parenting behaviors, or child adjustment. Longitudinal research following NG/R families is much needed. Also needed is a better understanding of the different types of stress military parents face and how this stress may impact mental health.

Parenting, Mental Health, and Household Stress in National Guard Families

Given the limited data specific to parenting in NG/R families, our team is particularly interested in expanding the research on this topic. Guided by the Resiliency Model of Family Stress, Adjustment, and Adaptation (McCubbin & McCubbin, 1989, 1996), we present data from an ongoing study that explores parenting stress, household stress, and depression postdeployment in a sample of female spouses/partners of National Guard service members. We hypothesize that the pile-up of parenting stress and household stress at postdeployment will be correlated with higher levels of depression in spouses.

Participants

Participants included female spouses/partners of National Guard service members who jointly attended a 2-day reintegration weekend in 2009, which occurred approximately 45–90 days following the service member's return from a 12-month combat deployment to Iraq. See Blow et al. (2013) for further information about sampling procedures. The response rate for spouses in attendance at the event was 71.4 % ($n = 463$). Of these, 303 indicated they were parents. A total of 215 female spouses provided complete responses to all survey measures and were included in the final sample. A comparison of those with complete versus incomplete survey measures showed no significant differences on demographics or key measures of interest. Compared to national population demographics for National Guard spouses, the current sample is representative in age, education, and race (U.S. Department of Defense, 2014). The demographic characteristics of this study sample are presented in Table 6.1.

Table 6.1 Participants' characteristics ($n = 215$)

Variable	*n* (%)
Age	
18–21	14 (6.5)
22–30	86 (40.0)
31–40	83 (38.6)
41–60	32 (14.9)
Ethnicity	
African American	10 (4.7)
Caucasian	184 (85.6)
Hispanic	18 (5.6)
Multi-ethnic/Other	9 (4.2)
Annual family income	
Below $20,000	32 (14.9)
$20,001–40,000	60 (27.9)
$40,001–75,000	81 (37.7)
Over $75,001	39 (12.9)
Education level	
Some high school	6 (2.8)
High school diploma/GED	46 (21.4)
Some college	77 (35.8)
Technical certificate	15 (7.0)
Associate degree	27 (12.6)
Bachelor, master, or professional degree	44 (20.5)

Measures

Parenting Stress. Parenting stress was measured using the Parental Stress Scale (PSS; Berry & Jones, 1995). The Parental Stress Scale is an 18-item self-report scale that asks respondents about positive (emotional benefits, self-enrichment, and personal development) and negative (parental strains, lack of control, and demands on resources) aspects of parenthood. Items are scored using a 5-point Likert-type scale to create a total score between 18 and 90. Higher scores on the scale indicate higher levels of parenting stress; a cut-off of 36 indicates more than average levels of parenting stress. The scale has acceptable levels of reliability (Berry & Jones, 1995) and has been used in the military family population (Everson et al., 2013). The Cronbach's alpha coefficient was .87 in this study. Total PSS score was used to measure parental stress reported by military spouses/partners postdeployment.

Household Stress. Household stress was measured using the Confusion, Hubbub, and Order Scale (CHAOS; Matheny, Wachs, Ludwig, & Phillips, 1995). The CHAOS is a 15-item questionnaire to measure characteristics of disorganization, noise, confusion, clutter, and frantic activities in the household. Of the 15 items, 7 represent routines and organization while the remaining 8 items represent disorganization and are reverse-coded. Each item is rated on a 4-point Likert-type scale. The CHAOS has good internal consistency, with a Cronbach's alpha reported of

.79 (Matheny & Phillips, 2001). In the current study, the Cronbach's alpha coefficient was .84. The total CHAOS score was calculated, with higher scores indicating more disorganized, confused, and noisy home environments.

