

# **EVA S1EP10: Growing Older Together: How VA is Evolving to Support Aging Veterans**

**Deborah Lee:** [00:00:00] So what we were also seeing was Veterans that were entering into care with very serious chronic healthcare conditions that required additional support. And sadly, these Veterans didn't typically participate in the full range of services that VA offered. The biggest difference that we started to see with these Veterans was that stigma of homelessness. We needed to create a system that could better address the chronic nature of their issues, the vulnerability that they've entered into our programs with, and to really focus on how to best serve them in the way that we serve other Veterans.

**Shawn Liu:** Welcome to Ending Veteran Homelessness, your firsthand look into our nation's efforts to ensure that every Veteran has a safe and stable place to call home.

From the Department of Veterans Affairs, Homeless Programs Office, I'm your host, Shawn Liu.

If you're a Veteran who is homeless or at risk of homelessness, reach out. Call [00:01:00] the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number again is 877-424-3838.

A couple of years ago, I was in this strategic planning meeting with senior leaders from the VHA Homeless Programs Office, and I saw this chart that was super interesting to me.

For context, the meeting was talking about and talking through what our strategic priorities should be, especially for different Veterans sub populations. This chart, it was wonky and it had a bunch of government data on it - the kind that usually makes average American's eyes glaze over. So I'm gonna do my best to explain why this chart is basically the topic of this month's episode.

The chart looked at [00:02:00] how many Veterans used VA homeless programs and services comparing 2014, many, many years ago to 2019. So about a five year difference, but broken out by age. So picture this, the X axis,

think bottom, going left to right, looked at different ages from 25 years old all the way up to 89 years.

The Y axis, so going up and down, looked at how many Veterans used our homeless programs. So a dot on the chart would represent the number of Veterans of a certain aged who we helped. You plot it on the chart. And it looks like this misshapen bell curve, or maybe more like a picture of a mountain: low on the left and right side, but tall and high in the middle.

Now the 2014 curve, it peaked around 55 years old, meaning the age group of Veterans that we served the most were 55 years of age. The 2019 curve, which was shaped very [00:03:00] similar to the 2014 curve, it peaked around 60 years old, another five year difference, 2014 to 2019: five year difference. 55 years old to 60 years old: five year difference.

Now, if you've made it this far, I'll stop with the government data and make the import clear. The Veterans we serve in VA homeless programs are getting older with us.

And that was 2019 data. We're now in 2023. This is a major priority for us at VA because simply put, our programs were basically designed for 30 to 50 year olds and aren't equipped to best care for 70 to 80 year olds.

And the clock's ticking. So what do we need to start changing? How do homeless assistance programs and services need to look differently to help senior homeless Veterans get housed and stay housed with the support that they need?

Those are two really great questions.

So to help [00:04:00] us learn more about how VA homeless programs are evolving to help older Veterans age in place, I can think of no one better to talk to than our next three guests. First, we have Deborah Lee, Regional Coordinator for the Housing and Urban Development-VA Supportive Housing, or HUD-VASH, program here with me at the VHA Homeless Programs Office. Today she's also joined by two of her colleagues from the VA San Francisco Healthcare System: Jia Son, the local HUD-VASH Director at VA San Francisco, and Adriana Durr, a HUD-VASH Supervisor at VA San Francisco.

Deb, Jia, Adriana, welcome to the show.

**Deborah Lee:** Thank you, Shawn.

**Adriana Der:** Thank you.

**Jia Son:** Thank you for the welcome.

**Shawn Liu:** This is gonna be interesting and a really, really important topic that I know has a lot of energy within us in homeless programs and our service providers. But first, before we dive on in, I want to hear a little bit about each of you three starting with you, Deb.

HUD-VASH Regional Coordinator. We're gonna use a lot of alphabet soup names on this, uh particular episode. We're gonna try our best, but [00:05:00] tell us a little bit about your role. What do you do as Regional Coordinator for the HUD-VASH program?

**Deborah Lee:** Hi everyone. I am the HUD-VASH Regional Coordinator for the southeastern area of the United States. We provide oversight and support to the Veterans Integrated Services Networks, which are considered to be our regions. And we also provide regular consultation and work directly with staff in those programs who support homeless Veterans. I'm also the point of contact for our education programs and the lead for our Aging and Disabled Veterans Initiative, which involves collaboration with our Geriatrics and Extended Care partners in service to Veterans that are aging within our programs.

