

AWARD NUMBER: W81XWH-14-1-0362

TITLE: HomeFront Strong: Building Resiliency in Military Families

PRINCIPAL INVESTIGATOR: Michelle Kees, PhD; University of Michigan

CONTRACTING ORGANIZATION: Regents of the University of Michigan
Ann Arbor, MI 48109-1340

REPORT DATE: SEPTEMBER 2020

TYPE OF REPORT: Annual (Year 6)

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

REPORT DOCUMENTATION PAGE		<i>Form Approved</i> <i>OMB No. 0704-0188</i>	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.			
1. REPORT DATE SEPTEMBER 2020	2. REPORT TYPE Annual	3. DATES COVERED 1 SEP 2019 – 31 AUG 2020	
4. TITLE AND SUBTITLE HomeFront Strong: Building Resiliency in Military Families		5a. CONTRACT NUMBER W81XWH-14-1-0362	
		5b. GRANT NUMBER	
		5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Michelle Kees, PhD		5d. PROJECT NUMBER	
		5e. TASK NUMBER	
		5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Regents of the University of Michigan Kathryn DeWitt 503 Thompson Street Ann Arbor, MI 48109-1340		8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012		10. SPONSOR/MONITOR'S ACRONYM(S)	
		11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited			
13. SUPPLEMENTARY NOTES			

14. ABSTRACT

The current project aims to improve the psychological health and well-being of military and veteran families residing in civilian communities by implementing and evaluating HomeFront Strong (HFS), a promising evidence-based intervention for military and veteran spouses/partners, and their children. This project is guided by three Aims: 1. Develop and field test an HFS mobile website; 2. Train community providers to disseminate HFS at their community sites; and 3. Evaluate the mental health outcomes of group vs. web-based HFS in a sample of 321 military and veteran spouses/partners. In Year 6, the HFS mobile website (Aim 1) continued to be fully operational with extant procedures in place for collecting usage paradata. To date, we have trained 107 community providers in military family resilience and the HomeFront Strong intervention (Aim 2). Fourteen in-person HFS groups have been delivered with 12 community providers (three groups completed during the first half of Year 6), with an ongoing evaluation of the implementation of HFS, including fidelity to the model. Pursuant to Aim 3, participant recruitment has been a primary focus in Year 6. The coronavirus pandemic that began midway through Year 6 led to the suspension of all in-person research activities. HFS staff quickly pivoted to focus on virtual strategies for outreach and recruitment of participants. In coordination with the Michigan Veterans Affairs Agency (MVAA), program brochures were mailed to more than 16,500 military and veteran families in Michigan. This creative outreach along with the option for participants to select a web-based HFS intervention condition kept recruitment numbers on target for the year ($N=77$; total=312). Enrollment into the program in Quarter 4 of this year represented our highest recruitment period to date ($N=31$), evidence that military families need mental health resources during times of stress and challenge, and that web-based programs fill a critical gap in services. Overall, 312 participants have enrolled into the program, with 277 completing assessment procedures and allocations to condition (101 HFS group; 176 web-based HFS). Of those who have completed the HFS program cycle, 87% have completed the post-HFS evaluation (87% HFS group; 88% web-based HFS), with promising preliminary results emerging. The project will be entering its 7th and final year, with virtual recruitment and enrollment into the web-based condition continuing through Quarter 1, data collection through Quarter 3, and data analyses and dissemination in the final Quarter.

15. SUBJECT TERMS

Military spouses; Veteran spouses; Resilience; Psychology health intervention; Mental health

16. SECURITY CLASSIFICATION OF:

a. REPORT

Unclassified

b. ABSTRACT

Unclassified

c. THIS PAGE

Unclassified

17. LIMITATION OF ABSTRACT

Unclassified

18. NUMBER OF PAGES

88

19a. NAME OF RESPONSIBLE PERSON
USAMRMC**19b. TELEPHONE NUMBER**
(include area code)

Table of Contents

	Page
1. Introduction	6
2. Keywords.....	6
3. Accomplishments.....	6
3.1. What were the major goals of the project?	6
3.2. What was accomplished under these goals?	6
3.2.1. Goal 1: Develop and field test a mobile website of HFS program content	6
3.2.2. Goal 2: Train community providers to disseminate HomeFront Strong at their community sites.....	9
3.2.3. Goal 3: Evaluate outcomes of group vs. web-based HFS in a sample of 321 military and veteran spouses/partners and their children.....	16
3.3. What opportunities for training and professional development has the project provided?.....	32
3.4. How were the results disseminated to communities of interest?	34
3.5. What do you plan to do during the next reporting period to accomplish the goals?.....	34
3.5.1. Goal 1: Develop and field test a mobile website of HFS program content	36
3.5.2. Goal 2: Train community providers to disseminate HomeFront Strong at their community sites.....	36
3.5.3. Goal 3: Evaluate outcomes of group vs. web-based HFS in a sample of 321 military and veteran spouses/partners.....	37
4. Impact.....	37
5. Changes/Problems	38
5.1. Changes in approach and reasons for change	38
5.2. Actual or anticipated problems or delays and actions or plans to resolve them	39
5.3. Changes that had a significant impact on expenditures	42
5.4. Significant changes in use or care of human subjects.....	42
5.5. Significant changes in use or care of vertebrate animals	42
5.6. Significant changes in use of biohazards and/or select agents.....	42

6. Products.....	43
7. Participants & Other Collaborating Organizations.....	44
7.1. What individuals have worked on the project?	44
7.2. Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?	47
7.3. What other organizations were involved as partners?	48
8. Special Reporting Requirements	50
9. Appendices	51
A. Trainings and Partner Engagement, Year 6	52
B. Outreach Activity, Year 6	57
C. Cumulative Recruitment Flowchart	70
D. Projected-Actual Recruitment Graph.....	71
E. Newsletters, Fall 2019 through Summer 2020.....	72

1. INTRODUCTION:

This project aims to improve the psychological health and well-being of military and veteran families residing in civilian communities by disseminating and evaluating HomeFront Strong (HFS), an evidence-based resiliency intervention for military and veteran spouses/partners and their children. The project is guided by three Aims: 1) Develop and field test an HFS mobile website; 2) Train community providers to disseminate HomeFront Strong at their community sites; 3) Evaluate the mental health outcomes of group vs. web-based HFS in a sample of 321 military and veteran spouses/partners and their children. The current proposal will build capacity in local communities to offer HFS, provide program evaluation data to further establish the effectiveness of HFS, and generate feasibility data to develop a strategic plan for large-scale implementation of HFS.

2. KEYWORDS:

Military families; Veteran families; Military spouses; Veteran spouses; Resilience; Mental health; Psychological health intervention; Community capacity building; Dissemination; Implementation science

3. ACCOMPLISHMENTS:

3.1. What were the major goals of the project?

- 1) Develop and field test a mobile website of HFS program content
- 2) Train community providers to disseminate HomeFront Strong at their community sites
- 3) Evaluate outcomes of group vs. web-based HFS in a sample of 321 military and veteran spouses/partners and their children

3.2. What was accomplished under these goals?

3.2.1. Goal 1: Develop and field test a mobile website of HFS program content

i) Major activities

In collaboration with the Center for Health Communications Research (CHCR) at University of Michigan, two products were developed in Year 1: 1) the HFS Administrative Console and 2) the HFS mobile website. The Administrative Console is a secure site that allows our staff to manage participant enrollment into each of the two HFS conditions (Group versus Web); to stagger the delivery of web-based content and homework reminders; and to track the timing of the multi-wave, multi-method evaluation protocol. The HFS mobile website serves as the web-based condition for HFS participants, and includes all HFS content and program activities on a website that is also conducive to mobile delivery. Please see the Annual Report from Year 1 providing a detailed description and sample screenshots from each of these products. The Administrative Console and HFS website were piloted successfully in Year 2.

In Years 3–6, the Administrative Console has been utilized to track participant enrollment into HFS; to automate the staggered delivery of web content to participants (e.g., Session 1 content is delivered on Day 1; Session 2 content is delivered on Day 8; Session 3 content is delivered on Day 15; and so on through Session 8); and to track the timing for follow-up evaluations with

participants as they complete the program (e.g., Post-HFS, 3-month, and 6-month). In Year 6, we worked with our technical partners at CHCR to implement an updated plan for long-term hosting and maintenance of the site. CHCR set up a new managed server and updated the code libraries and related tools for the technical platform to ensure continued secure and reliable site operations.

The HFS website is actively used by participants in the web-based HFS condition and as a supplement by HFS group participants. Participants in both study conditions ($N = 266$) have received access to the site (90 in the group condition; 176 in the web-based condition). Of the 266 participants given access to the website by the end of Year 6, 224 (84%) had created a user account and viewed site content at least once. This includes 93% of participants in the web-based condition ($N = 163$ of 176) and 68% of those in the group condition ($N = 61$ of 90).

To facilitate retrieval and evaluation of website usage data, we worked with our partners at CHCR to refine the data download files and create a secure online method through which we can obtain the website usage paradata from the site directly (rather than requesting that CHCR staff retrieve the data for us each time). This innovation improved the process of retrieving paradata, which affects both the regular review of website usage and the iterative development of procedures for converting the raw paradata into content-dosage variables for subsequent analyses.

We have made considerable progress on exploring the paradata gathered from participant usage of the website. HFS staff began with an immersive approach of examining the structure and content of successive downloaded CSV files and learning their patterns. To establish the meaning of various data elements, we created a codebook containing each page of the website and determined the mapping of paradata strings to their respective pages. We developed and tested various formulas and spreadsheet configurations for determining how many clicks and how much time participants spent on pages with program content each day they logged onto the site and over the course of their use of the site. Observing patterns in the paradata downloads over time informed decision making protocols for when the website data is unable to capture certain user behaviors (e.g., when a participant leaves the program website open in a browser window without clicking or navigating to another page).

Research assistants who were not familiar with the HFS curriculum generated baseline comparison data by working through the web-based program as if they were participants, making sure to interact with each page. Data from these test user profiles were reviewed for click events and time durations per page, then averages were calculated for each session and for the web-based program overall to act as reference ranges for content-dosage algorithms. Currently we are piloting an algorithm that compares click events and page duration against the reference ranges and calculates a subscore for each of the eight curriculum sessions, where 2 indicates the session was completed, 1 indicates the session was partially completed (e.g., participant visited only half of the pages for that session, or spent less time on a page than the reference range), and 0 indicates the session was not completed (e.g., participant didn't click on any of the session's content pages). Adding the eight session subscores together results in a content-dosage score with values from 0 to 16. This score once entered into SPSS can be used as a continuous variable, and after sufficient participant data has been collected, we will also be able to

determine percentile cutoffs to create categorical variables (e.g., frequent user, moderate user, minimal user) for subset analyses. As recruitment and data collection end in Year 7, we will finalize algorithms and procedures for converting the website data into content-dosage variables to use in analyses.

ii) Specific objectives

The primary activities of Aim 1 were completed in Years 1 and 2, resulting in the pilot-tested and fully operational HFS Administrative Console and HFS mobile website. Consistent with the Scope of Work, there are two objectives and related activities that continue throughout the study:

- **Participant usage of HFS website**
 - Continue providing participants access to the HFS website via the Administrative Console.
 - For enrolled participants, activate website and push notification system for homework reminders.
 - Monitor site for any implementation issues and modify as needed.
- **Retrieve and evaluate usage data after completion of program cycles**
 - Retrieve usage data from the secure site at timed intervals related to the group cohort or individuals' completion of the program.
 - Collect paradata from site usage (e.g., how many clicks or time on page translates to session completion) and transform to SPSS variables for analyses.

iii) Significant results or key outcomes

Participants have reported positive feedback about use of the website, with three particular features standing out: 1) the automatic notification system that provides reminders about the web-based program (e.g., *"They were helpful in reminding me that I had to start sessions and that new sessions were available, which I found myself looking forward to."* *"These reminders were extremely helpful for me. I have a busy schedule, so it was nice to be notified."*); 2) the ability for participants to engage with program content at convenient times for their schedule (e.g., *"This is extremely important since I do work full-time outside of the home and raise a child."* *"I was able to log on when convenient for my life."*); and 3) the ease of using the website (e.g., *"Easy to do anywhere."* *"I like that I could go back and review the sessions (which I did)."*)

Preliminary review of paradata from website usage indicates that in general, participants in the web-based condition spent more time on the website and viewed more session pages than did participants in the group condition. For example, 72% of participants in the web-based condition whose program cycles ended spent at least some time on the website for each of the 8 sessions. However, only 30% of group participants visited the site past Session 2. Participants in the web-based condition tended to interact with the site through reading the content and also actively engaging with it by typing responses to such exercises as stress check-ins, gratitude journal entries, and fill-in-the-blank questions. (For privacy reasons, the site was designed such that HFS staff cannot see what participants typed, only that click events took place on those pages.)

iv) Other achievements

Nothing to report.

v) Stated goals not met

All goals related to the development and field-testing of the Administrative Console and HFS mobile website have been met. The Administrative Console will continue to be used as a program management tool for tracking enrollment into and progress through HFS and the evaluation protocol. As participants enroll in HFS and real-time usage of the website continues until the intervention ends in Year 7, we will gather paradata usage of the website, refine usage algorithms, and apply this data as a proxy for participation in the web-based condition.

3.2.2. Goal 2: Train community providers to disseminate HomeFront Strong at their community sites

i) Major activities

To train community providers and disseminate HFS, we have established and supported a total of 9 community sites: Easterseals Michigan (Center Line, Southfield, Grand Rapids, Flint, Pontiac), VFW National Home (Eaton Rapids), a private practitioner (Ann Arbor), Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (Lansing), and St. Clair County Community Mental Health (Port Huron).

Our model for dissemination is as follows:

1. Meeting is held with potential partner agency to explain the study and discuss parameters of implementation.
2. MOU is negotiated and signed between University of Michigan and partner agency.
3. 2-day training is held with any providers at the partner agency interested in the HFS model.
 - Evaluation point: Pre/post training survey of all trainees
 - If Basic condition, two community providers are selected to lead the HFS group. If Enhanced condition, one community provider is selected to co-lead the group with HFS staff. Community provider(s) are selected in consultation with HFS staff and must have attended the 2-day training, be licensed by the state as a mental health provider, be covered under liability insurance, have a vested interest in military/veteran families, and able to commit to attending all sessions of the group.
4. Community provider completes University of Michigan IRB course (PEERRS).
5. ½ day focal training with community provider and HFS staff is held ~1 week prior to the start of a new group, with the focus on planning for the first session.
6. 8-week HFS group is launched at the community site.
7. During the group cycle, the community provider and HFS staff have weekly 90-minute coaching calls to review fidelity of the previous session, troubleshoot about specific issues for participants, and plan the next session. Of note, the HFS staff member leading the coaching calls watches a video of the session prior to the coaching call and provides personalized feedback to the group facilitators.
 - Evaluation point: After each session, the community provider completes a fidelity checklist to track completion of each of the key components for the session, as does the HFS staff co-leading the group. An HFS staff member external to the group also watches a video of the session and completes the fidelity checklist for comparison.

- Evaluation point: After completion of the group cycle, the community provider completes a survey and an interview with someone from our research team (independent of the coaching or training team) to evaluate the implementation process.

ii) Specific objectives

Consistent with the proposed Scope of Work for this Goal, the following objectives have been a focus in Year 6:

- **Engage community partners**
 - We continued to support ongoing partnerships with 9 community sites: Easterseals Michigan (Centerline, Southfield, Grand Rapids, Flint, Pontiac), the VFW National Home (Eaton Rapids), a private practitioner (Ann Arbor), Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI, Lansing), and St. Clair County Community Mental Health (SCCCMH, Port Huron).
 - To engage additional community sites, during the first half of Year 6 we hosted and attended outreach events with other community agencies and providers, focusing on geographical areas where we had already identified a number of potential participants. See Appendix A for further details about partner engagement efforts during Year 6.
 - In mid-March (Quarter 3), the state of Michigan issued a stay-at-home order due to COVID-19, and University of Michigan mandated a pause on all in-person contact associated with research projects. Our team moved to work-from-home and re-grouped on what activities could be continued virtually with the project.
 - Since that time, we have stayed connected with community site leadership and the HFS community therapists, and have provided regular updates about the program. As restrictions on human subjects research continued, we discussed with community sites the possible options for resuming our HFS in-person community groups. We reviewed the iterations of University of Michigan's protocols for research studies, as well as the protocols of our community sites, which we would also need to follow. At the time of this report, none of the community sites we have partnered with are hosting any in-person group services. For this and other related reasons, we have not resumed in-person community groups and do not expect to do so in the immediate future.
- **Conduct HFS training with community partners**
 - Training activities in the first half of Year 6 included 3 ½-day pre-group training sessions with community site facilitators prior to group launch ($N = 3$ facilitators, including 1 for the planned Southfield group subsequently canceled due to the pandemic), training of child team members to assist in the children's program ($N = 8$ trainees), and weekly coaching calls with facilitators providing HFS at 3 community sites ($N = 18$ coaching calls). See Appendix A for further details about Year 6 training activities.
 - A 2-day training was scheduled for 19–20 March 2020 in Grand Rapids, with 27 community providers expected to attend. Past trainings have been a successful

tool for identifying potential HFS facilitators, building coalitions with local agencies, and increasing awareness of HFS and the needs of military-connected families in local communities. Unfortunately, due to Michigan's stay-at-home orders beginning in mid-March, we had to postpone the training, with a plan to reschedule it when in-person activities could safely resume. We contacted all registered attendees and offered information about various resources for building cultural competency for mental health providers working with military populations.

- **Monitor fidelity of HFS implementation process with community providers**
 - In Year 6, 3 community sites completed group cycles with the program: first group cycle at Pontiac, third group cycle at Lansing, and third group cycle at Ann Arbor. To evaluate the training and implementation experience of community providers, we fielded post-group surveys and conducted post-group interviews with providers who facilitated a group ($N = 4$). During each of the group cycles, weekly fidelity checklists were also completed by group facilitators and an HFS staff member who had been trained in the HFS curriculum. In Year 6, we have continued preliminary analysis of the results of the provider surveys and fidelity checklists.
 - The Southfield site was scheduled to begin their third group cycle in Quarter 2 but had to be postponed unexpectedly because of changes at the site and availability of participants. The rescheduled Southfield group was slated to start during Quarter 3; however, the coronavirus pandemic disrupted those plans.
 - With the pause on in-person activity due to the pandemic, our team worked to refine and standardize elements of the facilitator coaching. After systematically reviewing session tapes and internal notes from groups conducted over the past several years, we developed standardized coaching notes for each session of HFS. The new formalized coaching notes highlight the clinical skills and evidence-based foundation of HFS and set clear expectations for facilitators in each session.

iii) Significant results or key outcomes

A total of 107 mental health providers have been trained in military family resilience and the HFS model during this study. This project has significantly increased the number of community mental health providers in Michigan with focal training in interventions for military and veteran families. The HFS intervention has been offered through 14 in-person groups at 7 community sites throughout Michigan. This work has increased the size of our dataset for evaluating the implementation of HFS and assessing training outcomes and fidelity of the model.

HFS training occurs across several levels. Providers first attend a 2-day HFS training workshop. For that training, community sites can elect to send any of their staff members, not just the staff expected to lead or co-lead the HFS groups. This inclusive training is a benefit to the community agencies looking to bring military and veteran families into their overall program focus. As a second step, about 1 week prior to a group, the providers who will be leading the HFS group participate in a ½ day training to review the first session, review the participants' pre-assessment data, and plan logistics of the group. Simultaneously, our staff trains site staff and volunteers who will be providing the Children's Program during the HFS group. A final area of ongoing

training centers on the weekly coaching calls held with group leaders after each HFS session to review the session and plan for the subsequent session.