Depression. Depression symptoms were measured using the Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, & Williams, 2001). Originally developed and tested in primary care and obstetrics–gynecology clinics, the PHQ-9 has demonstrated good reliability and validity in general populations (Gilbody, Richards, Brealey, & Hewitt, 2007; Kroenke et al., 2001) and in military populations (Everson et al., 2013; Warner et al., 2009). The Cronbach's alpha for this study was .87. Total scores range from 0 to 27 with higher scores indicating greater severity of depression, and cut-off scores of 5, 10, and 15 corresponding to mild, moderate, and severe levels of depression (Kroenke et al., 2001). The total score was used to measure the level of depressive symptoms in participants.

Data Analysis and Results

All analyses were performed using SPSS version 21.0. Pearson's product-moment correlations (r) were used to determine relationships between the study variables of parenting stress, household stress, and depression. The correlations were used to examine the strength and direction of the relationships explored by the proposed hypotheses. Multiple linear regressions were also performed to test the contribution of parenting stress and household stress to depression in participants.

Parenting Stress. Total scores from participants on the Parental Stress Scale (PSS) ranged from 18 to 66, with an average of 34.95 (SD = 9.45). 38 % of the sample ($n = 82$) had a total score of 36 or higher, indicating high levels of parenting stress.

Household Stress. Scores on the Confusion, Hubbub, and Order Scale ranged from 15 to 54, with an average of 29 (SD = 7.1). Overall, the scores from this sample indicate moderate levels of household disorganization and stress.

Depression. The Patient Health Questionnaire (PHQ-9) had a total range from 0 to 27. The overall mean score was 5.87 (SD = 5.09), indicating mild depression. Most participants reported minimal (48.4 %, $n = 104$) to mild (31.6 %, $n = 68$) depressive symptoms. Moderate levels of depressive symptoms were reported by 14.4 % ($n = 31$) of the sample. Moderately severe depressive symptoms were reported by 3 % of the sample ($n = 7$) and severe depressive symptoms were reported by 2 % ($n = 5$) of the sample.

Correlational Analyses. There was a medium, positive correlation between parenting stress and depression ($r = .33$, $p < .01$) indicating that high levels of parenting stress were associated with higher levels of depression. Similarly, the relation between household stress and depression had a moderate, positive correlation ($r = .34$, $p < .01$), indicating high levels of household stress were associated with higher levels of depression in parents. The relation between household stress and parenting stress was also explored and found to have a moderate, positive correlation ($r = .48$, $p < .01$). Parents who reported higher levels of parenting stress also

Table 6.2 Multiple linear regression of stress and mental health outcomes

Predictor	*B*	SE (*B*)	*B*	*t*	Sig. (*p*)
Parenting stress	.122	.039	.226	3.149	.002
Household stress	.161	.051	.225	3.138	.002

$R^2 = .150$ ($p < .05$)
Parenting stress: PSS
Household stress: CHAOS
Dependent variable: PHQ9 depression scores

reported higher levels of household stress. All proposed hypotheses and relationships were supported via correlational analyses.

Multiple Regression Analyses. Multiple regression analyses were used to test if parenting stress and household stress significantly predicted depression in spouses postdeployment. The results as depicted in Table 6.2 indicated that the two predictors explained 15 % of the variance in depression scores ($R^2 = .15$, $F(2, 215) = 18.97$, $p < .05$). Parenting stress significantly predicted depressive symptoms ($\beta = .12$, $p < .05$), as did household stress ($\beta = .16$, $p < .05$).

Conclusions

These preliminary findings show a correlation between increased levels of parenting stress and household stress with higher rates of depressive symptoms in National Guard spouses during the postdeployment period. A key limitation of this cross-sectional study is the inability to control for predeployment levels of stress and depression. However, the results show a snapshot of what some NG families experience postdeployment. While parenting stress is a common topic in the literature, measures of household chaos, stress, and disorganization have been less explored in military families. The impact of these combined stressors on families at all stages in deployment warrants further exploration.

