

Short Takes on Suicide Prevention

The Colorado Coalition for the Homeless

<http://denvermirecc.libsyn.com/podcast/the-colorado-coalition-for-the-homeless>

(Text Transcript Follows)

[00:00:00] Music

[00:00:11] OPENING MONOLOGUE

Adam Hoffberg (AH): Welcome, everyone and thanks for joining us for the next installment of the *Rocky Mountain Mirecc's Short Takes on Suicide Prevention* podcast. I'm your host, Adam Hoffberg. And today we are joined by the Colorado Coalition for the Homeless and I am here with Tammy Bellofatto, James Ginsburg, and Cathy Alderman and I'm gonna let them introduce themselves and then we're just gonna kind of jump into some of the – uh, great work they're doing to – uh, prevent Veteran homelessness and get Veterans – uh, into housing, so welcome.

Cathy Alderman (CA): Thank you, Adam. Um, my name's Cathy Alderman and I'm the Vice President of Communication and Public Policy here at the Coalition for the Homeless.

James Ginsburg (JG): Thanks, Adam. I'm James Ginsburg and I'm the Director of Fort Lyon and the VA Grant Per Diem Programs.

Tammy Bellofatto (TB): And my name's Tammy Bellofatto, I'm the Director of Vocational Services with the Colorado Coalition for the Homeless.

AH: Great! Well, again, thank you all for taking time today to join me on this – uh, bright and sunny, winter Denver day. Um, I guess – uh, we'll start with a couple questions with Cathy and I guess I just wanted to – uh, first give us a little bit of background on the organization, Colorado Coalition for the Homeless and then – um, kind of tell us a little bit about your organization's approach to this integrated lasting solution of ending homelessness.

CA: Sure. So, the Colorado Coalition for the Homeless has been around for over thirty-three years. Uh, we started out with a Health Foundation grant – um, providing healthcare services to people experiencing homelessness – um and quickly realized that the healthcare alone wasn't really gonna help people – um, get back into a stable living situation so we started building housing. And then we started integrating – um, support services into that housing and making sure that we were connecting people with – um, vocational services or any kind of substance abuse treatment services they might need and really trying to treat the whole person. And so, we consider ourselves to be a housing, healthcare, and service provider – um, for a large population of people experiencing homelessness all across Colorado. And that really is the integrated approach that – that we take. That we know. Housing is dependent on healthcare, healthcare is dependent on housing and without those critical support services to keep someone stable and to keep someone engaged in their community – um, you know, they're less likely to succeed in the housing situation that we're able to place them in.

AH: Mhmm. Yeah, I can see how, you can't fix one thing without addressing the whole person and all their – all their needs and – uh, that makes a lot of sense. Um, so tell us about – uh, homelessness in Denver and also, like, sort of how you all formed your roots and where – where you got your funding to get started.

CA: So, the original funding came from – um, a Robert Wood Johnson Foundation. We're now funded from more sources than I can count on my fingers [laughter].

AH: Okay.

CA: Um, but we do receive a large amount of federal dollars, some state dollars, some private foundation dollars, and then, obviously, we're dependent on the community for donations and philanthropic interest. Um, we – you know, the number of homeless people – uh, especially in the Denver area is increasing substantially. Um, what's most alarming is the number of unsheltered homeless individuals and families. And so, we're really trying to work both with the state government and the city government to find some creative ways to help people who are forced to live outside. Um, we know we don't have adequate and appropriate shelter systems that address specific needs for specific populations and so we're really looking to try to see if we can think a little bit more creatively about how to bring people in to safer spaces and get them back up on their feet. And we also know that – um, you know, we're seeing a large population of younger Veterans –

AH: Mmm.

CA: experiencing homelessness. Coming back from Iraq, coming back from Afghanistan – um, and it – with every population there's a different level of needs that we need to address, and we try to be really in tune to what – how those needs are changing. Um, I would also say with substance use issues and the opioid crisis, especially – um –

AH: Mmm.