**Shawn Liu:** Full disclosure for folks, uh, Deb has been basically my work auntie for many, many years. I consider her a dear friend and colleague, and I'm just really excited about the work [00:06:00] you've been doing over the last several years with this aging initiative.

Jia, you are one of our local partners doing the work of implementing the principles that we're gonna talk about today with actual Veterans being served by our programs. Can you tell us a little bit about your role as a HUD-VASH Director at a local VA healthcare system?

**Jia Son:** First thank you for having me on this podcast. Appreciate it. My name is Jia Son. I'm a licensed clinical social worker. I've been at the SF VA for 10 years, and currently I'm in the role as HUD-VASH Director.

We cover a large area spanning from San Mateo County all the way up to Humboldt County. We're a multi-disciplinary team, and our team consists about 125 staff members. And that includes social workers, peer support specialists, OTs, RNs, NPs housing specialists. We are a full wraparound

services team and our mission is to serve the [00:07:00] most vulnerable homeless Veterans using a Harm Reduction, Housing First model.

**Shawn Liu:** I heard a lot of acronyms there. So like, OT for occupational therapy, RT for recreation therapy, RN for nurses.

So many different healthcare disciplines on your team, which is fantastic. Folks who have been listening on this show for a while know that the majority of our workforce are social workers, but you have so many other professions providing so many other medical related services. It's fantastic. And I know that that's been a big part of why your local aging program has been so effective.

Adriana, I wanna close this section out with you. Tell us about your role as HUD-VASH Supervisor, getting a little bit closer to the boots on the ground, the folks who are caring for Veterans on a day-to-day.

**Adriana Der:** Yeah, thanks Shawn for having me here. I'm very excited.

So I'm the HUD-VASH Social Work Supervisor, and I oversee the San Bruno HUD-VASH team, which specifically encompasses Colma Veterans Village. And then I also oversee parts of some of San Francisco's VASH teams, like their long-term case [00:08:00] management, their Voc Rehab specialists. And then I'm the liaison for the contract agency that also works with us very closely in San Francisco with our HUD-VASH team.

**Shawn Liu:** Great to have you on. So yeah, folks are gonna get a lot of deep insight into the layers and layers and layers of the healthcare services that VA has.

Let's shift gears a little bit and start scaffolding up to HUD-VASH aging and the work, Jia, that you and Adriana are doing in San Francisco.

Deb, for those who are uninitiated to the full range of VA Homeless programs and services and you know, the alphabet soup that we work with, tell us what is the HUD-VASH program? What role does it serve in our homeless services and why has it been a program that has such a big spotlight on it over the years?

**Deborah Lee:** That's a great question, Shawn. HUD-VASH stands for Housing and Urban Development VA Supportive Housing, and it is a collaborative program which pairs HUD's [00:09:00] Housing Choice Voucher rental assistance with VA case management and supportive services for homeless Veterans. These services are designed to help homeless Veterans and their

families find and sustain permanent housing and access healthcare, mental health treatment, substance use counseling, and other supports necessary to help them in their recovery process and with their ability to maintain housing in the community.

In the past, our VA homeless programs were very focused on assisting Veterans with housing and supports. But when HUD-VASH came along in its current iteration, we were able to develop and provide a permanent housing solution for Veterans and their families in ways that we had not been able to previously.

The other thing that's really important to note about this program is that it utilizes the principles of Housing First, which is we outreach Veterans, [00:10:00] engage Veterans, and quickly get them into a permanent solution to assist them with their histories of homelessness and all things around services that are needed to help them sustain housing and to move on with other areas of their lives.

So in this way, HUD-VASH seen as a major part of ending homelessness within VA.

**Shawn Liu:** Folks who know my own history know that I kind of think of myself as growing up in HUD-VASH. I was a HUD-VASH social worker at one point earlier in my career. And advanced up to a HUD-VASH supervisor as well.

And it's definitely been a program that, at all levels, whether it's the Veterans or service providers, members of Congress, HUD-VASH has been seen as a critical tool in our work to end Veteran homelessness.