Evaluation of training and dissemination at community sites occurs in the following three ways:

1. Pre- and post-training surveys

Pre and post-training surveys have been completed by the community providers ($N = 107$) who attended 2-day HFS trainings during this project. Community providers have universally reported high levels of satisfaction with the training. We have received post-training surveys from 98% of the providers trained. Percentages below indicate those who said they agreed or strongly agreed with the following statements:

- I would recommend this training to other colleagues: 100% ($N = 105$)
- I am satisfied with the materials and ideas presented in the training: 100% ($N = 105$)
- My clients will benefit from my use of the materials: 98% ($N = 101$ of 103)
- This training included effective practical suggestions that give me confidence in using the materials: 97% ($N = 102$ of 105)
- I can find a way to make these materials a regular and sustained part of my work: 96% ($N = 99$ of 103)
- This training will be helpful in my practice with military/veteran populations: 95% ($N = 99$ of 104)

Attendees trained also commented on the quality and usefulness of the HFS training:

- “The HomeFront Strong training exceeded my expectations! I advanced my knowledge of military/veteran culture, the unique challenges that this population faces, and gained practical and highly transferrable clinical skills to be used with this population as well as many other populations. Thank you so much for an engaging and helpful training!”
- “Practical and useful information and examples.”
- “I came into this training with very little background information on military families/veterans and feel more knowledgeable after this training.”
- “Well organized. Gave good examples of unique military needs.”
- “Practical specific methods, information, and tools to utilize in a group were very helpful.”
- “Excellent training! Very well presented and interesting.”

We conducted preliminary analyses in SPSS to review possible impacts of the training on knowledge and skills of the providers. Initial results continue to be encouraging. Community providers indicated how much they agreed with 24 specific statements before and after the training, using a 5-point scale ranging from strongly disagree = 1 to strongly agree = 5. As seen in Table 1 below, results of paired-samples t -tests showed that mean scores increased on each item, indicating that providers felt their skills and knowledge increased after the training in comparison to pre-training. Four findings to highlight include:

- I know how to help participants discover their own story about military/veteran life: mean score increased from 2.8 ($sd = 0.9$) to 4.2 ($sd = 0.7$); $t(89) = -14.750$, $p < .001$ ($N = 90$)

- I can teach the principles of HomeFront Strong: mean score increased from 2.3 (sd = 1.0) to 4.1 (sd = 0.8); $t(91) = -16.214, p < .001 (N = 92)$
- I can teach strategies for resilience: mean score increased from 3.5 (sd = 0.9) to 4.4 (sd = 0.6); $t(91) = -10.897, p < .001 (N = 92)$
- I can teach participants how to rate their stress levels: mean score increased from 3.9 (sd = 0.8) to 4.5 (sd = 0.5); $t(90) = -8.358, p < .001 (N = 91)$

Table 1. Providers' Perceived Changes in Knowledge and Skill: Post Survey as of End of Year 6

Content/Skill	Before HFS (<i>N</i> = 105) ¹	After HFS (<i>N</i> = 105) ¹	<i>t</i>	<i>p</i>
	Mean (sd)	Mean (sd)		
Understand military culture	3.3 (1.1)	4.2 (0.6)	-9.978	.000
Understand the unique needs of military and veteran spouses/partners	3.2 (1.1)	4.2 (0.5)	-11.257	.000
Can connect with military/veteran spouses and partners	3.4 (1.1)	4.1 (0.6)	-8.486	.000
Can effectively lead a group	3.7 (1.0)	4.1 (0.8)	-5.944	.000
Can teach the principles of HomeFront Strong	2.3 (1.0)	4.1 (0.8)	-16.214	.000
Can teach strategies for resilience	3.5 (0.9)	4.4 (0.6)	-10.897	.000
Can teach strategies for practicing gratitude	3.7 (0.9)	4.4 (0.6)	-9.115	.000
Know how to help participants discover their own story about military/veteran life	2.8 (0.9)	4.2 (0.7)	-14.750	.000
Can teach about the physiology of stress	3.8 (0.9)	4.3 (0.6)	-7.301	.000
Can teach participants how to rate their stress levels	3.9 (0.8)	4.5 (0.5)	-8.358	.000
Can teach participants about the connections between thoughts, feelings, and actions	4.0 (0.8)	4.5 (0.5)	-7.173	.000
Can teach participants how to identify their negative thoughts	4.0 (0.7)	4.5 (0.5)	-7.741	.000
Can teach participants how to Dispute their negative thoughts	3.8 (0.9)	4.5 (0.6)	-9.210	.000
Can teach participants how to Discover other perspectives	3.7 (0.9)	4.4 (0.6)	-9.694	.000
Can teach participants how to use Distraction from negative thoughts	3.8 (0.9)	4.5 (0.5)	-9.504	.000
Can teach participants how to identify "good" friends	3.9 (0.7)	4.5 (0.5)	-8.538	.000
Can teach participants about different kinds of social support	3.8 (0.8)	4.4 (0.6)	-7.730	.000
Can teach participants strategies for allowing difficult emotions	3.8 (0.9)	4.4 (0.6)	-8.423	.000
Know how to teach diaphragmatic breathing	3.7 (1.1)	4.3 (0.7)	-6.764	.000
Know how to teach affirmations, mantras, and mottos	3.8 (1.0)	4.4 (0.6)	-7.349	.000
Know how to teach progressive muscle relaxation	3.8 (1.0)	4.2 (0.8)	-5.678	.000
Know how to teach visualization	3.7 (1.0)	4.2 (0.7)	-6.678	.000
Know how to teach guided imagery	3.7 (1.0)	4.1 (0.8)	-5.969	.000
Know how to teach mindfulness	3.8 (1.0)	4.3 (0.6)	-6.752	.000

¹ Post surveys received from 105 providers; *t*-test results based on range of *N* = 89 to *N* = 95 due to missing responses.

2. Fidelity checklists

After each group session, facilitators complete a fidelity checklist to indicate whether and how well they covered each of 11–14 key concepts matched to the manualized curriculum. A trained HFS staff member who did not co-lead the group also completes a fidelity checklist based on reviewing an audio or video-recording of the session. These checklists are then discussed in coaching calls to help guide facilitators in their implementation of HFS.

As of the end of Year 6, we have received 100% of the fidelity checklists for every HFS session, for a total of 335 checklists (126 from community site facilitators, 95 from HFS staff co-leading groups, and 114 from HFS staff independently reviewing group recordings). Across 8 sessions per group, the facilitators and staff rated whether or not each of the key concepts were covered. For the 14 groups completed by the end of Year 6, 98% of checklist responses rated session concepts as covered, with the remainder rated as partially covered (1.2%) or, in very few instances, not covered (0.3%). HFS staff and community facilitators were in agreement about whether key concepts were covered in each session 99% of the time.

In Year 7, the fidelity checklist data will be used to further assess fidelity of implementation and adherence to the HFS manual and to guide iterative development of HFS training and facilitation.

3. Post-group survey and interview

Three group cycles at three community sites were completed in Year 6. Community site providers who facilitated a group during Year 6 ($N = 4$) completed the post-group survey and interview (overall total as of the end of Year 6 of 16 surveys and 16 interviews). Preliminary review of feedback from the 4 community site facilitators in Year 6 indicated high levels of satisfaction with the experience, similar to responses from previous years.

Based on the 16 surveys collected from community facilitators to date, all agreed or strongly agreed that:

- The 2-day training was helpful in preparing them to lead a group.
- The HFS Coach gave useful and constructive feedback during implementation.
- Coaching was important to implementing the group successfully.
- They would recommend the program to colleagues.

In post-group interviews conducted in Year 6, community site providers elaborated on the impact of the HFS training and coaching experience.

- “Knowing that I had all of the information, and that there were resources to turn to, and I was made aware of those resources ahead of time was helpful as I entered into the group. . . . I liked the manualization of it, but that it wasn’t completely manualized to the point that we couldn’t add our own spin on things. And then just getting more introduction and awareness to military life was also very interesting to me.”
- “I really enjoyed the structure and support and the concrete nature of the materials. I felt like I was given a great deal of guidance and exactly what to do,

which really minimized confusion but also minimized stress and pressure. . . . [Coaching] was really positive. It was always interesting to hear the patterns that [the coach] picked up on that we don't because we're in the midst of running it. And blocks of good feedback, [the coach] would point out things that she thought were so great that we said, and we didn't even remember that we said them."

Facilitators in Year 6 also noted how they saw the program making a difference in the lives of the participants over the course of the group sessions.

- "At the start they (participants) were all very busy with different things and kids and other activities, but the use of the 'what went well' [exercise] was a really easy thing for them to grasp, and by the end they were naturally applying it. And it became more of a routine, as well as the thought circle and the overall idea of thoughts connecting to feelings which connected to actions, which was really powerful for them."
- "One of our participants, who outwardly was very functional but her pre-testing and evaluation made it clear that she was really struggling emotionally with anxiety and depression, she took all of the grounding strategies seriously. And she came to a deep understanding of the connection between her thoughts and her feelings—one that she never had before. So we saw her really transform to being able to manage rising stress in the moment, to being able to communicate more effectively with others, and internally to process her own thinking and feelings and to make appropriate adjustments. I think that it's going to be pivotal for her. . . . And the shift I think for her was life changing on a day-to-day basis."
- "As we went along as the group progressed, the women seemed to bond more, and they started using the techniques that were offered. . . . The thought circles, switching out their thoughts and changing them to a more positive—there was one [participant] that felt like she was left out of the whole process of her husband being in the military. And so she switched it (her narrative) and she was happier about the new thoughts that she had regarding that, and she didn't feel left out. She knew she had no control over his situation, but she did have control over her own life. And so she came out of it with a more positive outlook."

Further analyses of the post-group survey and interview data will take place in Year 7.

iv) Other achievements

Nothing to report.

v) Stated goals not met

Our progress on this goal was steady before the pandemic required us to pause training and research activities involving in-person contact. Thus far, our goals for training have been met. However, we had planned for additional in-person groups and opportunities for new community sites and community provider training. At the end of Year 6, we began engaging in the University of Michigan process required to reactivate human subjects research involving in-person contact with participants, which affects provider trainings, outreach and recruitment, and the in-person HFS groups. Considering the current status and uncertain trajectory of the pandemic, related policies and restrictions, strong consideration for the safety of participants and

staff, and the short timeline remaining for HFS recruitment, we determined that we are unable to resume holding community provider trainings or HFS groups. In Year 7, we will complete the final wave of recruitment for the web-based condition and collect data as participants move through the program and assessment protocol.

3.2.3. Goal 3: Evaluate outcomes of group vs. web-based HFS in a sample of 321 military and veteran spouses/partners and their children

i) Major activities

Throughout Year 6, activities for Goal 3 continued with a diverse array of outreach strategies, steady recruitment of participants into the study, and participants then self-selecting into either 1) the in-person group condition or 2) the web-based condition. This quasi-experimental design with self-selection into intervention condition and the option of a web-based intervention meant that the study could safely continue even through the pandemic and shut-down orders because all activity could be done virtually without direct in-person contact. Below is a summary of our Year 6 major activities across the areas of outreach and partner engagement, which are avenues to participant recruitment.

Our team has developed a strategic plan for outreach and recruitment that includes partner engagement (e.g., Michigan National Guard, Michigan Veterans Affairs Agency, Regional Veteran Community Action Teams, Star Behavioral Health Providers, Ann Arbor VA, and Blue Star Families) and direct recruitment of participants at military and veteran-focused events (Yellow Ribbon events, NG Family Programs Conference, Family Readiness Groups, VA events, community-led veteran events, social media). In Quarters 1 and 2 of Year 6, we continued to expand and update our community mapping strategy for cities identified as locations for imminent groups, and we canvassed those areas with program and recruitment information. In Quarters 3 and 4, COVID-19 restrictions required us to pause our usual in-person outreach, and we shifted to virtual attendance at outreach events, greater use of social media, and more electronic contacts with partners.

We have a Memorandum of Understanding with the Michigan National Guard (MING) to provide assistance in direct recruitment of National Guard families into the program. Through this collaboration, we can make information about the HFS program more readily accessible to currently serving military families than was possible in the initial years of this program. For example, through the direction of the Michigan Army National Guard Chief of Staff (MING CoS) and our active participation on the Community Health Promotion Council, in Quarter 1 we promoted the HFS program through direct emails with armory commanders. In Quarter 2, we met with command staff to discuss strategic planning for calendar year 2020, including renewal of Strong Bonds events and other recruitment efforts. We also promoted the HFS program through direct emails and calls with MING CoS and Joint Force Headquarters command staff. In Quarter 3, previously scheduled in-person meetings with MING CoS, Assistant Adjutant General, and the Chaplain Corps were transitioned to phone and video meetings to plan further outreach efforts with Michigan National Guard service members. Of key concern to the CoS was the importance of this outreach while many units were mobilized to build field hospitals and assist with virus screening. She offered to increase her efforts to provide information about HFS

to MING service members through a top-down command dissemination. The Michigan National Guard was then mobilized on 22 May in response to 500-year flooding in Midland County and again on 31 May in response to protests and cleanup efforts across the state. More recently another 500 Michigan National Guardsmen were mobilized to Wisconsin. The mobilization of the National Guard for simultaneous statewide and national concerns has a potential impact on spouses and romantic partners, and our efforts to reach these individuals will continue until recruitment ends.

In Year 6, we made strides in connecting with Marine Corps Reserve, Army Reserve, and Coast Guard units. For example, during Quarter 2, at the invitation of Marine Corps Reserve command staff, we briefed service members about the program at the Marine Reserves medical stand-down in Lansing. In Quarter 2, we also held meetings with the commander of a Coast Guard Station to help him prepare for a command briefing on the program. Planned in-person events with these branches and components were hindered by the pandemic; however, electronic communication and sharing of program resources continued.

Over the past several years, our team has worked to build relationships with the Michigan Veterans Affairs Agency (MVAA) and its staff and leadership. We have found great success working with the new director, appointed in June 2019, in building a coalition to bring services to military service members/veterans and their families. In Year 6, we worked with MVAA leadership to coordinate a large-scale mailing campaign featuring the HFS brochure and a letter from the MVAA Director endorsing the program, with an anticipated reach of about 16,500 veterans in Michigan born after 9/11/1983 (a method used by MVAA to focus on veterans who may have served Post-9/11). We expected the campaign to begin in mid-March and occur in batches of about 3,300 mailings each week across 5 consecutive weeks. Planned dissemination dates unfortunately coincided with the beginning of the statewide COVID-19 stay-at-home orders, which necessitated a partial change in plans. We mailed almost 6,000 brochures and letters in 3 batches during Quarter 3. As the stay-at-home orders continued, we coordinated a plan with MVAA leadership for the remaining 10,500+ mailers, which were mailed in 4 installments during Quarter 4. To date, we have received over 95 direct reach contacts from individuals who received a mailer and were interested in enrolling in HFS. The MVAA mailers were directly responsible for a record month of enrollments during Quarter 4 ($N = 31$). In addition, through conversations with many of the individuals who contacted us, it became clear that this form of outreach was useful in connecting with people who had never heard of our program despite it being operational for 8 years.

When COVID-19 restrictions on in-person activities began in mid-March, we quickly increased outreach through other virtual means. For example, we posted information about HFS on Facebook pages and Podio platforms of military-connected organizations and the state-wide Veteran Community Action Teams (VCATs). To connect with community providers, we reached out with individual messages to mental health providers in Grand Rapids, Lansing, and Southfield with information about HFS as a resource for military families these providers serve. Members of the HFS team attended virtual outreach events and trainings to learn more about resources dedicated to supporting military and veteran families during the pandemic. We used Facebook's tagging feature to tag military/veteran organizations in Michigan and encouraged other Facebook sites to share our information on their pages and platforms. Through our

Facebook page, quarterly newsletter, and emails, we shared information with HFS participants and potential participants. We also conducted two Facebook advertising campaigns to reach out to spouses/partners who may be seeking a resiliency program they could complete at home.

As our team continued to work from home during Quarter 4, we developed another virtual outreach method that showed early success through a collaboration with a national financial institution headquartered in Michigan, Rock Financial/Quicken Loans. Many large organizations have employee engagement groups (EEGs) to reach a variety of diverse employees. After identifying organizations with large veteran and military spouse EEGs, we discussed HFS outreach with the human resources staff in charge, and Rock Financial/Quicken Loans disseminated information to all their Michigan employees in the Veteran/Military EEG. Within 24 hours of this information posting on the employee electronic boards, the HFS team began to receive direct contacts from interested participants, which are expected to result in additional enrollments.

While COVID-19 restrictions required us to postpone some of our usual in-person outreach, we were creative in identifying other approaches that could be conducted virtually. In Year 6, we attended 43 outreach events, sent over 1,800 emails, and mailed brochures to nearly 17,000 military and veteran families. See Appendix B (Outreach Activity, Year 6) for a comprehensive list of outreach activities in this funding year. We also continued to distribute quarterly newsletters to help increase connections with partners and with current and potential participants (see Appendix E for Year 6 newsletters).

ii) Specific objectives

Consistent with the proposed Scope of Work for this Goal, work on the following objectives has continued in Year 6:

- **Partner outreach and engagement**
 - Partnerships continue to be established and maintained with local and state-level military/veteran organizations. HFS staff members have attended individual and group meetings (in person and virtually in Year 6) to promote the HFS program and to share recruitment information.
 - In Years 3–5, we established and updated a comprehensive community mapping of all resources (schools, pediatricians, libraries, media, public message boards, etc.) for locations targeted for HFS groups. In Year 6, we continued to make changes to this knowledge base of resources and expanded into more possibilities for virtual outreach after COVID-19 stay-at-home orders began.
 - In Quarters 1 and 2 of Year 6, outreach activities targeted areas planned for group sites. When shutdown orders were given in March, we pivoted to focus on virtual outreach activities.
- **Recruitment and enrollment of participants**
 - In Year 6, we worked closely with our Science Officer, Dr. Claudio Ortiz, to track recruitment goals and plan phasing of the study in areas of recruitment, intervention, and analyses. With an approved Statement of Work, we revised our final recruitment target to 321 (from 360). The graph in Appendix D shows

projected and actual recruitment at the end of Year 6. We are well within reach of the final recruitment goal.

- Year 6 Enrollment:

Q1: 21	Sept. 2019: 12	Oct. 2019: 8	Nov. 2019: 1
Q2: 14	Dec. 2019: 2	Jan. 2020: 2	Feb. 2020: 10
Q3: 11	March 2020: 4	April 2020: 4	May 2020: 3
Q4: 31	June 2020: 0	July 2020: 22	Aug. 2020: 9
Year 6 total: 77			
Overall total: 312			
- As seen above, our recruitment and enrollment in Year 6 started off steady, with 21 participants enrolled in Quarter 1 and 14 in Quarter 2, a historically lower quarter because of the winter holidays.
- The pandemic and stay-at-home orders occurred early in Quarter 3 of this year, but fortunately have not had a negative impact on enrollment. The consent and assessment procedures for this study take place virtually (by phone and online), so even with restrictions on in-person research activities, we were able to continue enrolling participants into the program. Our standard study design is quasi-experimental, where participants can self-select into either 1) an in-person HFS group or 2) a web-based program with HFS content. With the restrictions in place, potential participants were offered the same intervention choices, but were told groups were on pause until it was determined safe to resume in-person activity. All but 1 of the 42 participants who enrolled in HFS since mid-March chose the web-based program. Recruitment in Quarter 3 dipped during the first months of the pandemic ($N = 11$) but surged in Quarter 4 with a record high ($N = 31$).
- See Appendix C, Cumulative Recruitment Flowchart, for detailed numbers of activity during Year 6 and overall (Years 3–6 combined) to date. A summary appears below.
 - ◆ Overall, 489 individuals have been screened for eligibility, 312 enrolled, and 292 were allocated to a condition, either HFS group (101 + 14 who withdrew or were unreachable before intervention) or HFS web-based (176 + 1 who withdrew before intervention).
 - ◆ During Years 3–6, 742 individuals indicated their interest in participating in HFS (e.g., by signing up at outreach events, contacting staff after learning about HFS through other people or venues). Of these, 66% ($n=489$) progressed to the next stage of recruitment after being screened for eligibility and continued interest in participating. The remainder are being contacted periodically by HFS staff for screening (3%, $n=23$) or were unreachable or unresponsive after multiple attempts (31%, $n=230$).
 - ◆ The majority of potential participants screened, both this year and overall, have enrolled into the program (this year: 76%, $n=77$ of 101; overall: 64%, $n=312$ of 489). The remaining screened individuals were excluded due to ineligibility (e.g., not spouse/partner, not Post-9/11, out of state) or other reasons (e.g., no longer interested, unreachable or unresponsive).
 - ◆ Self-selections into study conditions this year resulted in net totals of 101 participants in the HFS group condition and 176 in the HFS web-based condition.