CA: across Colorado, it's really impacting how we're able to serve people. Uh, we don't have enough substance use treatment options for folks and so we're having to do a lot more of that in house. And we don't have a lot of places for people to go to recover which is why our Fort Lyon program is so critical.

AH: Great, and we're gonna speak with James in just a moment to – to learn more about that program. Um, I guess – um, I'm glad you mentioned that you serve a lot of populations and I guess, you know, for today we're gonna focus in on really some of your Veterans programs. You mention this – that, you know, you're seeing a lot of younger Veterans and – um, we keep coming back to this concept that maybe transitions are a very difficult – uh, time for folks and maybe – uh, leaving the military and – uh, getting back into the civilian world – uh, is a challenging time. Is there – do you think that's related to why you're seeing – uh, these younger homeless Vets?

CA: Absolutely. I think that – um, in addition to some of the – the trauma, obviously, that's experienced – um, while being in the military and people come back to their homes – um, and you know, they – they're living with this trauma and they need treatment for this trauma and they need community support for this trauma – um, and it's not always available. And so, we really try to provide, kind of that holistic approach to addressing trauma. Um, we consider ourselves to be a very trauma informed organization. Um, looking at people and asking, you know, what happened to them instead of what's wrong with them. It's very important. Um, just –

AH: That's a very crucial question, yeah.

CA: I think one of the biggest – um, systems' gaps for people coming back – um, you know, from – from being in the military, is we have a pretty severe housing crisis in Colorado. It's almost impossible for somebody to come back who may have lived here five, ten, fifteen years ago, for them to be able to afford a similar type of living arrangement that they might have been in before. And that's both for people trying to rent as well as people trying to buy. And so, we, you know, we really focus a lot of our advocacy efforts on state and local governments and trying to invest more in housing and making sure we have appropriate housing options for all of our targeted populations and particularly Veterans.

AH: Mhmm.

CA: So, we're really excited to be breaking ground on sixty units of Veterans' housing at the Fitzsimons Campus in Aurora. Um, that'll happen this year.

AH: Oh, that's fantastic!

CA: Yes! And it's on the campus with the Veterans' services available [inaudible] –

AH: Uh huh.

CA: and we'll be providing that, kind of, full wrap around package of services to make sure that folks not only get to move into a new home in a safe space but that they have that community of support that will help them succeed in that housing situation.

AH: Excellent. That's- that's great to hear. Uh, you mentioned a bit about your orientation and how it's a really holistic and – and integrated approach and how, you know, many – uh, folks are experiencing some substance use issues. Um, how does that process work? Is it one of these programs where you need to be sober before you can get into the program or is it really about housing first?

CA: Yeah, so that's interesting. Um, most of our programs are housing first oriented so we do not require sobriety – um, before we will house and – and help you out. Um, however, at Fort Lyon, the residents themselves have actually said we need this to be a sober environment. So, we do ask people to, you know, come to us after they have, you know, may have detoxed and – um, stay with us as long as they need to recover but be committed to sobriety long term. And then we have – um, one area for Fort Lyon graduates. Uh, where people can move back, and the residents again have determined that in order for their recovery to be successful they need the people around them to maintain sobriety. Um, other than that all of our other programs are really – um, dependent on the housing first model and, you know, you come to us and we are gonna help you get stable housing and then we're gonna help the issues that led to your homelessness or to your housing instability.

AH: Excellent. Excellent. I think that's a great segway or transition to talk to James a little bit more about the Fort Lyon's program. Um, could you introduce that to us and – and let our listeners know a little bit more about it?