Deb, tell us a little bit about HUD-VASH Aging and where you got the drive and you saw the impetus and importance to actually set up this initiative [00:11:00] to evolve and modify HUD-VASH to support Veterans who are aging.

**Deborah Lee:** Gosh, that's, that's such a loaded question.

So I'll start by saying, you know, as with the general population, homeless Veterans are living longer and experiencing the challenges with aging that most of us are experiencing.

But when you think about Veterans and people who have had long standing histories of a lack of engagement with services and supports, what we found

was histories of intergenerational poverty, a lack of equity and opportunity. Typically, the people that we're serving in our programs are minorities and have not enjoyed needed healthcare in spite of their Veteran status.

So what we were also seeing was Veterans that were entering into care with very serious chronic healthcare conditions that required additional [00:12:00] support. In my years of working with Veterans that are experiencing homelessness, we encountered just numerous unfortunate trends. These were Veterans who were oftentimes trying to be supportive to other family members. Had number of chronic health conditions that had gone untreated, mental health conditions, long histories of homelessness, and struggles with substances. And sadly, these Veterans didn't typically participate in the full range of services that VA offered.

The biggest difference that we started to see with these Veterans and other people who entered into care was that stigma of homelessness. And our system wasn't always as open and friendly to serving these Veterans as we had hoped.

So part of what we wanted to do, when we noted that the average age of Veterans that was entering into our programs, at the time was around 55, and then several years later, 60 plus, [00:13:00] was that we needed to create a system that could better address the chronic nature of their issues, the vulnerability that they've entered into our programs with and to really focus on how to best serve them in the way that we serve other Veterans.

**Shawn Liu:** So one of the things I'm hearing from you, your program, HUD-VASH is working with Veterans who are entering the services with a lot of healthcare needs, with a lot of mental health needs, with a lot of financial needs. HUD-VASH does a great job of stabilizing them. But as time goes on, the level of support needs to increase because the impacts of just time can maybe worsen or exacerbate those existing chronic medical conditions. And just as time goes on, the Veterans aren't moving on from their care, they're staying with us. And the type of care that they need changes and increases in quantity too. Am I hearing that correctly?

**Deborah Lee:** Absolutely. So we needed to [00:14:00] create a system that was more responsive to these Veterans that were aging with us. One, to allow them more independence and to be able to age in place and the other to help them get to the needed care that they may need as they're encountering their aging process.

So a lot of these Veterans enter into our system with care conditions of a much, much older cohort.

Imagine someone that's 50 years old with chronic healthcare conditions that are usually typical of someone that's 60 or 70 years old. With that in mind, we had to create a system that was more responsive to their needs.

**Shawn Liu:** So that's, that's something that sounds a little bit distressing, Deb. And if I understand correctly, you know, you're kind of like touching on this idea that homelessness ages you prematurely. Like, the exposure to the elements, the stress and anxiety and oftentimes trauma of navigating different systems and being out on the [00:15:00] streets, it actually like ages you up even more. So if we're working, maybe say with a Veteran who's on their birth certificate, puts them at 55 years old, physiologically they may be older. So if that veteran gets to like 60 or 70, like their body's reacting as if they're older still?

**Deborah Lee:** Absolutely, absolutely.

You hit it right on the head. That is exactly what we're experiencing, and we were not actually prepared for assisting these Veterans in the most appropriate way.

So now...

**Shawn Liu:** That's a little bit distressing.

**Deborah Lee:** Now...

**Shawn Liu:** Yeah.

**Deborah Lee:** Yes.

**Shawn Liu:** Tell us.

**Deborah Lee:** Now we are paying attention to what they're telling us. We're listening better and we are using our resources to create options for these Veterans in a way that we had not before.

**Shawn Liu:** Can you tell us a little bit about what those options are? What are the strategies that you're deploying as part of this initiative? Whenever I hear



you talk about this a lot, it's really not new resources, new money, but tweaking and better [00:16:00] organizing and coordinating with the resources we already have.

**Deborah Lee:** So that's exactly where we started. So there are resources within HUD-VASH and there are two that we are placing more emphasis on. The first is the use of special housing types which allows us to use the voucher, the HUD-VASH voucher, which is that housing choice voucher that I mentioned early on, to pay for the cost of the housing in specific care settings that are more supportive to Veterans.