- **Conduct pre-, post-, 3-month, and 6-month follow-up assessments with participants**
 - Collection of assessment data continued this year as participants in the group and web-based conditions completed their HFS program cycles. During Year 6, a total of 59 participants out of 67 (88%) who were time-eligible completed the post-HFS survey (86% group; 89% web-based); 52 out of 63 (83%) who were time-eligible completed the 3-month survey and interview (82% group; 83% web-based); and 60 out of 71 (85%) who were time-eligible completed the 6-month survey (84% group; 85% web-based). Please see Tables 2 and 3 below (Condition Status; Assessment Response Rates) for additional data collection details, including assessment status and response rates of time-eligible participants overall and by condition.

Table 2. Condition Status as of End of Year 6		
Status	N	%
Group Condition		
Group start pending	11	10.9%
Group in progress	0	0.0%
Group ended	90	89.1%
Group Subtotal	101	100.0%
Website Condition¹		
Online program in progress	27	15.3%
Online program ended	149	84.7%
Website Subtotal	176	100.0%
Overall		
Program start pending	11	4.0%
Program in progress	27	9.7%
Program ended	239	86.3%
Total	277	100.0%
¹ Participants in the website condition can begin the program without waiting for a group to start, thus no "pending" status.		

Table 3. Overall Assessment Response Rates as of End of Year 6¹

Assessment	Group Condition		Website Condition		Overall	
	N	%	N	%	N	%
Post (Survey)						
Invited (window opened)	90	—	149	—	239	—
Completed	78	86.7%	128	85.9%	206	86.2%
Not completed, window still open	0	0.0%	3	2.0%	3	1.3%
Not completed, window closed	12	13.3%	18	12.1%	30	12.6%
<i>Window not open yet</i>	11	—	27	—	38	—
3-Month (Survey, Interview)						
Invited (window opened)	90	—	134	—	224	—
Completed 2 parts	73	81.1%	94	70.1%	167	74.6%
Completed 1 part, window still open	0	0.0%	1	0.7%	1	0.4%
Completed 1 part, window closed	2	2.2%	5	3.7%	7	3.1%
Neither completed, window still open	0	0.0%	2	1.5%	2	0.9%
Neither completed, window closed	15	16.7%	32	23.9%	47	21.0%
<i>Window not open yet</i>	11	—	42	—	53	—
6-Month (Survey)						
Invited (window opened)	90	—	122	—	212	—
Completed	76	84.4%	94	77.0%	170	80.2%
Not completed, window still open	0	0.0%	1	0.8%	1	0.5%
Not completed, window closed	14	15.6%	27	22.1%	41	19.3%
<i>Window not open yet</i>	11	—	54	—	65	—

¹ Study is ongoing, so percentages reflect only participants who reached program end and related assessment timepoints by the end of Year 6.

iii) Significant results or key outcomes

Below we describe a selection of preliminary results based on the sample of participants engaged in the study at this point. These findings are preliminary in nature as the study is ongoing, with the current sample size less than projected for the final outcomes.

Demographics and Descriptives (Pre-HFS)

Participants who enrolled and were allocated to a study condition completed the pre-HFS survey, which includes such questions as demographics, military background of the spouse/partner, and established measures of multiple mental health and wellness constructs. Participants self-select into a study condition (HFS group or web-based). General demographics and military background are fairly comparable across the group and web-based conditions. However, as the sample currently stands, differences of 10–15 percentage points occur in a few areas, e.g., more in the group condition have children (84.2% for group vs. 68.8% for web-based); more in the web-based condition work full-time (59.1% for web-based vs. 30.0% for group); and more in the web-based condition have spouses/partners who had never or not yet deployed at the time participants enrolled (24.1% for web-based vs. 14.1% for group). As recruitment continues, these and other relative percentages may change as the sample size increases. Please see Tables 4 and

5 below for further details from the pre-HFS survey, including the breakdown by group and web-based conditions ($N = 101$ and 176 , respectively).

General demographics of the sample to date ($N = 277$), include:

- *Age*: mean of 33.3 years old ($SD = 7.5$, range = 18–64)
- *Gender*: majority are female (97.5%)
- *Ethnicity*: majority are Caucasian (84.4%)
- *Marital status*: majority are married (83.3%)
- *Children*: majority have children (74.4%)

Military background of their spouse or partner:

- *Current military status*: majority are currently serving in the military (60.1%); remainder are veterans (39.9%)
- *Deployment*: majority have deployed in the past but are not currently deployed (72.2%); of those, most have deployed 2 or more times (60.4%)

Table 4. General Demographics: Pre Survey as of End of Year 6

	Group Condition (<i>N</i> = 101) ¹		Website Condition (<i>N</i> = 176) ¹		Overall (<i>N</i> = 277) ¹	
Characteristic	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Age (years)						
Mean	33.8 (SD = 6.8)		33.0 (SD = 7.9)		33.3 (SD = 7.5)	
Range	19–59		18–64		18–64	
Mode	29 (9.0%)		28 (8.5%)		28 (8.3%)	
Gender						
Female	101	100.0%	169	96.0%	270	97.5%
Male	0	0.0%	7	4.0%	7	2.5%
Ethnicity						
Caucasian	85	84.2%	148	84.6%	233	84.4%
African American	2	2.0%	11	6.3%	13	4.7%
Hispanic	4	4.0%	5	2.9%	9	3.3%
Asian American	0	0.0%	1	0.6%	1	0.4%
Native American	1	1.0%	0	0.0%	1	0.4%
Multi-ethnic	9	8.9%	10	5.7%	19	6.9%
Marital Status						
Married	91	90.1%	139	79.4%	230	83.3%
Unmarried, cohabitating	10	9.9%	23	13.1%	33	12.0%
Committed relationship, not cohabitating	0	0.0%	11	6.3%	11	4.0%
Divorced	0	0.0%	2	1.1%	2	0.7%
How Long in Committed Relationship with Current Spouse/Partner (years)						
Mean	9.7 (SD = 5.9)		8.2 (SD = 6.1)		8.8 (SD = 6.1)	
Range	1–28		0.5–45		0.5–45	
Mode	10 (11.0%)		10 (9.1%)		10 (9.8%)	
Children and Parenting						
Has children	85	84.2%	121	68.8%	206	74.4%
Number of children under 18 living in home (of those with children)						
Mean	2.5 (SD = 1.4)		2.0 (SD = 1.1)		2.2 (SD = 1.2)	
Range	0–7		0–6		0–7	
Mode	2 (42.9%)		2 (41.3%)		2 (42.0%)	
Stepparent (of those with children)	17	20.5%	36	29.8%	53	26.0%
Single parent (of those with children)	1	1.2%	6	5.0%	7	3.4%

¹ Due to missing responses, age based on *N* = 100 for group and *N* = 276 overall; ethnicity and marital status based on *N* = 175 for website and *N* = 276 overall; length of relationship based on *N* = 100 for group, *N* = 175 for website, and *N* = 275 overall; number of children in home and single parent based on *N* = 84 for group and *N* = 205 overall; stepparent based on *N* = 83 for group and *N* = 204 overall.

Table 4, continued. General Demographics: Pre Survey as of End of Year 6

Characteristic	Group Condition (<i>N</i> = 101) ¹		Website Condition (<i>N</i> = 176) ¹		Overall (<i>N</i> = 277) ¹	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Region of Residence						
Southeastern Michigan	45	45.5%	77	43.8%	122	44.4%
Western Michigan	22	22.2%	53	30.1%	75	27.3%
Central Michigan	31	31.3%	31	17.6%	62	22.5%
Northern Lower Peninsula	1	1.0%	12	6.8%	13	4.7%
Upper Peninsula	0	0.0%	3	1.7%	3	1.1%
Residential Environment						
Urban	19	19.0%	27	15.4%	46	16.7%
Suburban	52	52.0%	87	49.7%	139	50.5%
Rural	29	29.0%	61	34.9%	90	32.7%
Highest Level of Education						
Some high school	1	1.0%	3	1.7%	4	1.4%
High school diploma or GED	6	5.9%	10	5.7%	16	5.8%
Some college	22	21.8%	44	25.0%	66	23.8%
Technical certificate or Associate's degree	14	13.9%	37	21.0%	51	18.4%
Bachelor's degree	41	40.6%	49	27.8%	90	32.5%
Graduate degree	17	16.8%	33	18.8%	50	18.1%
Employment (totals greater than 100% because participants could choose more than one response)						
Working full-time	30	30.0%	104	59.1%	134	48.6%
Working part-time	23	23.0%	25	14.2%	48	17.4%
Homemaker	41	41.0%	43	24.4%	84	30.4%
Student	20	20.0%	23	13.1%	43	15.6%
Unemployed, looking for work	8	8.0%	6	3.4%	14	5.1%
Unemployed, not looking for work	4	4.0%	7	4.0%	11	4.0%
On disability	1	1.0%	4	2.3%	5	1.8%
On maternity or paternity leave	2	2.0%	2	1.1%	4	1.4%
On illness or sick leave	1	1.0%	2	1.1%	3	1.1%
Other (e.g., caregiver for spouse)	10	10.0%	13	7.4%	23	8.3%
Annual Family Income						
Below \$20,000	7	7.0%	5	2.9%	12	4.4%
\$20,001 to \$30,000	9	9.0%	14	8.0%	23	8.4%
\$30,001 to \$40,000	8	8.0%	24	13.7%	32	11.6%
\$40,001 to \$50,000	12	12.0%	27	15.4%	39	14.2%
\$50,001 to \$75,000	27	27.0%	44	25.1%	71	25.8%
\$75,001 to \$100,000	16	16.0%	30	17.1%	46	16.7%
\$100,001 to \$125,000	15	15.0%	20	11.4%	35	12.7%
Over \$125,000	6	6.0%	11	6.3%	17	6.2%

¹ Due to missing responses, region of residence based on *N* = 99 for group and *N* = 275 overall; residential environment based on *N* = 100 for group, *N* = 175 for website, and *N* = 275 overall; employment based on *N* = 100 for group and *N* = 276 overall; income based on *N* = 100 for group, *N* = 175 for website, and *N* = 275 overall.

Table 5. Military Background of Spouse/Partner: Pre Survey as of End of Year 6

Characteristic	Group Condition (<i>N</i> = 101) ¹		Website Condition (<i>N</i> = 176) ¹		Overall (<i>N</i> = 277) ¹	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Current Military Status						
Serving in the military	61	61.0%	105	59.7%	166	60.1%
Veteran	39	39.0%	71	40.3%	110	39.9%
Deployment						
Never or not yet deployed	14	14.1%	42	24.1%	56	20.5%
Currently deployed	6	6.1%	14	8.0%	20	7.3%
Past deployment	79	79.8%	118	67.8%	197	72.2%
Number completed (for those deployed in past but not currently deployed)						
1	36	45.6%	42	35.6%	78	39.6%
2	16	20.3%	35	29.7%	51	25.9%
3	12	15.2%	20	16.9%	32	16.2%
4 or more	15	19.0%	21	17.8%	36	18.3%
Military Branch (totals greater than 100% due to some having served in more than one)						
Active Duty: Army	44	44.0%	65	36.9%	109	39.5%
Active Duty: Navy	3	3.0%	9	5.1%	12	4.3%
Active Duty: Air Force	5	5.0%	16	9.1%	21	7.6%
Active Duty: Marines	7	7.0%	22	12.5%	29	10.5%
Active Duty: Coast Guard	1	1.0%	4	2.3%	5	1.8%
National Guard: Army	42	42.0%	74	42.0%	116	42.0%
National Guard: Air Force	9	9.0%	22	12.5%	31	11.2%
Reserve: Army	15	15.0%	16	9.1%	31	11.2%
Reserve: Navy	0	0.0%	5	2.8%	5	1.8%
Reserve: Air Force	1	1.0%	2	1.1%	3	1.1%
Reserve: Marines	0	0.0%	4	2.3%	4	1.4%
Reserve: Coast Guard	1	1.0%	1	0.6%	2	0.7%

¹ Due to missing responses, military status and military branch based on *N* = 100 for group and *N* = 276 overall; deployments based on *N* = 99 for group, *N* = 174 for website, and *N* = 273 overall.

Mental Health Adjustment (Pre-HFS)

About 31% of participants in the current sample reported symptoms of anxiety and 30% reported symptoms of depression at levels that would warrant clinical concern (i.e., meeting or exceeding cutoffs for symptoms of moderate anxiety or depression on the Generalized Anxiety Disorder Screener or the Patient Health Questionnaire, respectively). See Table 6 below for more information.

Table 6. Mental Health: Pre Survey as of End of Year 6

	Group Condition (N = 101) ¹		Website Condition (N = 176) ¹		Overall (N = 277) ¹	
Characteristic	N	%	N	%	N	%
Anxiety Symptoms (based on GAD-7 ¹ score)						
Mean	8.3 (SD = 5.5)		6.7 (SD = 5.5)		7.3 (SD = 5.6)	
Range	0–21		0–21		0–21	
Mode	8 (9.9%)		0 (11.9%)		0 (9.7%)	
Interpretation (total possible = 21; scores of 10 or greater indicate clinically significant symptoms)						
No or minimal anxiety (scores 0–4)	29	28.7%	75	42.6%	104	37.5%
Mild anxiety (scores 5–9)	32	31.7%	56	31.8%	88	31.8%
Moderate anxiety (scores 10–14)	27	26.7%	25	14.2%	52	18.8%
Severe anxiety (scores 15–21)	13	12.9%	20	11.4%	33	11.9%
Depression Symptoms (based on PHQ-9 ² score)						
Mean	7.6 (SD = 5.8)		6.8 (SD = 6.0)		7.1 (SD = 5.9)	
Range	0–22		0–27		0–27	
Mode	3 (11.9%)		0 (11.4%)		0 (10.1%)	
Interpretation (total possible = 27; scores of 10 or greater indicate clinically significant symptoms)						
No or minimal depression (scores 0–4)	38	37.6%	85	48.3%	123	44.4%
Mild depression (scores 5–9)	30	29.7%	41	23.3%	71	25.6%
Moderate depression (scores 10–14)	19	18.8%	27	15.3%	46	16.6%
Moderately severe depression (scores 15–19)	8	7.9%	16	9.1%	24	8.7%
Severe depression (scores 20–27)	6	5.9%	7	4.0%	13	4.7%
Suicidality (numbers indicate “Yes” responses)						
Thought about committing suicide in the last 12 months	13	12.9%	13	7.4%	26	9.4%
Attempted suicide in the last 12 months	1	1.0%	1	0.6%	2	0.7%
Ever seriously thought about committing suicide	26	25.7%	33	18.8%	59	21.3%
Ever attempted suicide	14	13.9%	10	5.7%	24	8.7%

¹ Generalized Anxiety Disorder Screener (GAD-7): Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166, 1092–1097.

² Patient Health Questionnaire (PHQ-9): Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16, 606–613.

Suicide is also a primary variable of interest in the mental health domain. In this sample, 9% of participants indicated they had thoughts about committing suicide in the last 12 months (13% group, 7% web), with 1% of participants (1% group, 1% web) reporting attempts in the past year. When considering lifetime prevalence of suicidality, 21% reported ever seriously thinking about suicide (26% group, 19% web), while 9% of the sample indicated at least one suicide attempt in their lifetime (14% group, 6% web).

On measures of mental health, participants in the group condition tended to indicate greater symptoms of anxiety, depression, and suicidality risk factors than those in the web-based condition. As these are still preliminary analyses at this stage of the study, it is possible that the inter-subsample differences on the mental health measures will change as the number of participants in each condition changes. In Year 7 as recruitment and data collection end, we will continue checking for possible significant differences between the conditions based on the pre-HFS assessment. We will also consider other variables of interest, including post-traumatic stress, family stress, and alcohol use, as well as characteristics of resilience, such as life satisfaction, life engagement, optimism, and social support.

Satisfaction with HFS – Post-HFS

After completing the HFS group or the 8-week window for the web-based condition, participants are asked to complete a Post-HFS assessment. As of the end of Year 6, 206 out of 236 participants (87%) who were time-eligible completed the Post-HFS assessment (87% of the group condition; 88% of the web-based condition). Preliminary review of post-HFS survey responses indicates high levels of satisfaction with the program. 93% of participants thought that HFS was helpful (99% of the group condition, 90% of the web-based condition). 99% of participants would recommend HFS to other military/veteran spouses or partners (100% for the group condition; 98% for the web-based condition).

In open-ended questions on the Post-HFS survey, participants were asked to provide feedback about their experiences with HFS. Many found the program helpful due to the coping and self-care skills they acquired and incorporated into everyday life, which benefited themselves and their families:

- “It helped me to identify stressors in my life and create positive coping mechanisms to handle everyday stress and larger stressful events. I feel much calmer and better equipped to handle everything that is going on right now—to include deployment stress and pandemic stress.”
- “I am absolutely in love with the stress tracker and the gratitude and remembering to use a mantra to get myself through the day. I miss the class and wish I could do it every Monday forever!”
- “It caused me to do a lot more self-reflection than I would have done otherwise. HomeFront Strong made me pause and think about my husband’s perspective more than my own.”
- “It helped include SO MANY life tips and topics that I could relate to and share with my family. We had (family) meeting sessions that aligned with the HomeFront Strong sessions to discuss how we could incorporate these skills into our everyday lives. My family is doing SO MUCH better since we first started.”

- “As military spouses, we have to cope with a different type of stress and it’s always better to be prepared and educated.”
- “Incredibly helpful to re-work the story I tell myself about my (military) service, my husband’s (military) service and our time after separating from the military in a more positive light. Super helpful to be with people with shared experiences.”

Group participants gave feedback about the strengths of the in-person HFS groups, and in particular, the opportunity to connect with others:

- “It gave me tools to use to help with stress and everyday life. I feel less alone and hopefully helped me make friends. It’s an amazing program, every military spouse should get the opportunity to do a course like this.”
- “I loved having the chance to connect with others, and learn together as a group the different strategies HomeFront Strong provided.”
- “It offered me the opportunity to open up about our during- and post-military life and know I was not alone. It also offered me many invaluable tools to help me work through the many tough situations that come along with being the wife of a veteran as well as things I went through in the past as an Army wife.”
- “I loved the in-person interaction, and just the chance to talk with others in similar situations, who aren’t in my boyfriend’s unit.”
- “Being able to talk to someone who is or has gone through similar experiences is invaluable.”

Group participants whose children attended the child program found it to be a great opportunity for their children to meet others in military families and to learn new skills:

- “I feel it really gave me and my children amazing coping mechanisms and offered us a sense of military community close to home that we never had (especially my children) as a National Guard family.”
- “My daughter really loved the kids program and asks to go back even though it’s over.”
- “My kids loved it so much. They begged to go every week. They would practice their strategies and tell me about it. They never wanted to leave.”
- “I was very pleased! My children were happy and excited to attend and I knew I didn’t have to worry about them while they were with the wonderful ladies managing it. I also am pleased with their take-away.”
- “My kids learning the breathing technique has been a godsend! We use it a lot at home.”