JG:

Sure. So, Fort Lyon is a – uh, what we call supportive residential community. It's in southeast Colorado and we just celebrated five years of operation. We serve approximately two hundred and twenty people at any given time and we – uh, prioritize Veterans so if anyone from across the state, any homeless service provider, social service agency makes a referral – um, and they're a Veteran they go to the top of the list. Even though we're pretty much on demand, meaning men can get in within four to six weeks, we have a little longer waiting list for females cause we have fewer beds – um, but Veterans can typically get in within a week or two. Which is critical for addiction treatment. Typical – um, long term recovery communities are an average wait list of six to nine months and as you probably know, when people are having to wait to access services for that long, we often lose contact with them. I think, as Cathy was talking about, the – the housing first versus the – um, sobriety requirement, we're really trying to create a continuum of care both within the agency and the broader state. We see that people in their recovery, in their journey, in their homelessness, in their – uh, addiction, in primary care – uh, recovery they're not stagnant. There's times when people need direct access to housing without requirement for – uh, sobriety. There's times when people want sobriety. And there's times when people move back and forth through those – um, sort of – uh, head spaces, so to speak. And so, I think the challenge for us is to be able to be light on our feet in terms of – uh, having people access resources, where they're at, at any given time. Uh, Fort Lyon is most critically a community. And I think we see Veterans – um, coming out of – um, you know, war situations, or – or coming out of – um, the VA and – and kind of being sometimes disillusioned about the lack of community that they experienced in the military.

AH:

Mmm.

JG:

And um – and so, if we can recreate a supportive environment in all of our systems, we really find that – that people thrive in that. Uh, people can stay at Fort Lyon for up to three years. It's a – it's a very autonomous program. We're really trying to create a safe space – uh, where people can – uh, design their own recovery model within – uh, resources that we provide for them. I think of Richard, who's a thirteen year Iraqi, Gulf War, Afghanistan Veteran, recipient of a Bronze Star, struggled with alcoholism in his – uh, service career, but then when he – uh, left the military he got into methamphetamines and became homeless and was referred to Fort Lyon and quickly – um, really thrived in that community, again with other Veterans, with other nonveteran homeless persons and ended up creating – went up and down the Arkansas Valley gathering bicycles, created his own bicycle – uh, shop and lending program within Fort Lyon and after about a year and a half, went into the local community, opened his own business and he currently runs the only bike shop in the Arkansas Valley.

AH:

Wow.

JG:

And – and it's really about being person centered and strength based. Really looking at people's strengths and – and focusing on the person versus, sort of, the system. A lot of time Veterans are – have been disillusioned by the – by the overall system and I think a lot of our role is helping Veterans and other homeless – um, access – uh, access current resources that maybe the resources are there but they're so hard to navigate. Um, but there's also many gaps in the system. And as – as Cathy said, it's really about affordable housing.

AH:

Mmm. Thanks, you touched on – um, a few things there that I wanna like, circle back with. First, the sense of community which I think I – well, as you mentioned it's just kind of fundamental to this. Uh, could you give us some examples of maybe like how the community is fostered, or what kind of activities that folks do together – um, in this program?

JG: So, it's – it's very peer driven and, certainly the research shows that in recovery, peer to peer is the most effective model. And so we really try to – um, avoid a top down – um, sort of expert to – um, to client model and – and try to create a space where – um, for example new residents are welcomed by senior residents and they're – they become mentors and that – um, we have twenty-one – uh, twelve step groups on campus that were entirely started by the residents. Um, we have a barber shop that was started by the residents.

AH: Wow.

JG: We have a lot of – um, community activities in terms of art and other therapies, all started by residents. Um, and then the community, as Cathy had said, told us that we do not want any substance use. That this has to be safe. That we don't want to tolerate any kind of aggressive or – um, substance use behavior. When we first opened, we were allowing people to have relapse, of course addiction is a chronic relapsing disease – uh, but again, the community said, you know, if we want to be in a housing first model or a – or a harm reduction model, we can access that somewhere else. We want this to be an alcohol and drug free community. And so, we're trying to respond to the direct feedback of the residents themselves.

AH: And for folks who may not be familiar, what is, like a harm reduction model?