Fostering Resiliency in National Guard and Reserve Families

While some NG/R families struggle through the deployment cycle, many others show great resiliency and do well in the face of stress and challenge. Researchers are increasingly interested in understanding why some families do well, and have been applying established theories of resiliency to this specific population. For example, the Resiliency Model of Family Adjustment and Adaptation (McCubbin & McCubbin, 1989, 1996) has been applied to work with NG/R spouses, and captures the "pile up of stressors" common to military life, with identification of key resilience-promoting characteristics including internal and external resources, problem solving, coping, and adaptive cognitions (Kees & Rosenblum, 2015). Other

identified resiliency factors in military families have included quality of parenting, healthy coping stress management, emotion regulation, and positive communication (Chapin, 2011; Everson et al., 2013; Saltzman et al., 2011).

Meaning making of deployment experiences has also emerged as a characteristic of resilience in military families. NG spouses who described positive, optimistic views of deployment showed better mental health outcomes over time (Kees, Nerenberg, Somers, & Bachrach, 2015). In Willerton et al. (2011) qualitative study, deployed fathers described positive aspects of parenting and deployment including a greater awareness of the needs of their children, appreciating quality time spent together, and realizing the beneficial impact of the military cultural values of strength, tradition, and respect.

Interventions aimed at enhancing these characteristics of resiliency are critical to supporting the unique needs of NG/R who may be geographically dispersed and not easily connected to military-tailored interventions or military-savvy providers. Likewise, interventions that are sensitive to the civilian-military demands of NG/R families would also be helpful. Resilience-promoting programs focused on mental health education, parenting skills, and stress reduction can potentially decrease the incidence of depression and anxiety disorders in military families (Lester et al., 2012). Indeed, preliminary reports of intervention programs for NG/R families show that parents benefit from education on how to parent during difficult periods such as deployment, relocation, and adjusting to civilian life after military service (Gewirtz, Erbes, Polusny, Forgatch, & DeGarmo, 2011).

Parenting Interventions

Parenting interventions specific for military families, including spouses and children, are showing great promise. In particular, the following programs are currently being implemented and evaluated in primarily NG/R families. ADAPT (After Deployment, Adaptive Parenting Tools) is a postdeployment parenting intervention for military families with children ages 5–12 (Gewirtz et al., 2011; Gewirtz, McMorris, et al., 2014; Gewirtz, Pinna, Hanson, & Brockberg, 2014). An adaptation of the Parent Management Training Oregon (PMTO) model, ADAPT has been tested with Minnesota National Guard and Reserve families and has shown high program satisfaction from military families who participated (Gewirtz, McMorris, et al., 2014; Gewirtz, Pinna, et al., 2014; also see Chapter 13 in this volume for more information about ADAPT). For parents with younger children (0–5), two programs grounded in attachment and relational parenting are emerging with promising findings.Strong Families Strong Forces is a home-based program implemented largely with the Massachusetts National Guard (DeVoe, Parris, & Ross, 2012). STRoNG Military Families (Support To Restore Nurture and Grow) is a 10-week multi-family group model implemented in Michigan with NG/R and veteran families (Rosenblum & Muzik, 2014). FOCUS (Families OverComing Under Stress) is another promising intervention that has been widely implemented with active-duty

families and is more recently being offered to NG/R families in California (Lester et al., 2012; Saltzman et al., 2011).

Interventions for Spouses

Intervention programs that specifically address the nondeployed parent's level of stress and coping may also have a positive influence on family adjustment, parenting behaviors, and parenting stress levels. For National Guard and Reserve families, interventions that integrate peer support would be expected to be particularly helpful as formal and informal military social networks are often not readily available (Blow et al., 2012). Two programs are emerging as promising interventions for NG/R spouses. Nichols and colleagues (2013) have shown promising mental health outcomes with a telephone support program for military spouses, which include both educational content and facilitated peer support. Findings suggest that a telephone intervention can reduce depression and anxiety and increase overall wellness for military and veteran spouses. HomeFront Strong is an in-person, 8-week resiliency group for military spouses/partners that integrates components of positive psychology, cognitive behavioral therapy, and dialectical behavioral therapy tailored for coping with military and veteran life stressors (Kees, Nerenberg, Somers & Bachrach, 2015; Kees & Rosenblum, 2015). Group participation was linked with a reduction in anxiety, depression, and perceived stress, and increases in optimism, life engagement, and life satisfaction. As we continue to learn more of the psychological needs of military spouses, we will be better able to tailor interventions to focus on promoting positive mental health outcomes in parents and families.