Web-based participants also shared feedback about the strengths of the HFS web-based program:

- “I thought all of the HomeFront Strong curriculum was delivered in the appropriate way and the perfect amount. I appreciated that it was not too time consuming and it had good ideas. I loved that I could go through it in the comfort of my own home and I did not need to travel to a location.”
- “I believe it was helpful, both for my personal and professional life. It helped me personally to help manage my stress, especially during the trying times presented with changes during the pandemic. Professionally, I gained tools that I can share in my work with families at the school I work at.”

- “I enjoyed everything about it but my favorite thing was the audios on Grounding Strategies at the end of each module. . . . I also liked the resources page on the site; probably the most condensed list of resources for veterans/military family, which I appreciate because it can be confusing to find resource lists through Google and such.”
- “It taught me about new ideas and methods that I didn’t know about, such as Progressive Muscle Relaxation and Visualization. Also it was helpful in giving me tips/guidance on how to deal with difficult life situations and mindsets.”
- “I like that I was able to print all the sessions and I now have a folder. I liked the breathing exercises.”
- “Gave me a chance to sit down and actually think about feelings and how I cope and try to see where I can improve for my own self.”
- “I really enjoy the content and feel like I gained things out of it. I’m still working on certain things, but I am glad I can go back and reference the materials when I’m in need.”

Web-based participants also shared suggestions for improving the web-based program:

- “It would be nice if there was also an online group component. I found the lessons were quick and needed some conversation for the topic to really sink in.”
- “I would’ve liked to have discussions about the material.”
- “A discussion board for the online program.”
- “Possibly videos or group chats.”

Pre-Post Knowledge Changes

The Post-HFS assessment includes a set of questions that assess changes in knowledge and skills across the key topic areas covered in the HFS curriculum. Participants indicate how much they agree/disagree with 19 specific statements before and after the group, using a 5-point scale ranging from strongly disagree = 1 to strongly agree = 5. We conducted preliminary analyses of the overall sample, electing to defer analyses between conditions since data collection is ongoing and the sample size is not at the expected total. As seen in Table 7 below, results of paired-samples *t*-tests showed that mean scores increased on each item, indicating that participants felt they had greater knowledge and skills in core areas after participating in HFS.

Table 7. Participants' Perceived Changes in Knowledge and Skill: Post Survey as of End of Year 6

Content/Skill	Before HFS (<i>N</i> = 206) ¹	After HFS (<i>N</i> = 206) ¹	<i>t</i>	<i>p</i>
	Mean (SD)	Mean (SD)		
Confidence in my ability to be resilient	3.4 (1.0)	4.3 (0.6)	−13.170	.000
Knew how to practice gratitude	3.6 (1.0)	4.5 (0.6)	−12.091	.000
Knew my own story about military/veteran life	3.8 (1.1)	4.3 (0.7)	−7.350	.000
Understood the physiology of stress	3.5 (1.0)	4.3 (0.6)	−11.505	.000
Knew how to rate my level of stress	2.9 (1.2)	4.4 (0.6)	−16.391	.000
Could identify how my thoughts, feelings, and actions were connected	3.2 (1.0)	4.4 (0.6)	−14.936	.000
Knew how to identify my negative thoughts	3.4 (1.0)	4.3 (0.6)	−11.458	.000
Knew how to Dispute my negative thoughts	2.8 (1.2)	4.3 (0.6)	−16.021	.000
Knew how to Discover other perspectives, different from my own negative thoughts	3.1 (1.1)	4.3 (0.6)	−14.570	.000
Knew how to Distract myself from negative thoughts	3.0 (1.2)	4.3 (0.6)	−14.678	.000
Knew how to identify “good” friends	3.8 (1.0)	4.5 (0.6)	−9.844	.000
Knew about different kinds of social support I need	3.1 (1.1)	4.4 (0.6)	−15.217	.000
Knew how to allow difficult emotions	3.0 (1.2)	4.2 (0.6)	−14.421	.000
Knew how to use diaphragmatic breathing	3.1 (1.3)	4.4 (0.7)	−12.794	.000
Knew how to use affirmations, mantras, and mottos	3.3 (1.1)	4.3 (0.7)	−12.891	.000
Knew how to use progressive muscle relaxation	2.9 (1.2)	4.3 (0.6)	−15.188	.000
Knew how to use visualization to help myself relax	3.1 (1.2)	4.3 (0.7)	−13.683	.000
Knew how to use imagery to help myself relax	3.0 (1.2)	4.2 (0.7)	−14.270	.000
Knew how to use mindfulness to help myself relax	2.9 (1.2)	4.3 (0.6)	−15.788	.000

¹ Post surveys received from 206 participants; *t*-test results based on range of *N* = 193 to *N* = 197 due to missing responses.

Pre-Post Mental Health Outcomes

The pre- and post-HFS assessments include standardized measures of depressive symptoms (PHQ-9) and anxiety (GAD-7), in addition to other measures of mental health, adjustment, and resilience. As depression and anxiety are primary targets of the intervention, we conducted preliminary analyses looking at outcomes on these two variables, recognizing that conclusions should be viewed cautiously at this point.

We conducted paired *t*-tests on the pre-HFS and post-HFS scores computed from the Generalized Anxiety Disorder Screener and the Patient Health Questionnaire. As seen in Table 8 below, results from these preliminary analyses showed that mean scores decreased on these measures, indicating a reduction in reported symptoms of anxiety and depression after participating in the HFS program.

Table 8. Participants' Changes in Mental Health Symptoms: Post Survey as of End of Year 6

Characteristic	Before HFS (N = 205)	After HFS (N = 205)	t	p
	Mean (SD)	Mean (SD)		
Anxiety symptoms (based on GAD-7 score)	6.9 (5.3)	5.2 (4.7)	5.248	.000
Depression symptoms (based on PHQ-9 score)	6.8 (5.6)	5.5 (5.2)	3.750	.000

Because participant recruitment and program completion will continue into Year 7, we are not yet in a position to compare outcomes between the two program conditions. While the preliminary analyses are in no way a final indicator of program success, they provide encouraging indications of how participants to date perceive the effects of HFS on a series of skills and knowledge related to resiliency, as well as decreased symptoms of anxiety and depression. In Year 7, we will conduct final analyses, including condition comparisons.

iv) Other achievements

Nothing to report.

v) Stated goals not met

Our progress on this goal is steady, and will continue in Year 7 with the final rounds of recruitment, intervention, data collection, and analyses.

3.3. What opportunities for training and professional development has the project provided?

In Year 6, training and professional development received by our team included:

- Assessing and Managing Suicide Risk (AMSR): Core Competencies for Health and Behavioral Health Professionals in Outpatient Settings
- S.A.V.E. (suicide prevention training presented by VA and Psych Armor)
- VA Detroit Summit
- Patient Experience: Serving Those Who Serve (Michigan Medicine)
- Panel Discussion: M-SPAN
- Panel Discussion: Support for Military Families
- Panel Discussion: Post-9/11 Veterans
- Panel Discussion: Women in the Military
- Stories of Service: An Evening with Veterans
- Cultivating a Culture of Respect
- Prolonged Exposure for PTSD, 2-day training (Center for Deployment Psychology/Star Behavioral Health Providers)
- Star Behavioral Health Providers Tier 1 Training
- Star Behavioral Health Providers Tier 2 Training
- Star Behavioral Health Providers Tier 3 Training: CBT for Depression
- Supporting Early Child Care and Education During the COVID-19 Crisis, Town Hall Meeting
- Supporting Women Veterans (VA Office of Mental Health and Suicide Prevention)
- Treating Suicidal Patients During COVID-19: Best Practices and Telehealth (Michigan Veterans Affairs Agency)
- Blue Star Families Town Hall Meeting: Military Families During COVID
- Multiple MING virtual coffee hours including caregivers, veterans in Michigan, and diverse populations in Michigan
- Intimacy and Emotional Disconnect in Military Populations (PsychArmor; presented by Dr. Sarah Nunnink, psychologist certified in EFT)
- A Guided Meditation Exercise for Relaxation in Times of Stress
- COVID-19: Tips for Managing Social Isolation
- Supporting Colleagues During COVID (Michigan Veterans Affairs Agency)
- Supporting the National Guard During the COVID-19 Crisis (Military Support Initiative)
- Self-Care and Resiliency for Military Families During COVID-19 (Michigan Veterans Affairs Agency)
- Coffee Hour on Student Veteran Issues
- CBT: Brief Interventions During a Time of Crisis (Beck Institute)

- Coping in a Crisis: Managing Stress and Anxiety During This Pandemic (Michigan Veterans Affairs Agency)
- Innovative Installation, Community Medical Partnerships (PsychArmor)
- Recovery-Oriented Cognitive Therapy Webinar Series: Flourishing in a Time of Prescribed Social Distancing—Purpose Every Day (3 sessions; Beck Institute)
- Morally Distressing Events in Healthcare Workers, PTSD Veterans Series
- House Committee on Veterans Affairs
- Outbreak, PTSD Veterans Series (VA)
- Self-Care and Resiliency for Military Families During COVID-19 (Michigan National Guard)
- Human Trafficking Workshop (Michigan Mental Health Counselors Association)
- CBT for Suicide Prevention (Center for Deployment Psychology/Star Behavioral Health Providers)
- Resiliency in Mental Health: ACES
- Reaching Veterans in Healthcare
- Media Training
- Virtual Caregiver Resource Fair (Battle Creek VA)
- PEERRS Responsible Conduct of Research and Scholarship Training
- PEERRS Certification for Human Subjects Research
- Human Research During COVID-19
- COVID-19: Working Safely in U-M Research Labs
- COVID Training: Working Safely in Research Areas
- Zoom Expert Training (Levels 1-8)
- HSIP Training
- Michigan Medicine Research All Hands
- SAFE: High Reliability Training
- Department of Equity and Inclusion Bystander Intervention
- Michigan Medicine Research All Hands
- Hazard Communication/Right to Know
- UMHS Compliance for All Staff
- HIPAA Training for Researchers
- Fire Safety for Staff in Non-Patient Care Areas
- Critical Incident Review

3.4. How were the results disseminated to communities of interest?

Years 3–6 have focused on training community providers in the HFS model, recruiting and enrolling participants into HFS, offering HFS groups at community sites, and completing the multi-wave evaluation protocol with participants as they complete the group or web-based condition of HFS. We have the preliminary data for the intervention, but as the study is ongoing, we are not at a point of disseminating findings of the study. We have attended an expansive number of meetings with local and state partners to share information about HFS for the purpose of recruiting additional community sites and to establish a recruitment pipeline for HFS participants (see Appendix B, Outreach Activity, Year 6). In Year 7 as we conduct final analyses, we will also focus on disseminating results.

3.5. What do you plan to do during the next reporting period to accomplish the goals?

Of note, we applied for and received a no-cost extension to continue the work of this project for the 7th and final year. In Year 7, we will complete our work on the key goals of the project with a specific timeline:

- Outreach and recruitment will continue through September 2020. As recruitment ends, our team will convey messaging to our extensive partners across the state about the end of the program, and provide referral information for military and veteran families. Recruitment will end early in Quarter 1.
- The HFS web-based condition will continue through November 2020. The intervention will end at the end of Quarter 1.
- Data collection across the four time points (Pre, Post, 3MFU, and 6MFU) will continue through Quarter 3.
- Activities to keep participants engaged will continue as we have found these efforts have had a positive impact on study retention rates across the waves of data collection (e.g., social media postings, participant mailings, newsletters). Engagement activities will parallel the timeline for data collection, going through Quarter 3.
- Data cleaning and analyses will occur throughout Year 7, with final analyses planned for Quarter 4, along with dissemination of findings through publications and professional presentations.

NCE3 (proposed): 9/1/20–8/31/21												
	Y7Q1			Y7Q2			Y7Q3			Y7Q4 (2021)		
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Recruitment	Recruitment ends											
Intervention (groups and web)			Intervention ends									
Data collection (surveys, interviews)										Data collection ends		
Data analyses										Final analyses		
Est. total N	321											

Return to in-person program activities.

We will not be returning to in-person research or training activities during Quarter 1 of Year 7, which based on the timeline means that we will not be offering any HFS in-person groups during the final year of the program.

For reference, the Governor of Michigan declared a State of Emergency on 10 March 2020, and our team shifted to work-from-home status on 16 March 2020. The Governor then issued a Stay at Home Order on 23 March 2020, and all in-person research activity was halted at the University of Michigan. At the time of this report, our state and University are still under strict stay-at-home recommendations (“all work that can be done remotely should continue to be done remotely”).

Applications for research reactivation at our University opened in late June with a tiered approach, where projects were asked to submit detailed applications addressing an expansive list of safety modifications. During the last quarter of Year 6, we took steps toward applying for research reactivation with the University of Michigan’s Office of Research and Institutional Review Board, with the plan of offering two in-person group cycles in the first quarter of Year 7. As information evolved about the requirements, including the COVID Community Transmission Risk matrix and the necessary modifications to in-person study procedures for safety depending on risk levels, we mapped out potential scenarios for restarting HFS groups and how those new groups might differ from our standard approach. For example, the social support and barrier reductions we offer would not be allowed, including the shared meal before each group and the parallel children’s program. Only one research team member would be allowed on site to interact with participants, meaning a change in our standard group offering with two group facilitators. Our community sites were not yet offering in-person groups, so we were restricted to using our office space with our staff member leading the group, which changed the model from a community-based program co-led by community facilitators at their sites. Given our space limitations, this would also mean a reduction in group size. All participants and staff would need to take part in regular symptom screening and would need to wear masks and remain socially distanced, including staggered arrival and departure times. Of additional note, in the previous months of recruitment, only 1 of 42 recruited participants indicated an interest in the in-person format of the intervention.

The detailed process of carefully considering options to reduce risks for HFS participants while at the same time not being able to predict the future course of the pandemic, having to alter key components of the intervention, and not having an adequate number of participants selecting in-person groups, has led us to the difficult decision of not restarting in-person HFS groups or provider trainings in this funding period. Given the current public health environment, the stay-at-home recommendations from our government and University, the uncertainty of the pandemic’s trajectory, and the considerable alterations that would be needed to HFS group program delivery, we believe this is the best and safest choice under the circumstances. It is also more suited to the reality of the timeline for ending the intervention near the end of Quarter 1 in Year 7.

3.5.1. Goal 1: Develop and field test a mobile website of HFS program content

The development activities of Goal 1 have been completed. Consistent with the Scope of Work, Year 7 will include ongoing activity in two areas:

1. Participant usage of mobile website
 - Continue enrolling participants in the HFS website via administrative console
 - For enrolled participants, activate website and push notification system for HFS content and homework reminders
 - Monitor the HFS site for any implementation issues and modify as needed
2. Retrieve and evaluate usage data after completion of each group cycle
 - Retrieve usage data from the secure site at timed intervals related to the group cohort or individual's completion of the program
 - Collect paradata from site usage (e.g., how many clicks or time on page translates to session completion) and transform to SPSS variables for analyses

3.5.2. Goal 2: Train community providers to disseminate HomeFront Strong at their community sites

Consistent with the Scope of Work, the next funding period will focus on three objectives towards meeting Goal 2, with the following activities:

1. Engage community partners
 - Continue to support our partners (Easterseals Michigan, the VFW National Home, CMHA-CEI, SCCCMH, and the private practitioner) as we end the HFS program of training and coaching for facilitators of HFS groups at community sites. We will implement a coordinated communications plan to announce the closing of the study, and to offer ongoing resources and referrals to our network of providers and referral sources.
2. Evaluate implementation of HFS with community providers
 - Evaluation of the implementation process with community providers includes Qualtrics surveys at 3 time points (pre-training, post-training, post-group), post-group interviews with facilitators, and weekly fidelity checklists previously completed for each group session. As we decided the safest and most feasible course of action is to not resume in-person training or group activities this fall, the data collected from community provider training and group implementation in Years 3–6 now constitute our final dataset for Goal 2.
3. Data review and analyses
 - In Year 7, we will conduct final analyses of community provider surveys, interviews with providers who led HFS groups, and fidelity checklists. Results will inform iterative development of the next version of the HFS program and publications about HFS.

3.5.3. Goal 3: Evaluate outcomes of group vs. web-based HFS in a sample of 321 military and veteran spouses/partners

Consistent with the Scope of Work, the next funding period will focus on two objectives towards meeting Goal 3, with the following activities:

1. Recruit participants
 - Recruitment into the web-based condition will end mid-Quarter 1 of Year 7. Our team will continue with community outreach using only virtual methods, such as a series of paid advertising campaigns and social media postings. We will continue to leverage state-wide partnerships when possible, as we have previously been highly successful in partnering with the Michigan National Guard and the Michigan Veterans Affairs Agency.
 - As recruitment ends, we will convey messaging about the end of the program to our partners across the state. We will also provide referral information for military and veteran families.
2. Conduct evaluation of program outcomes
 - We will continue to execute the established evaluation protocol with participants with assessments at four time points (pre-intervention, post-intervention, 3- and 6-month follow-up; including surveys and qualitative interviews) until assessment windows have closed for all current and future participants. The HFS web-based intervention will continue through the end of Quarter 1, with subsequent data collection spanning 6 months until the end of Quarter 3.
 - Activities to keep participants engaged (e.g., social media postings, participant mailings, newsletters) will also continue as we have found these efforts have had a positive impact on study retention rates across the waves of data collection.
 - As data collection ends for each time point, we will complete data cleaning and conduct analyses of survey results and qualitative coding of interviews for key themes. Since we will have data from participants who completed all assessments before the pandemic and from participants at different stages of the program after the pandemic began, we will also analyze whether there appears to be a related cohort effect. Longitudinal data analyses and dissemination of findings through publications and professional presentations will be the focus of late Quarter 3 and Quarter 4.

4. IMPACT:

4.1. What was the impact on the development of the principal discipline(s) of the project?

The HFS mobile website and Administrative Console have the potential to significantly impact the well-being of military and veteran spouses/partners who before could not participate in an in-person program because of geographic location, transportation issues, or other time commitments. The website includes all content components of the HFS program, delivered online, through a secure, password-protected site that is easily accessible via mobile/smart phone platforms. Military and veteran spouses/partners who previously would have struggled to attend

an in-person program have the opportunity to receive the same evidence-informed materials in an online format. The ability to offer a resiliency program virtually takes on added importance during the pandemic, given extended phases of social distancing and the possibility of future stay-at-home orders. Recruitment during this period of restriction has been remarkably strong, representing our strongest quarter to date. These numbers are reflective of the high need of this population during periods of stress and uncertainty, and speak to the high value and appeal of a web-based or virtual program supporting resilience and mental health.

The project has had a direct and positive impact on the families who have participated in HFS, both in the group and in the web-based condition. Anecdotally, and with emerging follow-up data, participants overwhelmingly report a strong connection with the HFS materials and show gains in mental health functioning, stress management, and resilience characteristics.

The project has also had a positive impact on the community providers who have led the HFS group intervention. As described previously, this has been a high-quality experience for the providers, most of whom have had little previous professional experience with military/veteran populations. Through this project, we have created communities of excellence where providers are now trained in evidence-based practices to support military and veteran families. Their impact on the community is expected to continue beyond the life of the grant.

4.2. What was the impact on other disciplines?

Nothing to report.

4.3. What was the impact on technology transfer?

Nothing to report.

4.4. What was the impact on society beyond science and technology?

Nothing to report.

5. CHANGES/PROBLEMS:

5.1. Changes in approach and reasons for change

The following information has previously been discussed in Quarterly Reports and a modified Scope of Work was approved in Year 3. In the original grant proposal for this project, the HFS mobile website (Goal 1) was intended as a supplemental option for HFS participants to have greater access to program materials. During the initial award period, the Peer Review Panel recommended a study design change to include a comparison condition for HFS. This feedback led to a significant design modification, resulting in this current quasi-experimental study with participant self-selection into one of two HFS intervention conditions: 1) HFS in-person group or 2) a web-based version of HFS delivered via the mobile website. This design change strengthened the overall study and will allow more meaningful interpretation of the impact of HFS. However, this modification meant that the HFS mobile website had to be fully operational prior to initiation of any other elements in the project (e.g., participants could not be enrolled in HFS until both web-based and group conditions were viable; providers should receive HFS training near to the time of launching their first HFS group to avoid loss of knowledge). Thus,

the overall timeline of the project was modified to prioritize the development of the mobile website. We have been fiscally conservative throughout the project, and have had funds for no-cost extensions in Years 5 and 6 to continue activities to meet the original aims of the study. A final no cost-extension was approved for Year 7 on 28 July 2020. There have been no other changes in approach.