JG: Uh, harm reduction is really a best practice and it stems from meeting people that are struggling with addictions – um, where they're at in terms of – um, we do harm reduction in medical care. We ask people to – um, diabetics to eat better. Maybe – maybe they don't completely get into a sugar-free exercise and – and – uh, insulin lifestyle but they do some things to reduce the harm and it's the same – using a seatbelt is a harm reduction intervention, for example. And the same in addiction treatment that we would like you to do some – uh, a needle exchange is a harm reduction intervention.

AH: Mhmm.

JG: That we understand that – um, recovery is a journey and it's a process and that if we require you to be abstinent before we serve you, you may never get clean and sober. But the journey of recovery is about continually adjusting your lifestyle to – um, use less and less ideally – um, maybe integrate some healthy behaviors with your substance addiction behavior and ultimately a harm reduction at the end of the day is about coming into abstinence, if addiction is having a overall negative impact on your life.

AH: Excellent. Thanks for explaining that. Um, the other thing I wanted to circle back on – uh, was you mentioned some of the disillusion – disillusionment and, you know, when I think about Veterans, you know, often a proud bunch and – and perhaps seeking care and seeking – uh, this kind of service might be something they'd hesitate to do and I was wondering if – how you guys overcome that barrier and, you know, if you had sort of a – a story around that and how – how somebody kind of came around.

JG: I mean, I think of – I started my – um, career almost thirty years ago, I started at the Coalition seventeen years ago as a street outreach worker and I used to encounter a lot of Vietnam era Veterans and many of them did not wanna access – uh, the VA system or even our own system. They felt – um, really disenfranchised about, felt like – uh, they had been denied access to resources that maybe they had a right to. And so, again, I think it's meeting people where they're at. It's really developing relationships with people and in some ways, maybe even backdooring people into our system –

AH: [Laughter]

JG: that – um, that – there's street medicine, we have a health outreach program and so not requiring people to come into our system necessarily, but maybe bringing the system through individuals to people on the street. And so, putting a face on – on resources and – and letting people know that, yeah, we're not perfect in our approach to what – meeting your needs, but – but as one on one and – and again, building – uh, individual relationships I think is where that starts in terms of breaking down the barriers to accessing services.

AH: Yeah, I could see how probably the peer driven model also might be, you know, I've been there, I've done this, I've – I've come out on top and –

JG: Absolutely

AH: made my way through.

JG: Absolutely. And we have a large – uh, peer specialist – uh, program within the agency and – and certainly that model is expanding across the country where – where people with lived experience in – in – as Veterans, as people experiencing homeless, addiction, mental health issues are equal partners in – and equal professionals in our integrated care model.

AH: Excellent. I'm so glad you said that.

CA: I was just gonna say, James, one thing I think that's interesting for folks listening, to hear is about the community at Fort Lyon not just being on campus but the relationships that we have with the broader community, with the community colleges and how people are able to access those programs and those services off campus so maybe you'll talk a little bit about that.

JG: Yeah, and I think, like you said it's – um, it's about a fully integrated – um, care system where you're treating the whole person. Um, that we have collaborative partnerships with the local – uh, mental health center, Southeast Healthcare, with the local primary care provider, Valley White, and then the two local community colleges, Otero Junior College and Lamar Community College. One of the things that people experience in homelessness, as with all of us, you know, the only difference between – uh, persons who are homeless and us is that they don't have homes.

AH: Mmm.

JG:

They still want community, they wanna have – uh, they wanna contribute to society, they wanna work and because of the history of trauma, because of the history of – uh, homelessness and addiction and mental health issues, often can't work forty hours a week competitive employment but want to work and Tammy can certainly talk a lot more about that. Um, but our partnerships with all those agencies really comes together. And – and helps normalize the experience. That they're not isolated community – um, getting this – uh, heavy does of support and that – artificially and then when they leave, they have to go out back into this sort of, you know – um, difficult situation in the broader community. But we try to integrate the broader community while they're there on campus. And – and again, they're going to college. We have nine transports, into the greater community, a day and so people come and go as they please. It's an open campus. They create their own recovery. Um, they're going to school, they're getting their healthcare needs met. They're getting their mental healthcare needs met. Um, and then working with one another on campus and finding employment and – and sort of struggling with getting back into the stream of life. We like to say people come there to stop dying and to start living.