Now the services side of the house is a little different. It does require additional financial support to be able to participate in these programs. But we are partnering with our Geriatrics and Extended care partners to allow and work with Veterans who may need, at the highest level, what we call Medical Foster Home, which is an alternative to a nursing home that is provided actually in someone's home. So that is our most intensive and most expensive [00:17:00] level of care.

The other program is through our Community Residential Care programs. And under this program, which is less intensive than Medical Foster home, we have several options. There's shared housing options, or congregate care, where people can actually live with others and receive 24/7 support.

We have single room occupancy where we can have smaller units and larger facilities where there is support that's provided at the care setting. We also have family care homes and we have group homes that are typically regulated by the state, but also provide 24 hour staffing, food services, nutritional support, medical support, and home and community supportive services. This is at no additional cost to the larger system.

The second is with project basing. And this is the one that we're most excited about. We have a model, and you'll hear more about this [00:18:00] in a few minutes of what we call project-based voucher programs. The difference in this program is that these housing choice vouchers are actually dedicated to a project and allows us to bring the Veterans into care and serve them on that site. So we call this site-based care.

And one of the movements within VA and outside of VA is bringing the care to where the Veteran lives, which allows them that level of independence and choice.



Last year, we were able to fund additional programs that were dedicating units to aging and disabled Veterans. We funded 51 staff at 18 different VA medical centers. And this is not additional funding. This is within the scope of what we do in our program and is really very functional way to address the needs of these Veterans.

What we're [00:19:00] finding is that Veterans are very happy when the services are provided to them where they live, and they also enjoy regular communications with the people that are providing these services to them.

**Shawn Liu:** With this project-based model, painting a picture, it's basically like an apartment community where we're able to provide subsidies to make rent affordable for Veterans, but also bring in the healthcare providers that Jia mentioned a little bit earlier, and provide those services right there in the community, in that apartment community, instead of the Veteran going to a nursing home or going to an assisted living facility, or some other more intensive setting.

**Deborah Lee:** Yes, absolutely.

**Shawn Liu:** Jia, why don't we come to you next? Cuz now I'm super curious to hear how this is looking on the ground. And so our understanding is you've actually implemented this project-based version of what Deb mentioned at San Francisco with Adriana and the members of your clinical team.

Can you tell us how this [00:20:00] looks like on the ground in the real world?

**Jia Son:** Absolutely. As Veterans in HUD-VASH are aging, we all recognized a gap in services between independent living and higher level of care, such as skilled nursing facilities or boarding care facilities. So that was the main motivator of setting up Coma Veterans Village, which is in San Mateo county.

It was a long process. It started in 2015 where we worked with the San Mateo Housing Authority. They manage all the HUD-VASH vouchers. We were awarded 58 new HUD-VASH vouchers and FY 16 to support this project specifically. At the same time, SF VA HUD-VASH team collaborated with Mercy Housing.

They're the property management and supportive services provider. They applied for VHHP funds and that stands for Veterans Housing and Homelessness Prevention Program funds. We reviewed and approved their services plan. So it was a [00:21:00] very lengthy application process to prove

why they deserved funding for this project. They received the funds, so that's 2015.

In 2018, in January, construction began. They broke ground. And during this time, we met with Mercy Housing to review service space needs. And this was crucial because we were able to advocate for specific space so that our clinicians could do the work on site.

And then in December of 2018, we met with our medical center and VA Central Office leadership to present the project. And from this meeting, we all agree that I would submit a staffing request to support the project. And then in 2019, in March, the following staffing was approved. We received two social workers, one peer support specialist, one registered nurse, that's an RN, and a .5 psychiatric NP, which is a psych nurse practitioner. And then the .2 of a [00:22:00] geriatrician's time is funded by our medical center, and that equates to two half days to one day on site at Colma.

Then in August of 2019, we had our first move in, which was really exciting. That took a lot of weekly coordination meetings with Mercy Housing, with the VA staff. It involved proper assessment, engagement, helping the veteran through the entire process of getting the voucher through the housing authority and move-in.

Then in December of 2019, we were 100% leased up.

**Shawn Liu:** It takes about five years to develop housing like this, it sounds like.

**Jia Son:** Yes.

**Shawn Liu:** And when you mentioned a little bit earlier that you were able to designate, was it 58 housing choice vouchers to this area?