5.2. Actual or anticipated problems or delays and actions or plans to resolve them

Timeline. As noted above, development of the HFS mobile website was shifted to a priority activity prior to beginning other aims of the project. This activity was delayed for several months after receipt of funding because our collaborating team at the Center for Health Communications Research needed to clear staff effort for the project. In Quarter 2 of Year 1, CHCR staff launched a sprinting development for the website, and completed the site development in Year 1, with beta testing finalized in Year 2. Because of this delay, efforts on Goals 2 and 3 were not launched in earnest until Year 3.

Effects of the coronavirus pandemic. Necessary restrictions on in-person activities enacted at the federal, state, and institutional levels to help prevent the spread of the coronavirus directly affected the HFS program during Year 6. Michigan's stay-at-home status began on 23 March 2020, disrupting early Quarter 3 plans for both a group at the Southfield site and a large community provider training in Grand Rapids that would have led to holding new groups in that region. Because of ongoing state and university-level restrictions, we could not hold any groups or trainings during the second half of Year 6. The effects of the pandemic will also spill over into Year 7 since we determined it will not be possible to safely restart in-person groups within the designated timeline remaining for recruitment and intervention.

Although in the second half of Year 6 we were unable to hold in-person groups or tell people with certainty when groups would be available again, we were able to start participants in the web-based condition immediately, giving them access to new resources and a useful skill-building curriculum during this challenging time. In total, 46 participants began the HFS web-based component during Year 6 after COVID-19 restrictions took effect.

As described previously, our team has carefully considered whether to pursue a reactivation of in-person research activities. Currently, none of our community partners are holding in-person groups, and we remain under University recommendations to work from home. With the potential safety risks to participants, the uncertain trajectory of the virus and community spread in our area, and the significant changes that would be needed to our intervention protocol, we have decided not to pursue a return to in-person research activities. Given that our project timeline would also require recruiting, launching, and completing the group in a single quarter, this decision seems prudent, yet unfortunate. At the end of Year 6, 11 additional participants were waiting for in-person groups in their areas (spanning the state of Michigan). Our team is reaching out to them, and we anticipate that some will choose to switch to the web-based condition, while others may choose to withdraw their enrollment. We will offer to connect all these individuals with additional resources that may be helpful.

We will explore during data analyses in Year 7 whether there appears to be a cohort effect related to the pandemic on participant outcomes overall, and on comparisons across conditions.

Participant recruitment. Year 3 showed a steady pace of recruitment and enrollment into the project. Year 4, particularly the third and fourth quarters, showed a decline that corresponded with staff turnover, reduction in the public offering of military-focused outreach events, and refreshing of recruitment materials which required an extended approval process from the IRB. At that time, we implemented a plan to help address recruitment rates. However, we encountered another series of staff changes during the first and second quarters of Year 5, which affected recruitment rates temporarily while we hired and trained new staff. Once fully staffed with a solid team, recruitment rates in the latter half of Year 5 recovered as a result of the team's continued implementation of the recruitment plan. Early in Year 6, in consultation with the Science Officer for our program, we revised our recruitment targets for the project from 360 to 321. Despite the challenge of the pandemic shutting down in-person activities for months, we were able to continue with virtual recruitment, telephone enrollment and consent, online data collection, and the option of a web-based intervention condition. We are currently on target to meet the project recruitment goal ($N = 312$ of 321).

In Year 6 we engaged in a variety of outreach activities to support recruitment. In Quarters 1 and 2, we continued to attend local, regional, and state-wide events for military and veteran families sponsored by the Michigan National Guard.

- We expanded our search for new events and connections for outreach. For example, we increased our presence in Veteran Community Action Teams (particularly regions 4 and 5).
- Our collaboration efforts with leadership of the Coast Guard and Marine Corps Reserve continued in Year 6 with briefings at the Marine Reserves medical stand-down.
- Through a renewed partnership with Blue Star Families, we leveraged the organization's statewide membership network to reach more military families.
- We sent HFS mailings to school superintendents and other educators and also reached out to school counselors.
- We revalidated and updated our information on Michigan's 211 service used by military and veteran families to connect to resources.
- We sent brochures to each previous participant who said we could contact them after their study participation ended, asking them to share HFS information with others.
- We mailed packets of HFS program information to Vet Centers and VA Transition Care Teams throughout the state.

After the stay-at-home orders occurred in March, we quickly pivoted to virtual outreach during the second half of the year, using our social media presence, network of military/veteran connections, and the creativity and dedication of our team.

- We sent more than 16,500 mailings with HFS program information through a large-scale outreach campaign in collaboration with the Michigan Veterans Affairs Agency.
- We continued our collaboration with Michigan Army National Guard leadership to carry out the strategic plan for direct outreach to National Guard soldiers and their families.
- Our paid Facebook advertising campaign had a reach of 72,000+ in Year 6.

- We developed a relationship with Rock Financial/Quicken Loans that resulted in sharing HFS program information to all their Michigan employees in the Veteran/Military employee engagement group.
- We created and distributed four quarterly newsletters to current and past participants, potential participants, community partners, and program partners (see Appendix E). Newsletters were emailed to maximize reach (average of 601 recipients per quarter) and are also available online through links provided on our program website and social media. For newsletters distributed via Constant Contact emails during Quarters 1–3 of Year 6, the open rates ranged from 22% to 52%. These rates reflect solid performance, as the nonprofit industry benchmark for open rates is currently 21%. During Quarter 4, open rates ranged from 10% to 39%, which may reflect a temporary decrease, a pandemic impact, or some other change. Creating and distributing newsletters will continue as a routine activity in Year 7.

We will continue our concerted recruitment efforts in Year 7 until the recruitment timeline ends in Quarter 1.

Participant retention. In addition to recruitment of participants, retention of participants throughout the four waves of data collection is a priority. We began noticing some drift in retention near the end of Year 3 and put into place a number of strategies to address this issue. After a review of data retention rates in the first quarter of Year 4, we developed and implemented a standard operating procedure (SOP) for participant retention that includes more frequent contacts with the potential for warm contacts (e.g., phone calls at non-business hours). We also began maintaining informal contacts with participants during all waves of their study involvement to foster an ongoing relationship so that they may respond more readily to formal data assessment requests. We continued these efforts in Year 6. For example, in December 2019, we sent enrolled participants (n=216) holiday cards to reengage them and thank them for their participation. We also emailed newsletters each quarter to participants currently in data waves. We plan to continue sending newsletters with new and engaging content in Year 7 to help maintain an ongoing, informal connection with participants.

Since implementing the SOP, we have seen encouraging increases in completions of the 3-month and 6-month assessments (see Table 9). During Year 6, some response rates dipped compared with Year 5 but generally remained strong, including on the post assessment. As the study continues, we will monitor for the ongoing impact of the new retention strategies and the potential need for further mitigation.

Table 9. Comparison of Response Rates Within Years 3, 4, 5, and 6¹

Condition	Post (Survey)				3-Month (Survey, Interview)				6-Month (Survey)			
	Year 3	Year 4	Year 5	Year 6	Year 3	Year 4	Year 5	Year 6	Year 3	Year 4	Year 5	Year 6
Group	80.8%	91.3%	90.0%	85.7%	57.1%	82.9%	90.0%	81.8%	—	80.5%	100.0%	83.9%
Website	89.3%	85.3%	86.8%	89.1%	57.9%	57.9%	84.4%	82.9%	50.0%	73.8%	81.3%	85.0%
Overall	85.2%	87.7%	87.9%	88.1%	57.6%	69.9%	86.5%	82.5%	50.0%	77.1%	87.8%	84.5%

¹ Percentages completed, of those invited during indicated year. Numbers reflect only participants who reached program end and related assessment timepoints during year.

5.3. Changes that had a significant impact on expenditures

Because of the change in timeline and prioritizing Goal 1 (HFS mobile website development), the bulk of activities for Goal 2 (Training community providers) and Goal 3 (Enrolling participants into HFS group or web-based conditions) were adjusted to launch in Year 3. Accordingly, we delayed the hiring of staff critical for Goals 2 and 3 and preserved a significant portion of the overall budget. Throughout Years 3–6, we have been fiscally conservative as we also meet our goals of the project. No-cost extensions were approved for Years 5 and 6, with a final no-cost extension in Year 7, which was approved on 28 July 2020.

5.4. Significant changes in use or care of human subjects

There have been no significant changes in the use or care of human subjects. Our IRB approval remains current with the University of Michigan and HRPO. The University of Michigan IRBMED approved the most recent Scheduled Continuing Review, with an approval period of 13 July 2020 through 12 July 2021. Approval materials for the Continuing Review were submitted to HRPO on 15 July 2020 and acknowledged on 3 August 2020.

5.5. Significant changes in use or care of vertebrate animals

Nothing to report.

5.6. Significant changes in use of biohazards and/or select agents

Nothing to report.

6. PRODUCTS:

6.1. Publications, conference papers, and presentations

As only preliminary data has been accrued in this reporting period, there have been no scientific publications or presentations from data generated under this award.

6.2. Website(s) or other Internet site(s)

As described, the HFS mobile website and the HFS Administrative Console (Goal 1) are fully operational and have been pilot tested with participants. To access the development portal of the website, please use the following website address, with the provided username and password. Please note that this is the development site, with sample and nonsensical answers on some pages.

<https://keeshfs-dev.miserver.it.umich.edu/>

6.3. Technologies or techniques

Nothing to report.

6.4. Inventions, patent applications, and/or licenses

Nothing to report.

6.5. Other products

HomeFront Strong participant workbook

HomeFront Strong group leader manual

HomeFront Strong training protocol, with slide deck

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

7.1. What individuals have worked on the project?

Name:	Michelle Kees, PhD
Project Role:	Principal Investigator
Researcher Identifier	0000-0001-5953-2317
Nearest person month worked:	4.54 CM
Contribution to Project:	Dr. Kees is responsible for implementing all aspects of the project. She is the lead author on the HFS program materials, including the curriculum, participant workbook, training materials, and program content for the mobile website. She supervises all staff on the project and co-leads the community training and coaching. She also interfaces closely with partners, including the Michigan National Guard, and provides back-up on HFS adult sessions and leading the Child Program.
Funding Support:	No other support
Name:	Hyungjin Myra Kim, ScD
Project Role:	Co-Investigator
Researcher Identifier	Not applicable
Nearest person month worked:	2.31 CM
Contribution to Project:	Dr. Kim is a Research Scientist at the University of Michigan's Center for Consulting for Statistics, Computing and Analytics Research and an Adjunct Professor of Biostatistics. Her research interest is in longitudinal data analyses and health services research. She collaborates with HFS as a co-investigator and provides expertise and oversight on the multi-method, multi-wave longitudinal data analyses of the project.
Funding Support:	No other support

Name:	Jennifer Lamb, MSW
Project Role:	Program Manager
Researcher Identifier	Not applicable
Nearest person month worked:	9.60 CM
Contribution to Project:	Ms. Lamb performs project management and study coordinator duties, in addition to staff supervision, direct liaison with the Michigan National Guard, Michigan Veterans Affairs Agency and community partners, and community site recruitment. She also co-leads community provider trainings, trains and coaches HFS group facilitators, and co-leads HFS groups in the community as needed.
Funding Support:	No other support
Name:	Holli Herr
Project Role:	Clinical Therapist
Researcher Identifier	Not applicable
Nearest person month worked:	12.00 CM
Contribution to Project:	Ms. Herr is responsible for co-leading HFS groups. She also assists with community facilitator trainings, participant enrollments and assessments, partner coaching, partnership connections, and conducting participant interviews.
Funding Support:	No other support
Name:	Alison Thompson
Project Role:	Outreach Coordinator
Researcher Identifier	Not applicable
Nearest person month worked:	12.00 CM
Contribution to Project:	Ms. Thompson is responsible for recruiting participants through establishing direct relationships with local and state-level military/veteran service organizations, attending community and military/veteran events (including virtual events after COVID-19 restrictions began), completing community mapping and canvassing exercises, and engaging in social media. In addition to recruitment, she also screens and consents potential participants and assists with assessments.
Funding Support:	No other support

Name:	Holly Lubzik
Project Role:	Child Team Coordinator and Outreach Specialist through December 2019
Researcher Identifier	Not applicable
Nearest person month worked:	3.91 CM
Contribution to Project:	Ms. Lubzik was the child team coordinator for the first quarter of Year 6 and also assisted with outreach and recruitment of participants.
Funding Support:	No other support
Name:	Margy Howes
Project Role:	Project Administrator
Researcher Identifier	Not applicable
Nearest person month worked:	3.49 CM
Contribution to Project:	Ms. Howes is responsible for providing administrative support to the HFS team.
Funding Support:	No other support
Name:	Chrysta Meadowbrooke
Project Role:	Research Evaluator
Researcher Identifier	Not applicable
Nearest person month worked:	7.67 CM
Contribution to Project:	Ms. Meadowbrooke has contributed to the methodological design and the IRB proposals. She is responsible for the Qualtrics surveys and managing the database for both the provider and participant data collection. She also analyzes data and prepares results for publication and presentation.
Funding Support:	No other support

Name:	Alyssa Wealty
Project Role:	Communications Specialist
Researcher Identifier	Not applicable
Nearest person month worked:	1.88 CM
Contribution to Project:	Ms. Wealty is responsible for producing and distributing quarterly HFS newsletters, managing social media accounts, and supporting other communications needs.
Funding Support:	No other support
Name:	Iris Hadziegric
Project Role:	Research Assistant
Researcher Identifier	Not applicable
Nearest person month worked:	7.46 CM
Contribution to Project:	Ms. Hadziegric assists with outreach and recruitment, Child Team, and other activities such as transcription and correction of qualitative interviews, preliminary analyses, and administrative tasks.
Funding Support:	No other support
Name:	Emma Czajka
Project Role:	Research Assistant
Researcher Identifier	Not applicable
Nearest person month worked:	4.87 CM
Contribution to Project:	Ms. Czajka assists with study activities such as Child Team, transcription and correction of qualitative interviews, preliminary analyses, and outreach mailings.
Funding Support:	No other support

7.2. Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?

Nothing to report.

7.3. What other organizations were involved as partners?

Organization Name	Easterseals Michigan, Inc.
Location of Organization	Centerline, Southfield, Grand Rapids, Flint, Pontiac MI
Partner's contribution to the project	Facilities; Collaboration; Personnel. We have an MOU with Easterseals Michigan designating them as a network of community sites for dissemination of HFS. In Year 5, we added a new Easterseals site (Pontiac) and supported the first group there, which ended early in Year 6. We were in the midst of planning to launch a third group cycle at the Southfield site when stay-at-home orders began, leading to cancellation of the group. We have co-led and supported a total of seven group cycles at four Easterseals sites to date.

Organization Name	VFW National Home
Location of Organization	Eaton Rapids, MI
Partner's contribution to the project	Facilities; Collaboration; Personnel. We have an MOU with the VFW National Home designating them as a community site for dissemination of HFS. As of the end of Year 6, our team has co-led one group cycle on site with one of their staff members. The partners at the site remain engaged, and in our ongoing conversations with site leadership, we discussed recruitment and related topics. However, this site did not have enough potential participants to fill a second group before pandemic precautions halted in-person activities.

Organization Name	Michigan National Guard
Location of Organization	Lansing, MI
Partner's contribution to the project	Collaboration. We secured an MOU with the MING in the 4 th Quarter of Year 3 that continues to afford expanded opportunities for collaboration and partnership with the MING for participant recruitment. Since Year 3, the PI has been serving on the Community Health Promotion Council (CHPC) with the MING, which also bolsters the partnership. In Years 4–6, we expanded our partnership with chaplains and leadership of the MING, resulting in opportunities to conduct significantly increased outreach to military families. We expect to continue this relationship in ways that support recruitment and promote the program state-wide.

Organization Name	Community Mental Health Authority of Clinton, Eaton, and Ingham Counties
Location of Organization	Lansing, MI
Partner's contribution to the project	Facilities; Collaboration; Personnel. During Year 4 we secured an MOU with CMHA-CEI as a site for dissemination of HFS. Soon after, we co-led the first group cycle with one of their staff members. In Year 5, we co-led and supported the second group at the site, and in Year 6 we held the third group. Before the pandemic, we had been recruiting participants for this site and hoped to launch a fourth group cycle there.

Organization Name	St. Clair County Community Mental Health
Location of Organization	Port Huron, MI
Partner's contribution to the project	Facilities; Collaboration; Personnel. During Year 5 we secured an MOU with SCCCMH as a site for dissemination of HFS, our second community mental health site. We began targeted recruitment for this area in Year 5 and anticipated launching the first group cycle during Year 6 but the group did not fill before the pandemic.

Organization Name	Michigan Veterans Affairs Agency (MVAA)
Location of Organization	Lansing, MI
Partner's contribution to the project	Collaboration. During Year 6, MVAA partnered with our team to send a mass mailing to over 16,500 military and veteran families in Michigan with an HFS brochure and a letter about the program from the Director of MVAA.

8. SPECIAL REPORTING REQUIREMENTS

Quad Chart

HomeFront Strong: Building Resiliency in Military Families

Log # 13046016 Defense Health Program (DHP)
W81XWH-14-1-0362



PI: Michelle Kees, PhD Org: University of Michigan Award Amount: \$3,519,174

Study/Product Aim(s)

Objective: Improve psychological health and adjustment in military and veteran spouses and children through HomeFront Strong (HFS), a resiliency intervention for military and veteran families in civilian communities.

Aim 1: Develop and field test a **mobile site** of HFS program content.

Aim 2: Train community clinicians to disseminate HFS at **8 community sites**.

Aim 3: In a quasi-experimental design, evaluate group vs. home/web-based HFS in a sample of **321 military and veteran spouses/partners** using an established risk/resiliency assessment (W81XWH-12-1-0419).

Approach

In a quasi-experimental design measuring effectiveness of the HFS intervention, military and veteran spouses/partners will self-select into 1) an HFS in-person group or 2) a web-based condition with HFS content only. Community mental health providers will be trained to co-lead groups at community sites, with data collected on fidelity to the model and implementation of the program to inform large-scale expansion.

HomeFront Strong Modules

Foster Resilience

Manage Stress

Cultivate Optimism

Rethink Thinking

Build Community

Allow Emotions

Stay Strong

8 sites

321 families

Impact for military spouses and children

Reduce:

- depression
- anxiety
- stress
- social isolation

Improve:

- coping
- family relationships

Accomplishments: COVID-19 restrictions paused in-person activities in the later half of Year 6, but creative outreach and recruitment into the web-based HFS condition continued. 77 new participants were recruited this year for a total of 312 participants.

Timeline and Cost

Activities	Y1	Y2	Y3	Y4	Y5	Y6	Y7
Aim 1: Develop and field test a mobile site of HFS program content.							
Aim 2: Disseminate HFS at 8 community sites.							
Aim 3: Evaluate HFS in a sample of 321 families.							
Estimated Budget (\$K) (direct + indirect costs)	760	942	947	870	NCXT	NCXT	NCXT

Y1 Goals – HFS web-based/mobile site

✓ Develop and field test web-based/mobile site

✓ Finalize HFS training and program materials

Y2-Y6 Goals – Community dissemination and HFS evaluation

✓ Recruit and train community providers in HFS

✓ Recruit and evaluate HFS participants on mental health and resilience

Y7 Goals – Community dissemination and HFS evaluation (ongoing)

Recruit and evaluate HFS participants on mental health and resilience

Final data analyses and dissemination of findings

Comments/Challenges/Issues/Concerns

Meeting recruitment goals was a primary focus in the past year, with record numbers of enrollments occurring in the last 2 quarters of Year 6, even amidst a pandemic.