[00:21:11] SPONSOR MESSAGE:

Woman:

Hey everyone, just a quick break from the show to let you know three things you can do to help the show get even better. First, write us and let us know what you think. We want your ideas for guests and topics. Write us at rockymountainmirecc@va.gov. Second, click your subscribe button on whatever it is your using to listen, so you never miss an episode. And third, tell a friend that they can always talk to you if they need help. We're all in this together.

[00:21:37] INTERVIEW CONTINUES:

AH:

That's very powerful and that – I love how you emphasize that the only difference between someone who's homeless and you or I is that we have a home and really that person first language, it – it brings a lot of respect, so I – I definitely appreciate that and it goes back to what Cathy was saying where it's what happened to you, not what's wrong with you. So, I can see how this program is really, kind of putting those values to life.

JG:

Absolutely. And they're telling us what the program should bring instead of us bringing a program and telling them how to behave.

AH: Excellent. Well let's turn to Tammy for a little bit. Um, thanks for [laughter] sitting so quietly while we – uh, talked through some of the other – uh, interesting aspects of this program. So, Tammy, first let's just – uh, hear a little bit more about your role in the organization.

TB: So, I run the vocational services programs and one of our biggest programs is the Homeless Veterans Reintegration Program which is funded by the Department of Labor to assist homeless Veterans and – um, get back to work. So, what we do is we don't do the housing piece of – of the homeless Veterans reintegration program because it is funded through the Department of Labor. We leave that up to the Veteran housing folks. But we do assist people with getting jobs. So, the way that starts is any Veteran that is homeless – um, or in a transitional living situation, they can come in every Thursday morning at 8:30 at our little location at 563 East Colfax Avenue, and get signed up with orientation. And we get – we kind of tell them about the program that day and we tell them about all the good things that we can do to try to help them get a job. And then, they get to meet individually with the – with their vocational specialist and a case manager to lead them in their journey – actually to walk beside them in their journey to employment. So, we have a person centric – uh, approach to employment so we do individual employment plans and that is all about the Veteran. The Veteran's able to tell us what they want to do. We also do an interest profile, kind of like you did in high school that says where your interests lie, and, like you should be a fireman or whatever. Um, we do one of those assessments with them and then we go through and you're like, what do you need now? Do you need money today? Like, and then we'll work on maybe getting a temporary job just so they'll have daily pay. What's your next step? Where do we get you a 12 to 18 hour a day job? Um, help you get back to sustain stability. And then, how do we help you get to your dream job? And your dream job is your dream, not our dream. So, if your dream job is being an astronaut, how do we get you there?

AH: Mmm.

TB: What are the steps to – to be there? And if for some reason, we can't help you with those steps or it's not achievable, maybe you have a criminal history and you can't become an astronaut, how do we get to someplace working like at Lockheed Martin? And getting you close to where they build the spaceships and – and those types of things.

AH: Mmm. That's – that's – that's quite powerful. Um, I know, you know, employment can bring sort of a semblance and – and value you can then take forward with you. Um, do you have any stories to share that, you know, of Veterans that have made their way through the program and – and landed successfully in a – in a good job?

CA: Absolutely. So, we have plenty of Veterans over the last five years of running – um, HVRP – um, that have gone out in the community and are making sixty thousand dollars a year doing – um, accounting work or IT work and several of them have come to work at the Coalition and several have gone to work at the VA.

AH: Oh, really?

TB: Yes. So, we have a great relationship with the VA and they – um, we have a streamlined write-in to the HR department where we can send resumes and see if they're a good fit. We also use the compensated work therapy program at the VA for folks that are just getting back into employment so that they can work through, maybe, some of their – um, physical – um, problems and they're able to get back into the workforce. So, we try to partner with the VA on – on many things with the Veterans. But – um, a big example is we had a homeless Veteran come into our program and – um, he had extensive maintenance experience in the past. And, he became homeless because of a family issue and the Veteran received housing through the VA through their Grant Per Diem Program, the transitional – um, housing through the VA. And then, and we were able to get him a job at the Coalition as a maintenance supervisor earning over twenty dollars an hour.