That basically translates to 58 Veterans, right?

There was a couple of professions there that I would love to just get a quick explanation for those who might not be familiar. I think most folks have a general idea of what social workers are. What's a peer support specialist?

**Jia Son:** Sure. And before I go into that, I wanna clarify [00:23:00] that it's actually project-based vouchers...

**Shawn Liu:** Got it.

**Jia Son:** ...that were assigned and connected to Colma. Just to clarify, cause sometimes that gets confusing for people who don't know HUD-VASH, that it's a project-based voucher that's connected to each unit.

And yes, that is 58 housed Veterans, which is really exciting.

Peer support specialist, they are crucial to the success of our program.

They are Veterans who receive specific VA peer support certification? So it's a training program. These are Veterans who have shared lived experiences of either living with a mental illness or substance use disorder, or have experienced homelessness themselves. And they are part of our clinical team to help the Veteran each step of the way.

**Shawn Liu:** You mentioned another profession that was new to me, a gerontologist? Did I hear that correctly?

**Jia Son:** A geriatrician. It is specifically an MD who is trained to serve older adults. And that again has been a key part to our success.[00:24:00]

**Shawn Liu:** Adriana, I wanna come over to you next. Can you tell us a little bit about what the impact has been like for Veterans? Do they like it? Are they, are they doing well? Are they thriving? What's going on with them?

**Adriana Der:** Veterans are able to age in place with dignity at Colma Veterans Village with the increased access of care. Currently out of the 58 Veterans that we have at Colma, 84% are 60 and over. The remaining 15% are between the ages of 40 to 50. Many of our VASH Veterans who are in our program who maybe not able to sustain living in their tenant-based voucher because of stairs, accessibility, maybe they have higher medical vulnerability and they don't yet meet the skilled nursing requirement, Colma Veterans Village is a great segue to continue to live independently as they age in place.

We have really great innovative support there. We have our harm reduction vending machine, our [00:25:00] NARCAN cabinet. Also, our nurse is amazing and he's able to provide flu shots and our COVID boosters annually to all our residents within our wellness center or even in their unit.

We have our occupational therapist who comes in, who helps us with our admissions, and then also determine what type of medical equipments are needed so that they can manage their home independently. We also have our

wonderful community integration specialist who works really closely with our peer specialist to create these fun outings that we have once a month.

Also we coordinate with our palliative and hospice care in case sometimes our Veterans who are at that end of stage want to continue to be at home as long as possible.

We have a gardening group, board games, socialization groups, and then we also put together a community breakfast where everyone in the community gets together once a month, at the end of the month, and we make this [00:26:00] amazing breakfast with pancakes, eggs, bacon juice, the whole shabang. And it's wonderful just to see people come out of their units and enjoy a breakfast with each other.

This model is really successful because we never have anyone leave.

We don't have folks who want to leave. They just love it there.

**Shawn Liu:** The idea of a village or a community. It's not just a name, but you're living it out and I imagine a big reason why, Jia, you mentioned you're basically at full capacity and Adriana, you mentioned nobody leaves, is that this is a wonderful place to be and exist in community with other Veterans while getting the help that they need.

You also said something that was the most interesting to me, burying the lead, a harm reduction vending machine? What's that? Right, Deb? Like, tell me more. What's that?

**Adriana Der:** Yeah, it's, it's really amazing. The VA provided this wonderful machine. It's super huge, like a snack bar vending machine, and it has [00:27:00] everything you can think of that could provide support to the Veterans, whether it is NARCAN which helps with opioid overdoses, we have condoms, we have cleaning kit supplies, and all the fun necessities that a lot of Veterans need.

**Shawn Liu:** Yeah. That's amazing. Also, just I'm a huge fan of harm reduction. I think it's important. These are grown adults who get to make consensual decisions for themselves. And I love how you're supporting them in the myriad of ways.

Jia, I wanna shift gears a little bit as we wind down this month's episode.

What's next for Colma Veterans Village? Where is San Francisco heading with this?

**Jia Son:** Adriana and I have been meeting with other VA sites as informational sessions to share knowledge and best practices. So far we've met with at least five VAs who have expressed interest in replicating the Colma model. We are more than happy to share our knowledge, best practices, [00:28:00] lessons learned with other sites.