Budget Expenditure to Date (Y1 + Y2 + Y3 + Y4 + Y5 + Y6)

Projected: \$3,519,174 (Direct \$2,288,681; Indirect \$1,230,493)

Actual: \$2,778,165 (Direct \$1,797,028; Indirect \$981,136)

9. APPENDICES

- A. Trainings and Partner Engagement, Year 6
- B. Outreach Activity, Year 6
- C. Cumulative Recruitment Flowchart
- D. Projected-Actual Recruitment Graph
- E. Newsletters, Fall 2019 through Summer 2020

Appendix A

Trainings and Partner Engagement, Year 6 September 1, 2019–August 31, 2020

Focal Trainings for Community Providers (½ Day)				
Quarter	Date	Name of Organization	Purpose	Type of Contact
1	9/3/19	Community Mental Health Authority of Clinton, Eaton, and Ingham Counties – Lansing Group 3	Group-specific participant review, solution-driven planning, site planning, and preparation for group (1 trained)	Teleconference
1	9/20/19	M-SPAN – Ann Arbor Group 3	Group-specific participant review, solution-driven planning, site planning, and preparation for group (1 trained)	Teleconference
2	1/13/20	Easterseals – Southfield Group 3	Group-specific participant review, solution-driven planning, site planning, and preparation for group (1 trained)	In person
Number of providers trained in focal training in Year 6: 3				

Coaching Calls with Community Providers		
Quarter	Date	Name of Organization
1	Weekly; 9/9/19, 9/27/19	Easterseals – Pontiac Group 1
1	Weekly; 9/12/19, 9/19/19, 9/26/19, 10/3/19, 10/10/19, 10/17/19, 10/24/19, 10/31/19	Community Mental Health Authority of Clinton, Eaton, and Ingham Counties – Lansing Group 3
1	Weekly; 9/27/19, 10/4/19, 10/11/19, 10/18/19, 10/25/19, 11/1/19, 11/7/19, 11/20/19	M-SPAN – Ann Arbor Group 3
Number of coaching calls in Year 6: 18		

Child Team Trainings				
Quarter	Date	Name of Training	Purpose	Total People Trained
1	9/16/19	HomeFront Strong Child Team Training	Trained individuals in the HomeFront Strong Child Manual to join the HFS Child Team	3
1	9/20/19	HomeFront Strong Child Team Training	Trained individuals in the HomeFront Strong Child Manual to join the HFS Child Team	3
2	1/10/20	HomeFront Strong Child Team Training	Trained individual in the HomeFront Strong Child Manual to join the HFS Child Team	1
2	2/12/20	HomeFront Strong Child Team Training	Trained individual in the HomeFront Strong Child Manual to join the HFS Child Team	1
Number of child team members trained in Year 6: 8				

Partner Engagement				
Quarter	Date	Name of Organization	Purpose	Type of Contact
1	9/6/19, 9/17/19, 11/1/19, 11/5/19, 11/6/19	Michigan National Guard	Program promotion through direct emails with armory commanders and CoS; coordination for future meeting with CoS	Email
1	9/20/19, 10/16/19, 10/31/19, 11/4/19	Marine Corps Reserve	Coordination with and briefing to Marine Reserve command; received invitation to present at the medical stand down next quarter	Email, in person
1	Multiple contacts 9/9/19 to 10/28/19	Community Mental Health Authority of Clinton, Eaton,	Coordination for ongoing group	Email, phone

		and Ingham Counties		
1	Multiple contacts 9/25/19 to 11/13/19	Private practitioner (Ann Arbor)	Coordination for ongoing group	Email, phone
1	10/18/19, 10/23/19, 10/28/19	Selfridge Coast Guard POC	Program promotion, potential site engagement	Email
1	10/28/19	Easterseals Pontiac	Site coordination	Phone
1	10/28/19	Easterseals Center Line	Site coordination	Phone
1	10/28/19	Easterseals Grand Rapids	Site coordination	Phone
1	10/28/19	Easterseals Flint	Site coordination	Phone
1	10/28/19, 11/5/19	Easterseals Southfield	Site coordination	Email
1	11/12/19	St. Clair County Community Mental Health	Contacted about recruitment	Email
2	Multiple contacts 12/3/19–1/3/20 and 1/23/20–2/27/20	Michigan National Guard	Program promotion through direct emails and calls with CoS and Joint Force Headquarters command staff; meeting with command staff to discuss strategic planning; requests and coordination to disseminate HFS program information (e.g., mailings, updates to Family Programs website)	Email, phone, in person
2	Multiple contacts 12/11/19–12/17/19	Marine Corps Reserve	Preparation for and follow-up to medical stand down in December	Email, phone
2	1/6/20, 1/7/20, 1/13/20	Easterseals Southfield	Site coordination, group planning	Phone, in person
2	1/22/20, 1/24/20, 1/29/20, 1/30/20, 2/7/20, 2/12/20, 2/14/20, 2/18/20, 2/25/20, 2/27/20	Michigan Veterans Affairs Agency	Coordination for mailing to all veterans registered with the Michigan Secretary of State office who were born on or after	Phone, email

			9/11/1983 (per MVAA decision)	
2	1/28/20, 2/4/20	Coast Guard	Briefing call with commander of Coast Guard Station Saint Joseph about HomeFront Strong; follow-up call	Phone
2	2/6/20, 2/18/20, 2/25/20	VFW National Home	Site coordination, group planning	Email
2	2/7/20	Community Mental Health Authority of Clinton, Eaton, and Ingham Counties	Program promotion, site engagement	In person
2	2/10/20, 2/12/20	Easterseals Grand Rapids	Site coordination, group planning	Email
2	2/26/20, 2/28/20	Warriors of Hope	Program promotion, discussion of the potential for future partnership	Email
2	2/27/20	Potential community provider for Grand Rapids group	Group planning	Email
3	3/9/20	Kent County Veterans Services	Program promotion, discussion of the potential for future partnership	Phone
3	3/13/20, 3/16/20, 4/23/20, 5/18/20, 5/21/20	Michigan National Guard	Program promotion with MING Chaplains Corps and CoS	Email, phone, social media
3	3/13/20, 3/16/20, 3/20/20, 4/9/20, 4/10/20, 4/24/20, 5/11/20, 5/15/20, 5/19/20, 5/21/20, 5/28/20, 5/29/20	Michigan Veterans Affairs Agency	Program promotion, coordination for mailing HFS information directly to Post-9/11 veterans' residences	Email, in person (before Michigan stay-at-home order)
3	3/17/20	Star Behavioral Health Providers	Program information, coordination	Email
3	4/23/20	Marine Corps Reserve	Program promotion with command staff	Email
3	4/23/20	Easterseals Michigan	Site engagement and updates	Email

3	4/23/20	Michigan Deputy Chief of Staff, Assistant Secretary of the Michigan Senate, military family advocates	Program promotion	Phone
3	4/23/20, 4/28/20	VFW National Home	Site engagement and updates	Email, phone
3	4/24/20, 4/27/20	Community Mental Health Authority of Clinton, Eaton, and Ingham Counties	Site engagement and updates	Email
3	4/27/20, 5/22/20	Coast Guard	Program promotion with CG Chaplain and Sector Detroit Ombudsman	Email
4	6/4/20	VFW National Home	Site engagement and updates	Email
4	6/9/20, 6/11/20, 6/17/20	Community Mental Health Authority of Clinton, Eaton, and Ingham Counties	Site engagement and updates	Email
4	6/12/20, 7/20/20, 7/21/20	Michigan National Guard	Command outreach; program promotion and updates with Chaplains	Email
4	7/16/20, 7/27/20, 7/31/20	Rock Financial/Quicken Loans	Program promotion; plan for distribution	Email
4	7/30/20, 8/4/20, 8/6/20	Michigan Veterans Affairs Agency	Program promotion and updates	Email

Appendix B

Outreach Activity, Year 6 September 1, 2019–August 31, 2020

Events and Outreach Activities Attended					
Quarter	Date	Name of Event	Purpose	Direct Interactions	Potential Reach
1	9/7/19	MING Strong Bonds	HFS promotion	50	50
1	9/8/19	Camp Liberty Open House	HFS promotion	6	250
1	9/11/19	VA Mental Health Summit	HFS promotion	200	200
1	9/12/19	MSU Vet Picnic	HFS promotion	5	75
1	9/19/19	VCAT 9	HFS promotion	30	30
1	9/20/19	Motor City VCAT	HFS promotion	20	20
1	9/23/19	Port Huron Vet Navigator	HFS promotion	1	1
1	9/23/19	Port Huron Coast Guard	HFS promotion	1	40
1	9/27/19	Veteran Educator Consortium	HFS promotion	1	40
1	10/3/19	SW School Veteran programing	HFS and M-SPAN promotion	20	20
1	10/8/19	West Michigan VCAT	HFS promotion	25	25
1	10/22/19	VCAT 8	HFS promotion	76	76
1	10/26/19	MING Yellow Ribbon (Post)	HFS promotion	15	15
1	11/7/19	MSU Veterans Day Dinner	HFS promotion	8	8
1	11/9/19	MING Strong Bonds	HFS promotion	30	30
1	11/14/19	VCAT 9	HFS promotion	20	20
1	11/19/19	MVAA Listening Session	HFS promotion	6	6
1	11/22/19	Selfridge visit	HFS promotion	9	9
1	11/22/19	Harvest for Heroes	HFS promotion	33	33
2	12/2/19	Meeting at Selfridge Air National Guard Base tax center	HFS promotion	1	1
2	12/7/19	182nd Holiday Party	HFS promotion	100	100
2	12/8/19	Grand Ledge Armory Holiday Party	HFS promotion	50	50
2	12/8/19	3/328th Holiday Party	HFS promotion	12	12

2	12/12/19	VCAT 6	HFS promotion	26	26
2	12/13/19	Motor City VCAT	HFS promotion	39	39
2	12/14/19	Medical stand-down, Marine Reserves Lansing	HFS promotion	127	127
2	1/15/20	Meeting with Joint Military Ball POC (phone)	HFS promotion	1	1
2	1/22/20	VCAT 5	HFS promotion	18	18
2	1/25/20	MING Strong Bonds	HFS promotion	22	22
2	1/28/20	VCAT 8	HFS promotion	60	60
2	1/30/20	VCAT 9	HFS promotion	26	26
2	1/31/20	Meeting with Michigan's 211 service (phone)	HFS promotion	1	1
2	2/5/20	Michigan Works Livingston	HFS promotion	2	2
2	2/8/20	Yellow Ribbon MING	HFS promotion	32	700
2	2/11/20	VCAT 4	HFS promotion	41	41
2	2/24/20	Meeting with American Red Cross (phone)	HFS promotion	1	1
3	3/10/20	Meeting of the Mind	HFS promotion	23	23
3	3/25/20	Military OneSource Coffee Break (virtual)	HFS promotion	7	7
3	3/27/20	Supporting Early Child Care and Education During the COVID-19 Crisis (virtual)	Information about resources	*	*
3	4/2/20	Virtual Coffee Hour Q and A with MVAA and Special Guests (virtual)	Information about resources	*	*
3	4/14/20	Virtual Western Michigan VCAT (virtual)	Information about resources	*	*
4	7/24/20	Meeting with Rock Financial/Quicken Loans (virtual)	HFS promotion	5	125
4	8/4/20	Meeting with Michigan Small Business Development Center (virtual)	HFS promotion	1	1
Number of events and outreach activities attended in Year 6: 43					
Number of direct interactions in Year 6: 1,151					
Potential reach in Year 6: 2,331 known attendees; additional reach unknown					

* Due to COVID-related change to virtual outreach meetings, direct and potential reach are unknown.

Emails				
Quarter	Date	Name of Organization	Purpose	Number of Emails Sent
1	9/5/19	FacStaffVets2018@umich.edu	HFS recruitment, Ann Arbor group	836
1	9/5/19	GuardiansOfLiberty@umich.edu (law school)	HFS recruitment, Ann Arbor group	1
1	9/5/19	mil-veterans@umich.edu	HFS recruitment, Ann Arbor group	1
1	9/5/19	www.veterans@umich.edu	HFS recruitment, Ann Arbor group	1
1	9/5/19	ummmvetsmilmed@umich.edu (med school students)	HFS recruitment, Ann Arbor group	1
1	9/5/19	veteranandmilitarygrads2002@umich.edu (grad students)	HFS recruitment, Ann Arbor group	1
1	9/5/19	Veteranandmilitaryundergraduate 2019-2020@umich.edu	HFS recruitment, Ann Arbor group	1
1	9/26/19	Veteran Navigators	HFS promotion	17
1	10/3/19	Michigan Association of Superintendents and Administrators	HFS promotion	1
1	10/7/19	Michigan Public School Superintendents	HFS promotion	600
1	11/4/19	Vet Navigators, Detroit, Lansing, Ann Arbor, Grand Rapids	HFS promotion	5
1	11/4/19	VSO Detroit, Lansing, Ann Arbor, Grand Rapids	HFS promotion	8
1	11/4/19	VA Transition Teams	HFS promotion	13
1	11/6/19	Grand Rapids churches	HFS promotion	15
1	11/6/19	Grand Rapids therapists	HFS promotion	55
1	11/15/19	Vet Center Directors, Grand Rapids, Detroit, Dearborn, Macomb County	HFS promotion	4
2	12/6/19	School Counselor Association	HFS promotion	2
2	12/6/19	Ann Arbor school counselors	HFS promotion	41
2	12/6/19	Group on Supporting Education for Children of Military Families	HFS promotion	4
2	12/9/19	Atlas Oil Company president	HFS promotion	1

2	12/9/19	Simon & Nada Foundation	HFS promotion	1
2	12/10/19	Director of Communications and Membership at Michigan Elementary and Middle School Principals Association (MEMSPA)	HFS promotion	1
2	12/10/19	Communications and Marketing Manager at Michigan Association of Secondary School Principals (MASSP)	HFS promotion	1
2	12/10/19	Counseling department secretary for Southfield Public Schools	HFS promotion	1
2	12/10/19	Counselor/guidance counselors at Farmington Public Schools	HFS promotion	17
2	12/10/19	Director of Student Services and Administrative Assistant at Livonia Public Schools	HFS promotion	2
2	12/10/19	Wayne-Westland Community Schools, secretaries in the counseling department	HFS promotion	4
2	12/10/19	Plymouth-Canton Community Schools counseling staff	HFS promotion	19
2	12/11/19	Grosse Pointe Public School System counselors	HFS promotion	30
2	12/11/19	Warren Consolidated Schools school counselors	HFS promotion	13
2	12/12/19	Melvindale Allen Park Schools school counselors	HFS promotion	6
2	12/12/19	Woodhaven-Brownstown School District school counselors	HFS promotion	5
2	12/12/19	Dearborn Public Schools school counselors	HFS promotion	16
2	12/12/19	Van Buren Public Schools school counselors	HFS promotion	11
2	12/12/19	Northville Public Schools school counselors	HFS promotion	15
2	12/12/19	Taylor School District school counselors	HFS promotion	6
2	12/12/19	Crestwood School District school counselors	HFS promotion	1

2	12/12/19	Lincoln Park Public Schools school counselors	HFS promotion	10
2	12/12/19	Trenton Public Schools school counselors	HFS promotion	4
2	12/12/19	Southgate Community Schools District school counselors	HFS promotion	24
2	12/12/19	Gibraltar School District school counselors	HFS promotion	7
2	12/12/19	Riverview Community School District school counselors	HFS promotion	1
2	12/12/19	Bloomfield Hills Schools school counselors	HFS promotion	19
2	12/12/19	Ferndale Schools school counselors	HFS promotion	6
2	12/12/19	Fitzgerald Public Schools Student Services supervisor	HFS promotion	1
2	1/15/20	Transition Assistance MING	HFS promotion	1
2	1/15/20	Joint Military Ball	HFS promotion	1
2	1/22/20	Veterans United	HFS promotion	1
2	1/29/20	Battle Creek MWR Lisa Grenon	HFS promotion	1
2	1/29/20	Six Actual Consulting	HFS promotion	1
2	1/29/20	Lakeland Health	HFS promotion	1
2	1/29/20	Ronnie Cyrus MING TAP	HFS promotion	1
3	3/18/20	VCAT Region 1 Chairs	HFS promotion	1
3	3/20/20	Capital Region VCAT	HFS promotion	1
3	3/20/20	VCAT Region 4 Chair	HFS promotion	1
3	3/24/20	Podio Posts	HFS promotion	2
3	3/24/20	Team RWB Flint and Ann Arbor	HFS promotion	2
3	3/24/20	Mission Continues Detroit	HFS promotion	2
3	3/25/20	Team RWB Grand Rapids	HFS promotion	1
3	4/20/20	Traverse City Spouses Club	HFS promotion	1
3	4/20/20	TACOM Spouses Club	HFS promotion	1
3	4/20/20	Port Huron CG Spouses Club	HFS promotion	1
3	4/30/20	Warriors and Caregivers United	HFS promotion	1
3	5/4/20	VET SW MI	HFS promotion	1
3	5/13/20	Army Great Lakes Recruiting Spouse Leader	HFS promotion	1

3	5/18/20	MING Yellow Ribbon Coordinator	HFS promotion	1
3	5/22/20	WINC: For All Women Veterans	HFS promotion	1
4	6/10/20	Coast Guard Ombudsman	HFS promotion	5
4	6/10/20	VCAT	HFS promotion	10
Number of emails in Year 6: 1,869				

Newsletter				
Quarter	Month	Audience	Purpose	Number of Newsletters
1	November 2019	HFS partners and potential partners	HFS promotion	42
1	November 2019	HFS participants	Retention, HFS promotion	205
1	November 2019	Potential participants	Recruitment, HFS promotion	43
1	November 2019	Military/veteran organization contacts	HFS promotion	318
2	February 2020	HFS partners and potential partners	HFS promotion	42
2	February 2020	HFS participants	Retention, HFS promotion	212
2	February 2020	Potential participants	Recruitment, HFS promotion	25
2	February 2020	Military/veteran organization contacts	HFS promotion	317
3	April 2020	HFS partners and potential partners	HFS promotion	33
3	April 2020	HFS participants	Retention, HFS promotion	218
3	April 2020	Potential participants	Recruitment, HFS promotion	10
3	April 2020	Military/veteran organization contacts	HFS promotion	318
4	August 2020	HFS partners and potential partners	HFS promotion	33
4	August 2020	HFS participants	Retention, HFS promotion	253

4	August 2020	Potential participants	Recruitment, HFS promotion	20
4	August 2020	Military/veteran organization contacts	HFS promotion	317
Number of newsletters sent in Year 6: 2,406				

Mailings				
Quarter	Date	Type of Organization	Purpose	Number of Mailings
1	10/9/19	University/college mental health offices	HFS promotion	21 (2 flyers and 25 brochures in each)
1	10/30/19	University veteran resource offices	HFS promotion	43 (2 flyers and 25 brochures in each)
1	11/21/19	FRG leaders	HFS promotion, holiday party resource kits	4 (2 flyers and 50 brochures in each)
2	12/9/19	Mental health providers in Ann Arbor and Lansing	HFS promotion	11 (2 flyers and 20 brochures in each)
2	12/10/19	Military, school, business, and nonprofit organizations	HFS promotion	10 (2 flyers and 20 brochures in each)
2	1/23/20	Military and business organizations	HFS promotion	18 (2 flyers and 20 brochures in each)
2	2/17/20	Current and previous participants	HFS promotion	198 (5 brochures in each)
2	2/24/20	Vet Centers and VA Transition Care Teams	HFS promotion	13 (2 flyers and 20 brochures in each)