AH: [Laughter] That's amazing. I mean, that's – that's really cool. One question I had, actually was you mentioned that you partner a lot with VA programs, is this also available to Veterans who may not qualify or be eligible for VA services?

TB: We can serve any Veterans with a DD214 that has anything besides a dishonorable discharge.

AH: Okay. That's helpful. How can folks learn more about this program if they, you know, if – if we have listeners tuning in that say hey, this – this matches a client I know or – um, I wanna learn more about this service so that I have it in my – uh, back pocket if I ever need it.

TB: So, they can go to our website at coloradocoalition.org [link to the Colorado Coalition website] and look us up under the Vocational Services – um, portion of the website or they can give us a call at 303-312-9835.

AH: Great, and we'll definitely include some links out in the notes. I just wanted to make sure we touched on that because, you know – uh, I wanted to – you know, we're not just talking here today, these are real services on the ground that folks can get to if – if they have someone in mind. So, Cathy, we've been talking a lot about – uh, some of the great successes of the program but I also do wanna highlight that there are obviously ongoing challenges and maybe – um, you could talk us through, you know, sort of what are the challenges that you all encounter and, you know, how do you see a path forward? We live in a world of a lot of disparity and, you know, especially economic disparity seemed to be sort of increasing and so, you know, with our goal to end homelessness but we see a lot of things moving in another direction and just wondering if you could speak to that.

CA: Sure. We've talked a lot about our programs and services – um, which are obviously critical to the Coalition's mission to make sure that we can get people – um, back on their feet and in stable housing and – um, managing their healthcare, their mental health care, getting connected with – um, employment. But another aspect of our work is – um, advocacy work. And as I mentioned, we work very closely with state and local government to make sure we're investing resources where resources are needed. And where those resources are needed the most right now is in housing and – and – um, providing substance abuse treatment. We just see huge gaps there for all populations. So, we are, you know, really kind of pushing the state – um, to take a more active role in a housing strategy and a homelessness strategy statewide. We're one of four states that doesn't have – um, a housing trust fund or a funded housing trust fund, so the state is not really investing in housing in a time when it is so critical. We are also – um, a state that doesn't have a homelessness strategy statewide. We have some localities that have –

AH: Oh really? Okay.

CA: their own strategies but the – the state is not investing in – um, in homelessness. And so, we think that those broader strategies could really address some of the disparities that we're seeing – um, across populations. And then we do a lot of work with our state legislature to make sure that the – the playing field can be leveled for folks. To make sure that people coming out of the criminal justice system have the opportunity to get jobs and we're doing that through Ban the Box legislation and not sure if you're familiar with that term –

AH: No.

CA: but it means that an employer can't screen somebody out just because they may have involvement with the criminal justice system in their past. They – they have to at least give them an interview unless the job, you know, critically requires that – um, that that – that that take place. We are engaged in protections for renters to make sure that there's a level playing field bef – between renters and landlords to make sure – um, you know, that we're not pushing people into homelessness. So, anything we can do to prevent homelessness up front means that we won't have to deal with all of the issues that come with people who – um, you know, find themselves in a homeless situation. We're involved in, you know, in supporting things like increasing the minimum wage, making sure the pay is equal, making sure that families can have family paid leave – um, all of those things are critically important to making sure that, you know, we – we are leveling the playing field for ordinary folks to have the same opportunities that – um, everybody else has.

AH: Mhmm. Yeah, it's no surprise that you have to come at it from a lot of angles like you mentioned, a holistic approach is really the only way that we can probably solve this issue and so you also mentioned that, well, in your name it's a coalition so, I mean, obviously you're one organization, there's many folks out here sort of working towards this common goal. Could you talk a little bit more about that?