We're also emulating this model at our other project based sites within our VA team as staffing permits. We're hoping for more occupational therapists, nurses, peers, but the main one is the things we could do if we had a full-time MD on HUD-VASH. A doctor who can go out into the Veterans homes, be on site and bring care to the Veterans because a lot of our Veterans cannot travel or make it to their appointments at the clinic or the hospital.

**Shawn Liu:** So what I heard you say is maybe serving as a mentor to other communities across America who might be wanting to do similar, the same, tweak, something different, but also really integrating these type of principles in the rest of your program.

Deb, I wanna come over to you now. What's next for the HUD-VASH Aging Initiative on the national level? Where are you headed with this?

**Deborah Lee:** Oh, we're, we are excited, Shawn. We wanna start with further expansion of the existing programs, especially those [00:29:00] that are approving to be effective, like Colma veterans Village. So as much of that as we can get is where we want to go across the entire country. And of course, we will be dedicating funding to the sites to do that.

We also want to ensure that these programs receive adequate support from our Homeless Program Office as they start to address their local challenges.

We are also partnering with the National Center to look at some outcome studies and some program evaluation. So we're working with Dr. Jack Tsai on looking at how we might want to do that. And I think this is going to be really important to show the work we're doing, show how effective it's been, and to take this kind of information to people who fund our programs and ask for what we need to be able to do this better and more. So that means looking at legislative opportunities to increase whatever funding [00:30:00] supports we need for the Veterans to live longer, healthier lives.

**Shawn Liu:** That's fantastic stuff. Okay.

Before I let you go and wrap up this episode, wanna end with our tradition on this show. Wanna close with "why."

Folks who have been listening in for the last year know that I'm not a Veteran. I hope that they perceive me as a relatively capable person. But that I've chosen, out of the whole list of things that I could be spending my life and devoting my time to, I've chosen Veterans and I've chosen Veteran homelessness as my personal mission.

Now, I know Deb, you're a Veteran. But for all of us here, and Adriana, I wanna start with you, and then go to Jia, and then Deb, as we close, you're a smart, capable human, there's a whole lot of different missions you could have been doing, why is Veteran homelessness so important to you?

**Adriana Der:** I couldn't imagine doing anything else. Veteran homelessness and the geriatric population has definitely been my passion. To help people continue to live with dignity while advocating to break through the barriers of systemic challenges [00:31:00] within the community.

And I always strive to make a positive impact and try my utmost best to prevent future challenges from reoccurring for Veterans.

**Shawn Liu:** Gia, how about you? What's your why for this work?

**Jia Son:** I can say that I love what I do and I'm forever grateful that I found a career in social work. Working to foster change in individual's lives, and then also enacting systemic change, that gives me purpose. I see housing as a basic human right, and as healthcare. I've had the privilege of being witness to the power of human resilience, and that truly inspires me.

**Shawn Liu:** Deb, I'm gonna give you the last word. What's your why for this work, my friend?

**Deborah Lee:** There is no better way to live a fulfilled life than serving Veterans. And of course I'm one.

These are my peers and my brothers and sisters. This vocation has given me so much joy. I have experienced and witnessed the miracle of recovery in so many different ways, and I'm just so grateful to be able to be in this space, to

[00:32:00] serve this group, to work with these people who understand the importance of a fulfilled life.

**Shawn Liu:** Deborah Lee is a HUD-VASH Regional Coordinator with the VHA Homeless Programs Office, Jia Son is the HUD-VASH Director at the VA San Francisco Healthcare System, and Adriana Der is the HUD-VASH Supervisor at the VA San Francisco Healthcare System. Deb, Jia, Adriana, thank you so much for the gifts of your time.

**Deborah Lee:** Thank you as well. Shawn.

**Jia Son:** Thank you so much.

**Adriana Der:** Thank you for having us.

**Shawn Liu:** If you want to know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us online at [www.va.gov/Homeless](http://www.va.gov/Homeless). And if you're a Veteran who is homeless or at risk of homelessness, reach out.

Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number, again is [00:33:00] 877-424-3838.

That's all for this month. We've hoped that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe and stable place to call.

Take care.