3	3/6/20	Military organization (MING armories)	HFS promotion	21 (2 flyers and 20 brochures in each)
3	3/6/20	Veteran organizations	HFS promotion	24 (2 flyers and 20 brochures in each)
3	3/12/20	Military organization (MING armories)	HFS promotion	15 (2 flyers and 20 brochures in each)
3	3/18/20	MVAA mailing 1 to Post-9/11 veterans' residences	HFS promotion	3,049 (1 brochure in each)
3	5/7/20	MVAA mailing 2 to Post-9/11 veterans' residences	HFS promotion	2,322 (1 brochure in each)
3	5/15/20	MVAA mailing 3 to Post-9/11 veterans' residences	HFS promotion	587 (1 brochure in each)
4	6/26/20	MVAA mailing 4 to Post-9/11 veterans' residences	HFS promotion	3,000 (1 brochure in each)
4	7/2/20	MVAA mailing 5 to Post-9/11 veterans' residences	HFS promotion	3,200 (1 brochure in each)
4	7/9/20	MVAA mailing 6 to Post-9/11 veterans' residences	HFS promotion	2,500 (1 brochure in each)
4	7/17/20	MVAA mailing 7 to Post-9/11 veterans' residences	HFS promotion	1,960 (1 brochure in each)
Number of mailings in Year 6: 16,996 21,648 brochures and 360 flyers distributed				

Facebook Advertising			
Quarter	Date(s)	Purpose	Reach
1	10/17/19	HFS marketing and participant recruitment	627
1	10/25/19	HFS marketing and participant recruitment	6,162
2	1/7/20-1/19/20	Targeted ad for Southfield group recruitment	2,231
3	3/17/20-4/26/20	HFS marketing and participant recruitment	36,936
3	5/21/20-5/31/20	HFS marketing and participant recruitment	11,496
4	6/1/20-7/4/20	HFS marketing and participant recruitment	14,808
Total reach in Year 6: 72,260			

Facebook Posts					
Quarter	Date(s)	Organization or Facebook Page	Posted by HFS Staff or Organization	Number of Posts	Reach*
1	9/1/19 – 9/30/19	HomeFront Strong	HFS staff	11	977
1	10/1/19 – 10/31/19	HomeFront Strong	HFS staff	10	677
1	11/1/19 – 11/30/19	HomeFront Strong	HFS staff	12	1,106
2	12/1/19 – 12/31/19	HomeFront Strong	HFS staff	5	488
2	1/1/20 – 1/31/20	HomeFront Strong	HFS staff	9	970
2	2/1/20 – 2/29/20	HomeFront Strong	HFS staff	10	1,383
3	3/1/20 – 3/31/20	HomeFront Strong	HFS staff	12	2,737
3	3/18/20	Warrior and Caregivers United	HFS staff	1	*
3	3/18/20	Retired Military Spouses, Michigan	HFS staff	1	*

3	3/19/20	Western Michigan VCAT	HFS staff	1	*
3	3/19/20	Little Blessings Veteran and Community Outreach	Organization	1	*
3	3/20/20	PDPGN (Purpose Driven People of God Navigators)	Organization	1	*
3	3/23/20	American Legion Post 491	Organization	1	*
3	3/23/20	Michigan Air National Guard Airmen and Family	Organization	1	*
3	3/24/20	Team RWB Ann Arbor	HFS staff	1	*
3	3/24/20	Team RWB Flint	HFS staff	1	*
3	3/25/20	Team RWB Grand Rapids	HFS staff	1	*
3	3/28/20	Roscommon County Veteran Services	Organization	1	*
3	4/1/20 – 4/30/20	HomeFront Strong	HFS staff	12	658
3	4/10/20	SVA MSU	HFS staff	1	*
3	4/10/20	MING Family Programs	HFS staff	1	*
3	4/10/20	VCAT 8	HFS staff	1	*
3	4/10/20	VCAT 5	HFS staff	1	*
3	4/10/20	VCAT 6	HFS staff	1	*
3	4/10/20	VCAT 9	HFS staff	1	*
3	4/10/20	VCAT 10	HFS staff	1	*
3	4/10/20	National Guard Association of Michigan	HFS staff	1	*
3	4/10/20	West Michigan Veterans Coalition	HFS staff	1	*
3	4/10/20	Lansing Area Veterans Coalition	HFS staff	1	*
3	4/10/20	SVA Oakland University	HFS staff	1	*
3	4/10/20	SVA University of Michigan	HFS staff	1	*
3	4/10/20	SVA GVSU	HFS staff	1	*

3	4/10/20	SVA EMU	HFS staff	1	*
3	4/10/20	Region 5 VCAT	Organization	1	*
3	4/10/20	Student Veterans of America at GVSU	Organization	1	*
3	4/14/20	Michigan National Guard	HFS staff	1	*
3	4/14/20	Michigan National Guard Chaplains	HFS staff	1	*
3	4/14/20	MVAA	HFS staff	1	*
3	4/14/20	Betsey Valley District Library	Organization	1	*
3	4/16/20	177th MP Brigade MING	HFS staff	1	*
3	4/16/20	46th MP Command/Task Force 46	HFS staff	1	*
3	4/16/20	156th Expeditionary Signal Battalion	HFS staff	1	*
3	4/16/20	3/126 IN Iron Battalion	HFS staff	1	*
3	4/16/20	63rd Troop Command "The Spartan Brigade"	HFS staff	1	*
3	4/16/20	182nd Field Artillery	HFS staff	1	*
3	4/16/20	Bravo BTRY 1/182nd FA	HFS staff	1	*
3	4/16/20	1225th Support Battalion	HFS staff	1	*
3	4/16/20	272 RSG Wolfpack	HFS staff	1	*
3	4/17/20	Grand Rapids Public Library	HFS staff	1	*
3	4/17/20	Ann Arbor District Library	HFS staff	1	*
3	4/17/20	East Lansing Public Library	HFS staff	1	*
3	4/17/20	Detroit Public Library	HFS staff	1	*
3	4/17/20	VA Ann Arbor	HFS staff	1	*
3	4/17/20	Saginaw VA	HFS staff	1	*
3	4/17/20	Detroit VA Medical Center	HFS staff	1	*

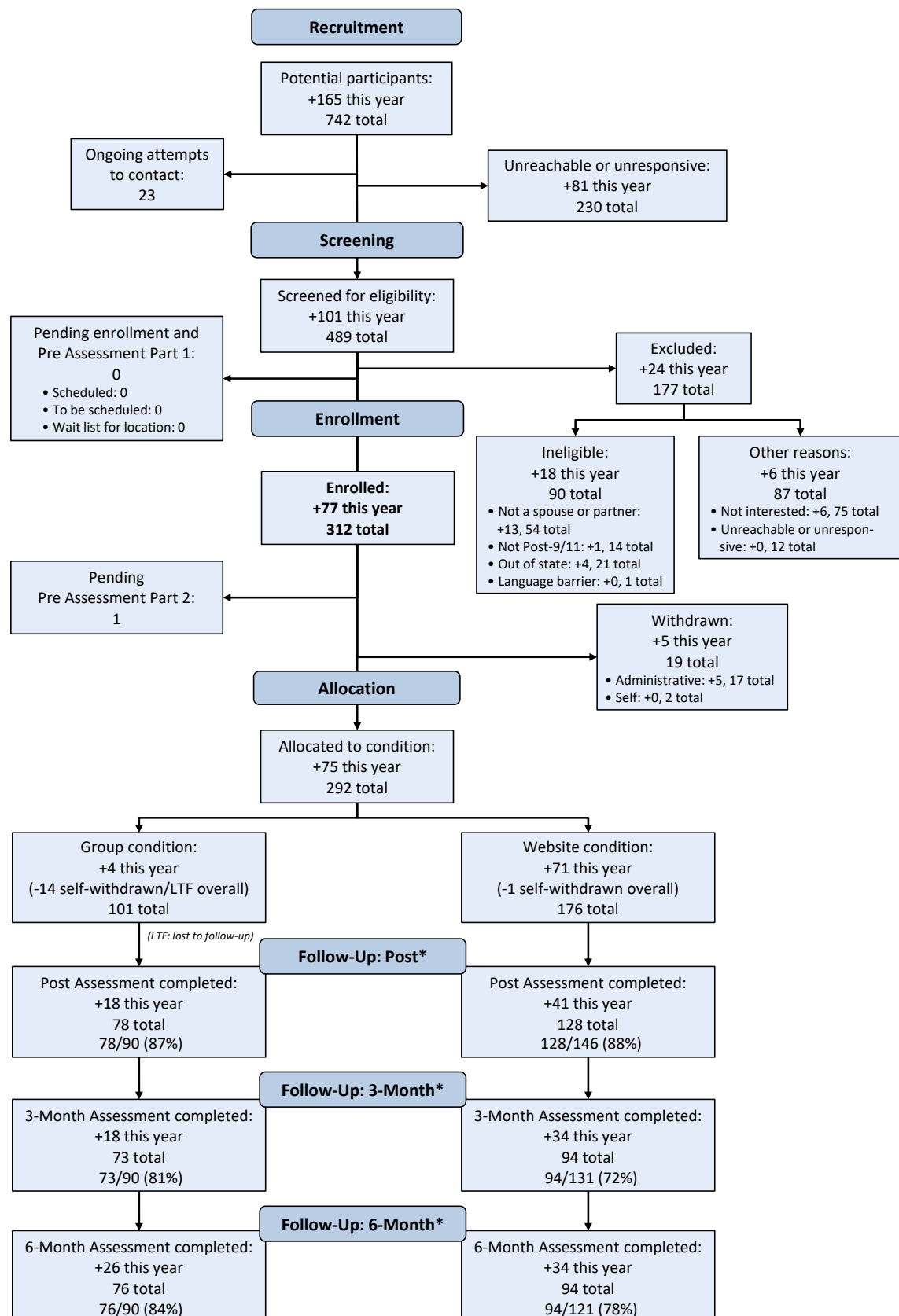
3	4/17/20	VA Lansing Clinic	HFS staff	1	*
3	4/17/20	Gather Veterans	HFS staff	1	*
3	4/17/20	Military Families United of Michigan	HFS staff	1	*
3	4/17/20	USCG Air Station Detroit	HFS staff	1	*
3	4/17/20	USCG Sector Sault St Marie	HFS staff	1	*
3	4/17/20	USCG SFO Grand Haven	HFS staff	1	*
3	4/17/20	USCG Manistee	HFS staff	1	*
3	4/17/20	USCG Port Huron	HFS staff	1	*
3	4/23/20	United Veterans Council of Kent County	HFS staff	1	*
3	4/23/20	Macomb County Veterans Action Collaborative	HFS staff	1	*
3	4/23/20	Michigan Veterans and Charity Events	HFS staff	1	*
3	4/23/20	Veteran Support Center Michigan Chapter	HFS staff	1	*
3	4/23/20	Bedford Township Vets	HFS staff	1	*
3	4/23/20	The Veterans Community Alliance of Greater Grand Rapids	HFS staff	1	*
3	4/23/20	Lansing Veterans Commission	HFS staff	1	*
3	4/23/20	One of Many Veterans - VMC- Lansing	HFS staff	1	*
3	4/23/20	Charlevoix County Veterans Affairs	HFS staff	1	*
3	4/23/20	Military Families of Monroe County	HFS staff	1	*
3	4/23/20	DTW Freedom Center for Military Veterans and Dependents	HFS staff	1	*
3	4/23/20	IAVA Vet Together - Michigan	HFS staff	1	*
3	4/23/20	IAVA Vet Together - West Michigan	HFS staff	1	*

3	4/23/20	Bunker Labs Detroit	HFS staff	1	*
3	4/23/20	Selfridge Family Readiness Group	HFS staff	1	*
3	4/23/20	Enlisted Heritage House	HFS staff	1	*
3	4/23/20	US Army Garrison Detroit Arsenal	HFS staff	1	*
3	4/23/20	127th Wing	HFS staff	1	*
3	4/23/20	110th Wing, Battle Creek Air National Guard Base	HFS staff	1	*
3	4/23/20	Alpena Combat Readiness Training Center	HFS staff	1	*
3	4/23/20	US Army TACOM	HFS staff	1	*
3	4/23/20	Battle Creek MWR	HFS staff	1	*
3	4/23/20	TACOM Spouse Coffee Group	HFS staff	1	*
3	4/23/20	Enlisted Heritage House	Organization	1	*
3	4/28/20	Region 5 VCAT	Organization	1	*
3	5/1/20 – 5/31/20	HomeFront Strong	HFS staff	8	437
4	6/1/20 – 6/30/20	HomeFront Strong	HFS staff	12	464
4	7/1/20 – 7/31/20	HomeFront Strong	HFS staff	11	897
4	8/1/20 – 8/31/20	HomeFront Strong	HFS staff	8	207
Number of Facebook posts in Year 6: 200; Reach: 11,001+					

* For posts on the HFS page, reach numbers are based on Facebook page metrics available to HFS staff. For posts on other pages, reach is unknown; several organizations had hundreds of followers, so potential reach is in the thousands. Posts and information were likely shared by many other organizations and individuals.

Appendix C

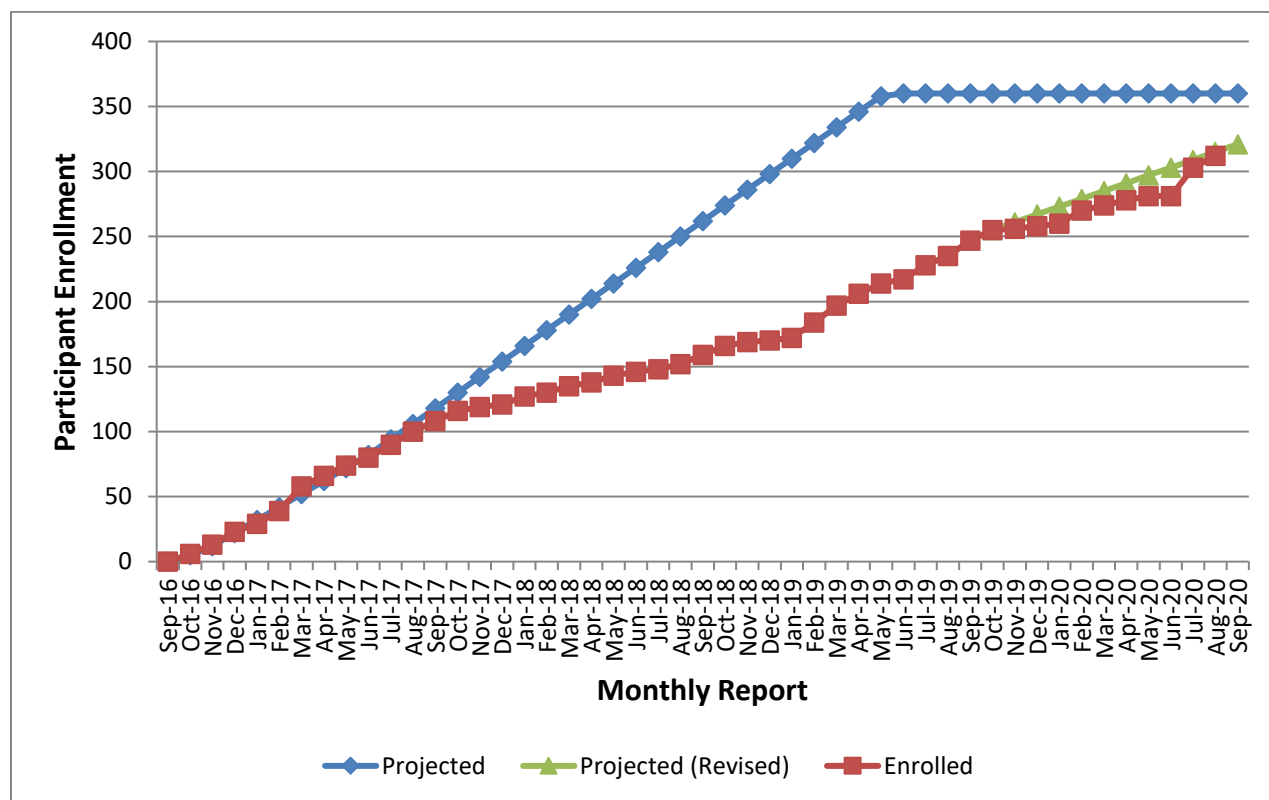
Cumulative Recruitment Flowchart, September 1, 2016–August 31, 2020



* Study is ongoing, so window for survey completion may still be open for some participants or will open in future.

Appendix D

Projected-Actual Recruitment Graph September 1, 2016–August 31, 2020



Appendix E

Newsletters, Fall 2019 through Summer 2020

Fall 2019

To view this newsletter online, please visit <https://conta.cc/32OSn3K>.

HomeFront **STRONG** Newsletter

◆ Fall 2019 ◆

Dear Friends,

As we look forward to the start of our holiday season, some of you may be embarking on a holiday without your loved one at home. Others may be restarting traditions with a loved one who was gone last year. The lives of military and veteran families are filled with many opportunities to start anew.

It is our team's great honor to serve Michigan's military and veteran families and we are thankful for all of you who have joined HomeFront Strong, who are still thinking of HomeFront Strong, and who are sharing our program with others. This is the season for warmth, peace, and friendship and we wish all of that for you this year.

Warmly,

The HomeFront Strong Team



Skills Reminder: Coping Strategies

Do you remember talking about Coping Strategies in your HomeFront Strong group or when you completed the program online? Coping was discussed in Session #3 and Coping Strategies are listed on page 28 of your workbook, if you need a refresher.

It's common to think of coping strategies as something we only need during stressful times. But coping skills can also be useful during the good times and can help us stay more present in positive moments. There are many different coping skills—taking a walk, talking to a friend, breathing deeply, journaling, reading, soaking in the bathtub, exercising, or listening to music, to name a few.



While many of us use similar coping strategies, what is most helpful is personal, and can vary day-to-day. You can use your personal coping strategies to build resilience during difficult or stressful times and also during non-stressful times for a feel good moment in your day. This is a great time of year to identify which coping strategies you already use, as well as which ones you'd like to use more often!

Where in the Mitten?

Where We've Been: We've been busy! Here are a few places we've recently visited to share information about HomeFront Strong:

- HomeFront Strong in-person groups in Lansing and Ann Arbor
- VCATs 9, 4, 8, 9, and Motor City VCAT
- National Guard Yellow Ribbons, Detroit
- Air National Guard Yellow Ribbon, Battle Creek
- Strong Bonds Events, Traverse City and Bellaire
- Coast Guard Station, Port Huron
- Hero Fest, Lansing
- Camp Liberty Open House, Brooklyn
- MSU Veterans Picnic, East Lansing
- Veteran Educator Consortium, Rochester Hills

Where We're Going: Over the next few months, HomeFront Strong will be at many events throughout the state, including:

- Selfridge FRG Holiday Party
- Howell Unit Holiday Party
- 182nd Holiday Party, Bay City
- Grand Ledge Holiday Party

If you have a holiday party or other activity scheduled and are looking for information about programs that support spouses and families, reach out to us and see how we can help at your next event. Contact Ali at (734) 998-5827 or HomeFrontStrong@umich.edu.



Resource Corner

This busy holiday season can be easier to navigate when you have meaningful resources at hand. Here are a few resources that may help you make the most of this season:

Harvest for Heroes: Each year the Veteran Community Action Team in the Southwest Michigan area (VCAT 9) helps veterans, service members and their families prepare for a festive Thanksgiving through their Harvest for Heroes event.

This year, Harvest for Heroes will give away 150 turkey baskets to military families on Monday, November 19. For more information and to register, [click here](#) or contact Joshua Parish at (906) 430-1679.



Project Evergreen: If you are a military family with a deployed spouse and are trying to find ways to maintain your lawn or if you anticipate a need for basic snow removal services, consider registering with Project EverGreen's *Green Care for Troops* or *SnowCare for Troops* programs. (Or register for both!). [Click here](#) for more information.