CA: Sure. The Colorado Coalition for the homeless is a – is a single organization that brings in the collaborative partnerships of lots of other organizations so, as Tammy was saying, our partnership with the VA is critical to the coalition's – um, success. Our partner with – um, community – um, leaders in the areas where we are, like community colleges are critical to – uh, making sure that we serve folks. We work very closely with a lot of other advocacy groups who are also socially justice focused, making sure that folks have the – the opportunities – um, that everybody else has.

AH: Mhmm.

CA: And so we work with organizations like the Colorado Center on Law and Policy, Colorado Fiscal Institute – um, we – and our renter's rights work, we actually see a lot of – um, family groups that need – um, they're trying to help – um, families get a step up and we do that through a coalition called All Families Deserve a Chance.

AH: Oh, very nice name. [Laughter] As I mentioned, this is a suicide prevention podcast and so one of the interesting things I always think about is how does housing and employment and community sort of contribute towards suicide prevention and promoting, you know, lives worth living? Um, so, Cathy, could you start with that?

CA: Sure. So, we're, again, we're so focused on this holistic approach – um, to individuals and making sure that we're addressing their housing stability needs, their healthcare stability needs, their mental health, their substance use disorders that they have – um, connecting them to services and really making sure that they feel they're part of a community. Um, and making those connections that will keep them out of despair. I will say, one of the things that we supported this last election cycle was a ballot measure in Denver called Caring for Denver and ultimately, it'll bring in forty-five million dollars a year for specific services to prevent suicide and to treat mental health and treat substance use disorders. And we're really excited about that effort because it's really showed that the community – um, was invested in making sure that people don't get lost in despair and people have opportunities to address the issues that might lead to a suicide situation. Um, that – that passed with overwhelming support at seventy percent of the voters in Denver supporting it, so we really know that there's a huge gap there and we're happy to be part of the solution to that by – um, by making that investment as a city.

AH: Excellent, and I have a sort of a tan – side tangent before we turn back to you. How – where do you see Denver in the bigger scheme in terms of, are we pretty progressive towards preventing homelessness and ending homelessness or – or, you know, we're in the middle of the pack, or what?

CA: I think Denver's made some – some good strides but I think there's a lot more to be done. I think that – uh, Denver has, you know, seen the – the wisdom and investing in – in housing though those dollars have been a little slow to flow –

AH: Mhmm.

CA: Uh, Denver is also – um, partnered with us and some other organizations – um, in the social impact bond which is addressing the housing needs of chronically homeless individuals and making sure that those support services are in place. That's pretty innovative.

AH: Mhmm.

CA: I don't know of any other community across the country that is making that kind of investment. Um, but where Denver is falling behind is how we started this conversation and that's really those – um, kind of alternative housing situations, appropriate shelter spaces and criminalizing people for trying to survive on the street rather than investing in the services that will get them off the streets and into a stable housing situation.

AH: Yeah. Thanks for that. Let's turn back over to James. So, you know, thinking about the Fort Lyon program and how do you see that as sort of a suicide prevention program, as well?

JG:

Yeah, it certainly saves suicide as a – as a – uh, outcome of – of isolation in that it's – it's really – um, someone who's committed suicide has – uh, died from their depression and their mental health care is really lagging behind in – in the state. And it's certainly a hidden disease in that I think many – um, times the intervention, the solution into that is community. And, of course – um, reinstating hope and that people see others that are recovering within the community and that's one of the most powerful examples of, if this person can do it maybe I can too. I'm not that much different. And that when people share their struggles one to another, they realize they're not the only one. They're not lost in their own – um, world of – of isolation and despair. And so, I think it really is engaging people on a daily basis into community. Veterans are really used to – um, mis – being mission driven and – and – uh, working for something greater than themselves. And if you can engage people in a mission, in a – in a community that's looking at something greater than themselves, give them an opportunity to be of service. They wanna continue to serve. And we have to continue to create opportunities where – where Veterans and others can be – can give back to the community.