Clinical Practice and Policy Implications

Understanding parenting behaviors and stressors in NG/R families allows the clinician to develop interventions that improve strategies for responding to parenting stress and improving the parent–child relationship. For example, interventions that include parenting education for individuals, couples, and families can help to increase communication, decrease stress, and improve mental health outcomes in all family members. Clinicians providing interventions and care to NG/R families are encouraged to be aware of the importance of addressing the needs and concerns of the family as a unit, while also recognizing the inherent challenges these families face with living in both the civilian and military world. A holistic approach to treating family stress allows the clinician and family to consider the causes and consequences of stress. A thorough understanding of parenting stress in NG/R families will enhance knowledge and awareness of the needs of parents and family members.

A critical policy implication of this work is the need for expansion of community-based mental health, parenting, and preventive services for NG/R families. Advocating for increased access and availability of mental health services, evidence-informed parenting and family interventions, and learning more about the needs of NG/R families is needed by the vast array of community health care providers who will serve these families (Johnson & Ling, 2013). Because NG/R families reside in the community, they are most likely to seek help from community providers, which necessitates that community providers be informed, educated, and culturally aware of the unique needs and experiences of civilian-military families.

Future Directions and Recommendations

Much work remains to be done in understanding parenting strengths and challenges in NG/R families. Very little is known about the actual day-to-day parenting behaviors, or parent–child relational characteristics in these families. For example, it is well established that parental psychopathology can negatively impact parenting behaviors, parent–child relational quality, and parenting stress. Less is known about the impact of parent mental health, be it that of the nondeployed spouse or the service member or veteran, on long-term parenting and child outcomes in military, and especially in NG/R families. Further research is needed on the coping behaviors of the deployed and nondeployed parent and how these influence parenting behaviors and stress in families at different points in the deployment cycle, and across time as service members separate or retire from the military. Finally, more information on how resilience affects mental health outcomes of parents and children is an area of great research and clinical interest.

The diversity in family types is increasing in the United States, including within NG/R families: single parents, stepparent families, gay or lesbian parent families, adoptive and foster families, and grandparents. Of note, the military continues to be the largest employer of single parents (Knox & Price, 1999; U.S. Department of Labor, 2013). Family subtype may affect parenting behaviors, parenting stress, and parent–child relationships in NG/R families. Therefore, it is important to expand research to specifically examine theoretical models and intervention programs within subtypes of family units to validate their generalizability or to determine unique aspects of program impact.

Ensuring that our military families are cared for and provided opportunities for physical and psychological wellness is of paramount importance to our country (POTUS, 2011). In NG/R families, establishing evidence-based interventions that are accessible in the community is critical. Further exploration of the longitudinal impact of deployment is also important to track how children and families are faring over time. In addition to programs specific to NG/R families, more research is needed on other family constellations such as single parent, dual military parent, same-sex parent, racial minority parents, and the father as nondeployed parent.

Due to the geographic dispersion of NG/R families, innovative outreach and engagement efforts are necessary to best provide support for these families. It may not be true that "if you build it, they will come." Community capacity building of trained mental health providers, military-sensitive culture training of community providers across disciplines, and engagement of community members are suggested to increase awareness, knowledge, and effective support for NG/R families (Huebner, Mancini, Bowen, & Orthner, 2009; Kudler & Porter, 2013). Approaching this task of providing support requires mobilizing all of the doors through which families may enter, including teachers and schools, community and civic organizations, health and specialty providers, and faith-based institutions.

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