If you are looking for additional support for the holidays (or if you are looking for ways to support other military families for the holidays), now is the time to register for these programs:

Adopt-A-Family: Volunteers of America's Adopt-A-Family program creates sponsorships to support veterans and military families. Families who need support can receive food, toys, and clothing for the season. Visit the program's [website](#) to learn more or to register.

The Michigan National Guard Adopt-A-Family Program: This is another opportunity for families to receive assistance or to support another military family. Families who submit an application will be confidentially connected with support in the form of money, food, or mentorship. Contact the Family Programs Office at (517) 481-9889 or visit the program's [website](#) to apply for assistance or to support another family.

Operation Homefront Inc.: This national organization offers both Christmas dinners and toys for families. Visit its [website](#) to learn how to volunteer or how to register for assistance. (Operation Homefront Inc. is not affiliated with HomeFront Strong.)

Did You Know?

Have you heard of Veteran Community Action Teams (VCAT)? VCATs offer opportunities for programs in your community who focus on or have a special interest in working with veterans to collaborate and share ideas and resources.



Our team regularly attends VCAT meetings throughout the state. New information for military and veteran families is often shared at these meetings. VCAT meetings are open to the public. Have you considered attending your local VCAT meeting to learn more about resources in your area? Visit the Michigan Veterans Affairs Agency's website to find when the next one is scheduled in your area.

Here are a few things that have been shared at local VCAT meetings that might apply to you and your family:

New Commissary Rules : Starting Jan. 1, 2020, Purple Heart recipients, former prisoners of war, and all service-connected disabled veterans, regardless of rating, as well as caregivers enrolled in the VA's Comprehensive Assistance for Family Caregivers program, will be able to shop at Defense Commissary Agency stores and military exchanges. If you have never been to the commissary at Selfridge ANGB or to either of the exchanges at Selfridge or at Camp Grayling, now may be your chance.

VA Healthcare Access : Veterans enrolled with the VA's Healthcare Priority Groups 1-5 have no copayments for the first three urgent care visits. To find a VA in-network Urgent Care facility near you, [click here](#) or call (866) 620-2071.

Join Us!

We are starting in-person HomeFront Strong groups in Detroit, Lansing, and Grand Rapids. Do you live in these areas? Do you know another military or veteran family who could benefit from HomeFront Strong? There's still time to join our next groups! Contact Ali at 734-998-5827 or email HomeFrontStrong@umich.edu to learn more.



Program Pics



Our child team volunteers do a great job of balancing skill building with fun



These adorable eagles were made by a family and given to our child team volunteers



"Thankful Trees" child participants made during a group session to compliment one of the HFS grounding strategies



What the room looks like for our in-person groups



In-person groups include a shared meal for participants and their children each week



HomeFront Strong is part of Military Support Programs and Networks (M-SPAN), a collection of military mental health programs within the University of Michigan Depression Center.

HomeFront Strong

(734) 998-2205 | homefrontstrong@umich.edu | www.m-span.org
2025 Traverwood Dr., Suite C | Ann Arbor | MI | 48105

STAY CONNECTED



Winter 2020

To view this newsletter online, please visit <https://conta.cc/2uuupQo>.

HomeFront STRONG Newsletter

Winter 2020

Dear Friends,

As we start this new decade, we would like to pause and reflect on the past and future of HomeFront Strong.

HomeFront Strong started in 2012 with funding from the Ethel & James Flinn Foundation. In 2014, we received funding from the Department of Defense to expand the program to more communities in Michigan and to offer a web-based version. To date, **more than 300 military and veteran spouses and partners have participated in HomeFront Strong!** It's been a true joy to work with so many amazing military and veteran families through the years. 2020 will be our final year of funding for the program from the Department of Defense (DoD), and we are excited to make this our best year yet.



Photo credit: Jim Sorbie on Flickr (bit.ly/SorbieWinter)

If you know someone who might be interested in HomeFront Strong, please share our information with them. If you've already participated in the program, then this is the time to get the word out to your community! If you haven't yet joined HomeFront Strong and are considering this program for yourself, now is the time! Contact us and we will connect you with a group in your area or enroll you in the web-based program.

Please share our newsletter, like our Facebook page, or tell a friend about your experiences with the program. We have new groups starting soon in Southfield, Grand Rapids, and Lansing. Contact us today!

Warmly,

The HomeFront Strong Team

Skills Reminder: *Staying Resilient*

Perspective means a lot to military/veteran families. How you look at a situation can greatly influence what you see. We did a number of perspective exercises in HomeFront Strong. Has your perspective on anything changed since you started your HomeFront Strong journey? Who knows this change? If it's only you, is there someone else who you can share that with?



What has gone right for you this week? This month? Are you writing those things down? A journal of successes can be a great place to reflect on your resiliency and to help you mend when you feel like breaking.

Where in the Mitten?

Where We've Been: We've been busy! Here are a few places we've visited recently to share information about HomeFront Strong:

- Michigan National Guard Unit Holiday Parties, Bay City, Grand Ledge and Selfridge
- VCATs 5, 6, 8, 9 and Motor City
- Strong Bonds, Glen Arbor
- University of Michigan Military Appreciation Hockey Night, Ann Arbor
- Michigan National Guard Yellow Ribbon, Grand Rapids
- Michigan Works Orientation, Howell



Where We're Going: Over the next few months, HomeFront Strong will be at many events throughout the state, including:

- Meeting of the Minds, Dearborn
- Michigan National Guard Yellow Ribbon, Lansing
- John D. Dingell VA Hospital, Detroit
- Ann Arbor VA Hospital, Ann Arbor
- VA Community Based Outpatient Clinic, Wyoming

If you have a military or veteran event, an FRG meeting, or other event scheduled and are looking for information about programs that support spouses and families, reach out to us and see how we can participate at your next event. Contact Ali at (734) 998-5827 or HomeFrontStrong@umich.edu.

Resource Corner

Each month we highlight a few resources that might reduce barriers for military and veteran families. Chances are that you qualify for many resources in Michigan and across the country:

- Michigan Veterans Affairs Agency (MVAA)** is the state funded program for veterans who are registered in Michigan. This agency can help veterans who need a DD-214 and cannot find their copy, connect veterans to resources and benefits, give tips on recreation, and assist with financial and legal issues. MVAA can also help connect spouses to resources! Find places to plan your next family vacation, gain access to state parks, learn about home loans, and more. Visit their website, michiganveterans.com, to see what resources are available to Michigan Veterans and families.
- Military One Source** offers information, answers and support for members of military families. This program can help with relationship counseling, financial counseling, spouse scholarships and career benefits and can give options for child care. See what Military One Source has to offer to you by searching their website, militaryonesource.mil.
- One of our favorite offerings from Military One Source is their free resiliency tool designed to nurture and grow your relationship with your significant other. **Love Every Day**, accessible at love.resilienceboost.com, is an engaging activity to see how well you two know each other, have fun in your relationship, and build communication skills with your partner.



Plan for the Coming Months!

April is the Month of the Military Child. Each year we see amazing photos of school events that highlight and pay tribute to the experiences of military children. If your child's school does not yet have activities scheduled, now is the time to reach out to your teachers and administration with suggestions. The Department of Defense Education Activity offers ideas on how schools can integrate this important month into their school curriculum. Sharing this information might make your child's school a more military/veteran friendly environment! Visit DoDEA's website for more information: dodea.edu/dodeaCelebrates/Military-Child-Month.cfm.



Join Us!

We are starting in-person HomeFront Strong groups soon in Southfield, Lansing, and Grand Rapids. Do you live in these areas? Do you know another military or veteran family who could benefit from HomeFront Strong? There's still time to join our next groups! Contact Ali at 734-998-5827 or email HomeFrontStrong@umich.edu to find out more.



Are you following us on Facebook?

Make sure to follow our page to see regular posts and helpful info about military life!



HomeFront Strong is part of Military Support Programs and Networks (M-SPAN), a collection of military and veteran mental health programs within the University of Michigan Depression Center.

HomeFront Strong

(734) 998-2205 | homefrontstrong@umich.edu | www.m-span.org
2025 Traverwood Dr., Suite C | Ann Arbor | MI | 48105

Find us on

Spring 2020

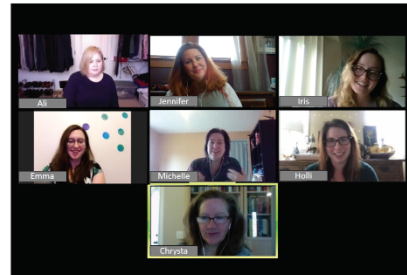
To view this newsletter online, please visit <https://conta.cc/35qarqa>.

HomeFront STRONG Newsletter

◆ Spring 2020 ◆

Dear Friends,

Spring is finally here! But with the recent COVID-19 situation, spring comes with a different feeling than the one we anticipated months ago. We hope that you and your family are doing well, and are healthy and safe. Our HomeFront Strong team is working from home, and is still available to support you.



Our team is committed to ensuring that spouses and significant others of service members and veterans are supported as much as possible. HomeFront Strong is up and going strong during this time at home. For those of you who have already completed the program, your web access remains available for you to revisit <https://m-span.org/our-programs/homefront-strong/homefront-strong-program-overview/>

If you are waiting for an in-person group but would like to switch to the web-based program, please contact us. For those of you thinking about joining HomeFront Strong, our website program is open to new participants now, or you can sign up for a future in-person group. Please contact us for more information.

A resiliency program like HomeFront Strong can be helpful when times are quiet, and also if times become more chaotic. You might not need the skills you have learned in this program every day. However, once these skills are learned, they are there for you and can help you weather any storms.

If you need support right now in any of the ways mentioned above, such as accessing your online HomeFront Strong account, finding information about an in-person group or moving to the web based program, please email our program manager, Jennifer Lamb lambjm@med.umich.edu

Warmly,

The HomeFront Strong Team

Skills Reminder: *Guided Imagery*

HomeFront Strong teaches different grounding strategies to help you stay focused and present in the moment. These strategies can be helpful during times of stress, or even when life is going smoothly.

One of the grounding strategies that you might remember is Guided Imagery. Guided Imagery is a way to use your five senses to focus on an image or a moment. Even now when you might be at home or otherwise social distancing, you can use a technique like Guided Imagery to go on a "mini relax-ation" in your mind.



An easy way to practice Guided Imagery is to look at a picture of a place that may or may not be familiar to you. Concentrate on the picture. Imagine being in that place. What sounds do you hear there? Is it warm or cold? What does the air feel like? What does the air smell like? What do you see just outside of the frame of that picture? Is there a taste that comes to mind when you see the picture? Sit with those feelings for a few minutes, and practice taking in a few deep breaths.

Guided Imagery is a portable grounding strategy that you can use whenever and wherever you need. Just look for an image, and imagine yourself in that place. Guided Imagery can help you center and focus, be in the moment, and slow down your thoughts.

Where in the Mitten?

Where We've Been: We've been busy! Even though we have not been traveling as much this quarter, we have participated in many online outreach programs, coffee hours, and town halls. You might be interested in joining some of these virtual meetings as well. The COVID-19 Military Support Initiative (CSMI) updates available meetings often. If you are interested in joining. A current list of events can be found at

<https://covid19militarysupport.org/event/>

Where We're Going: As soon as we are able, we look forward to joining community outreach and activities in person!



If you have an upcoming virtual event, let us know how we can contribute. You might also be planning future military or veteran events, FRG meetings, or resource fairs and are looking for information about programs that support spouses and families. Reach out to us and see how we can participate at your next event. Email Ali at thalison@med.umich.edu or HomeFrontStrong@umich.edu

Resource Corner

With each newsletter we highlight a few resources that can reduce barriers for military and veteran families. The below resources specifically address current COVID-19 concerns.

- University of Michigan compiled a comprehensive list of potential resources in the Michigan COVID-19 Resource Guide medicine.umich.edu/dept/pt-experience/patients-families/covid-19-resources-patients-families
- Unfortunately, many people have lost their job, have been furloughed, or otherwise qualify for Michigan Unemployment. You can find information for this resource at www.michigan.gov/coronavirus
- If you or your family are looking for resources for food, cash, internet, or housing relief please visit <https://www.bridgemi.com/tags/coronavirus-michigan>
- The MVAA COVID-19 website posts up to date information and resources for veterans <https://www.michiganveterans.com/p/Coronavirus-Disease-2019-COVID-19-Information>.



Mobile Apps

There are so many apps out there for smartphone users that it's hard to know which ones are helpful. Our team has spent some time recently reviewing different apps and these are some of our favorites. Check them out and let us know what you think!

- "SLINK: Spouse Link" MilitarySpouse Magazine created this app as a matching and chat tool designed to help military spouses create connections in civilian life. (Free; iOS and Android)
- Happify: Designed with input from 18 health and happiness experts. Happify's positive mood-training program is approved by the American Psychologist Association. This app allows users to unlock new content every few days and provides the users with the opportunity to: record what they are grateful for; read articles about good things happening in the world; and engage in activities to learn various skills. Additional information can be found at their website www.happify.com (Free; iOS)
- Breathe2Relax: Created by the National Center for Telehealth and Technology, this app encourages users to develop breathing techniques as a way to manage stress. Features include educational videos on the stress response, logs to record stress levels, and customizable guided breathing sessions. (Free; iOS and Android)

Join Us!

Do you know another military or veteran family who could benefit from HomeFront Strong? We are currently enrolling individuals who can self-select into the online program or into a group at a later date! Contact Ali at thaison@med.umich.edu or email HomeFrontStrong@umich.edu to find out more.



Are you following us on Facebook?

Make sure to follow our page <https://www.facebook.com/homefrontstrong> to see regular posts and helpful info about military life!



HomeFront Strong is part of Military Support Programs and Networks (M-SPAN), a collection of military mental health programs within the University of Michigan Depression Center.

HomeFront Strong

(734) 998-2205 | homefrontstrong@umich.edu | www.m-span.org
2025 Traverwood Dr., Suite C | Ann Arbor | MI | 48105

STAY CONNECTED



Summer 2020

To view this newsletter online, please visit <https://conta.cc/2Zp6wG6>.

HomeFront STRONG Newsletter

Summer 2020

Dear Friends,

We hope this newsletter finds you and your families doing well! As summertime transitions into the fall, sunny days and late nights will be replaced by cooler temperatures and for many of us, a return to school.

Our program will also have a transition in the next few months. For the last several years, we have offered HomeFront Strong to Michigan military and veteran families through funding from the Department of Defense. That funding will be ending soon.

We are actively working to secure longer term support, but want to encourage you to join the program now if you or someone you know is interested.

If you have been thinking about joining HomeFront Strong, there is still time to enroll! We are pleased to offer our program online during the pandemic and will continue enrollment through October 1st. If you, or someone you know, is interested in joining HomeFront Strong, please reach out to us! To learn more or to switch from the waitlist to the online format, contact us at homefrontstrong@umich.edu.

As always, our team at HomeFront Strong and M-SPAN continues to be devoted to supporting Michigan's military and veteran spouses/significant others.

Warmly,

The HomeFront Strong Team



Skills Reminder: ***Building Community***

In HomeFront Strong, we talk about the importance of social support, friendships, and building our community. Take a moment and think about what kind of community and social connections you have in your life right now. Do you need additional support? Companionship? Practical help? Emotional support?



If you have already completed HomeFront Strong, you will be familiar with the four categories of social support. You can review the information from Week 6 to reflect on what kinds of support you might need. If you are part of HomeFront Strong now, consider paying attention to how your support needs might have changed over the last six months and what you might need in the future.

If you have any “job openings” in the support you need, here are a few ideas to build your community:

- Try new experiences – even on Zoom!
- Reach out to connect with an old friend
- Take the time to nurture those relationships that are important to you
- Think about what kind of friend you want to be to others, and what you are looking for in a friend
- Make use of virtual options such as social media to connect with others
- Be willing to take a chance! Even though it can be a bit intimidating at times, try reaching out to someone that you would like to get to know better!

Life has changed for many of us over the last several months, and along with those changes comes a risk of isolation and a loss of community. You are not alone! Fostering a strong community helps to foster resilience and provide support to get through stressful times. Check out our Facebook page to stay connected

<https://www.facebook.com/homefrontstrong/>. Or connect with Blue Star Families for extra support <https://www.facebook.com/BlueStarFamilies/>.

Where in the Mitten?

We've been busy! Even though we have not been traveling, we have continued with online outreach programs, town halls, and coffee hours to connect with Michigan's military and veteran families. We've also mailed almost 16,500 letters to veteran families, letting them know about HomeFront Strong. We are here for you! Please reach out to us by phone, email, or social media.



Resource Corner

Check out these resources that might be helpful for military and veteran families:

- Have you been attending any of the MVAA bi-weekly coffee hours? This hour long program provides resources for military/veteran families across the state of Michigan. Previous topics have included: resources for caregivers, resources for women veterans, career resources for veterans and veteran spouses, and much more. Click here for more information about past and future events:
<https://www.michiganveterans.com/p/COVID-19-Assistance-and-Resources#1>
- It's time for many families to go back to school. Don't forget to look into resources that can help your child and your family be successful this school year. The state of Michigan has compiled an entire site to provide resources for your family to include resources for math, social studies, art, English learners, Health Ed/PE and more. https://www.michigan.gov/mde/0,4615,7-140-28753_65803---,00.html
- Even older children can find benefits to help them start planning for their college careers. Is there a child in your home who received a parent's Post-9/11 GI eligibility? It's a good time to start learning the facts now.
<https://gibill.custhelp.va.gov/app/answers/list/session/L3RpbWUvMTU3MTIxOTM4MS9zaWQvcWxoS0Vzcm8=>
- The unfortunate reality is that the current COVID-19 crisis means many people have lost their job, have been furloughed, or otherwise qualify for Michigan Unemployment. If you are looking for information on this resource please go to https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98179---,00.html



Virtual Resource Corner

There are so many apps out there for smartphone users that it's hard to know which ones are helpful. Our team has spent months reviewing different apps and these are some of our favorites. We are not endorsing these apps specifically or recommending all aspects of every app. Rather, the following are just a couple apps that our team enjoyed. We hope you like these as much as we did; let us know what you think!

- 3 Good Things: Based on the principles of Positive Psychology, this app focuses on gratitude practice and provides a simple, user-friendly way to track three things you are grateful for each day. Providing helpful daily reminders and a count of how many days in a row users have practiced gratitude, this app encourages daily use. Furthermore, the app tracks users' responses, allowing you to review what has gone well each day. (Free; iOS)
- Stop, Breathe, & Think: Providing users with mindfulness activities, this app starts with a check-in and brief deep breathing practice. Users answer prompts about how they are feeling physically, mentally, and emotionally and receive suggestions for mindfulness activities based on their responses. Alternatively, users can self-select a mindfulness activity, choosing among various facilitators, length of activity, as well as options for either English or Spanish. (Free, options for in-app purchases; iOS and Android; <https://my.life/>)

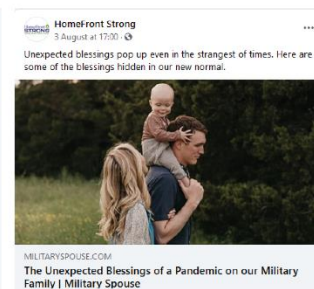
Join Us!

Do you know another military or veteran family who could benefit from HomeFront Strong? We are currently offering our online program to military and veteran spouses/significant others. Our enrollment will be ending October 1st, so contact us soon at HomeFrontStrong@umich.edu for more information.



Are you following us on Facebook?

Make sure to follow our page <https://www.facebook.com/homefrontstrong> to see regular posts and helpful info about military life!



HomeFront Strong is part of Military Support Programs and Networks (M-SPAN), a collection of military mental health programs within the University of Michigan Depression Center.

HomeFront Strong

(734) 998-2205 | homefrontstrong@umich.edu | www.m-span.org
2025 Traverwood Dr., Suite C | Ann Arbor | MI | 48105

STAY CONNECTED