AH:

Mmm. Really, really well said. Um, Tammy, let's – let's take it away with – uh, you know, how does employment – uh, contribute to all this?

TB:

So I believe that when Veterans – um, become self-sufficient and they're working not only does it help with their mental health – um, it gives people a sense of worth, you know – um, when it comes down to it, we think of ourselves as who we are so, I'm Tammy, Director of Vocational Services and at some points the – the Veterans are thinking I'm just me and I – I don't have any worth. So, once they become Joe the electrician or they're able to talk about their job, cause that's what people talk about and so – um, I think that gives people a sense of worth and helps with their mental health. And also, when they're working with – um, other people, they may recognize some of their mental health issues and may seek help for them.

AH: Mmm. Excellent. So as we – uh, wind down today, I just wanted to give you all, well first of all, I wanted to thank you all for really taking time today to share about your programs and really – um, help inspire folks that, you know, we can make a difference in homelessness and hopefully help people build healthy, strong lives. And I just wanted to give you an opportunity to kind of give any closing remarks or final thoughts before we let you go today. Uh, we're gonna reverse the order. This time let's start with Tammy.

TB: Thank you for having us and I really appreciate you giving us an opportunity to talk about our programs and the – and the work that we do with Veterans. Um, the one thing I did wanna mention is the Homeless Veteran Reintegration Program is a national program so if people are listening outside of the Denver area, they can get on – online and look up HVRP or Homeless Veteran Reintegration Program and see where their local HVRP program is.

AH: Great. I'm glad you mentioned that and we'll – we'll include a link out to that as well, for folks to – to tap into.

JG: You know, I just think about my own history of, like – uh, sort of rooted in catholic social justice teaching and – and one of the tenants is the inherent dignity of the human person and often people ask me, what can I do and – and I'll tell them, just – just look a person in the eye and – and validate their humanity. Um, you don't even have to necessarily give someone – uh, flying a sign, money but – but acknowledge their existence and – and that's the starting point for how – um, you can be part of the solution.

AH: Excellent.

CA: Thanks, Adam, for having us. Really appreciate the opportunity to talk – um, about the programs and about the solutions that we think are most important. And I would just say, you know, one of the things that – um, that we know works for solving homelessness is housing. And so, we have a lot of people who are really smart and can, you know, can build housing, can preserve housing, can rehabilitate housing, and can provide – um, alternative housing situations for – for different needs. Um, and we should be listening to those people and we should really be focusing on a statewide strategy to make sure that – um, you know, we don't see additional numbers of people experiencing homelessness and that we're serving the people – uh, in our community that are our neighbors and we're making sure that they have the access to opportunities that – that everybody else has. Um, and we can do that through advocacy and we can do that through programs, and we can do that through being a stronger community.

AH: Fantastic. Well, again, thank you all for joining us. Um, this was a exciting interview with the Colorado Coalition for the Homeless and we hope you all enjoyed it. If you have any questions, comments, feedback, you wanna get in touch or – um, let us know your – your reactions – uh, we would love to hear from you and until next time, join us for more interviews on important work in Veteran's health and suicide prevention.

[00:39:38] Music

[00:39:41] CLOSING MONOLOGUE:

Woman: Thanks for joining us today on the *Short Takes on Suicide Prevention* podcast. The podcast is made possible by the generous support of the Rocky Mountain Mirecc for Veteran suicide prevention out of the Rocky Mountain Regional VA Medical Center in Colorado. Be sure to visit our website at www.mirecc.va.gov/visn19 [link to the Rocky Mountain Mirecc webpage]. While you're at it, if you found value in this episode, head over to your favorite podcasting app to subscribe and give us a rating and spread the word. Tell a friend about the show. Be sure to tune in every other Tuesday for new episodes. Our mission is to end Veteran and all suicide. And when you listen to our show, you see the possibilities.

[00:40:23] Music Out

(Text Transcript Ends)