

EVH - S1EP29: Suicide Prevention, Homelessness, and Justice Involvement

[00:00:00]

Shawn Liu: Content warning at the start. This month, we're talking about suicide, an important, but sensitive, and potentially intense topic.

If you feel like you need to take a break while listening, please do so. If you feel like this episode will be too much, go ahead and skip it. We'll be back next month, ready for you with new content.

And for the Veterans who are listening in, I want you to know that it takes bravery to reach out to support when you need it. So if you're struggling, don't wait. Reach out to us. Visit va.gov/reach for resources.

And if you need someone to talk to, call the Veterans Crisis Line. Just dial 988 on your phone, and press 1 for Veterans.

Take care of yourself.

Dr. Ryan Holliday: For example, in the past year, a study came out, and they found, we've been talking about Veterans who are homeless, we've been talking about Veterans who are interacting with the criminal legal system. What about those who are doing both? And we found when we tracked those Veterans, their rates for suicide attempts were five times higher than Veterans who had neither. And those who had both were substantially elevated above those with any of [00:01:00] those individual social drivers by themselves.

Shawn Liu: Welcome to Ending Veteran Homelessness, your first hand 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's 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, 7 days a week. That number, again, is 877-424- 3838.

On this show, we've made an internal commitment to devote our September episode each year to suicide prevention. And for good reason, too. Not just because September is Suicide Prevention Month. But also because of the powerful influence that homelessness can have on a Veteran's risk of suicide.

According to the [00:02:00] 2023 National Veterans Suicide Prevention Annual Report, among Veterans who used VA health care and had an experience of homelessness, the suicide rate in 2021 was 113 per 100,000. And this represents an increase of 38.2% from 2020 to 2021, and was one of the highest rates of all of the different subpopulations of Veterans analyzed.

But there's another group that saw even higher rates, Veterans who had used VA health care and received our Veterans Justice Program services. In fact, their rate of suicide was 151 per 100, 000, the highest of all subpopulations analyzed in the report, and this represented an increase for them of 10.2%, from 2020 to 2021.

Needless to say, this is alarming and is cause for vigilance and doubling down on our efforts.

And it's worth noting that there's this sort of intersectional triangle going on with justice [00:03:00] involvement increasing a person's risk of homelessness and suicide, as well as homelessness, increasing a person's risk for future justice involvement, and suicide.

Trying to unpack all of that feels pretty overwhelming, but we gotta start somewhere. So where do we start? It's a really great question.

So, to help us learn more about how VA is working to reduce and ultimately eliminate risk of suicide among homeless and justice involved Veterans, I can think of no one better to talk to than our next two guests.

First, we brought him back yet again, Dr. Ryan Holliday, clinical research psychologist at the Rocky Mountain Mental Illness Research, Education, and Clinical Center, or MIRECC, for Suicide Prevention. He's also an assistant professor at the University of Colorado Anschutz Medical Campus.

And today, he's joined by Katie Stewart, the National Program Coordinator for Veterans Justice Outreach here in the Homeless Programs Office.

Let's go ahead and jump right in.

Ryan, Katie, welcome to the show!

Dr. Ryan Holliday: Thanks so much for having me back. I always love coming on here.

Katie Stewart: And, [00:04:00] Shawn, thanks for having me. I'm excited for my first visit to the podcast.

Shawn Liu: Yeah, really important to have you both on for another Suicide Prevention Awareness Month episode.

I want to acknowledge for our viewers, last year, this time last year, we had Ryan Holliday on and Kenny Bruemmer from our office to talk about suicide prevention and homeless Veterans. This year, we're expanding on that and talking about how past justice involvement, involvement with the criminal legal system can further increase a Veteran's risk. But we're getting a little bit ahead of ourselves.

Ryan, we've known you for a while now. This is maybe your second, third time being on the show, maybe even more. We're going to put links in the description of the past episodes that you were on.

But Katie, let's go with you. You're with our Veterans Justice Program and you help oversee the Veterans Justice Outreach component.

Can you tell us a little bit about your job and your role?

Katie Stewart: Yeah, I have the best job in VA. I'm pretty sure of that. By background and training, I'm a licensed clinical social worker. And as you mentioned, I'm the national coordinator for our Veterans Justice Outreach Program. I came [00:05:00] to this role through history in VA. So, I was a Veterans Justice Outreach Specialist at a local medical center for many years. And relevant to today's conversation, I actually started my career in VA in suicide prevention. So, I was a Suicide Prevention Case Manager and Coordinator, and then made my way over to our local VJO program.

So I know from the front lines what our staff do, and it's incredible work. They work with Veterans interfacing with the criminal justice system, anywhere from an initial encounter with law enforcement to a stay in incarceration through the

court system and then sometimes re entering into their communities from their local jails and detention centers.

And our first and primary goal in all of those settings is getting Veterans linked to healthcare services.

Shawn Liu: Yeah, that's really important stuff. And as we go through this, one of the dynamics that I really want to impress upon our listeners is, as we're all doing suicide prevention in communities all across the country, there is this, I'm not going to say math, but there's this sort of [00:06:00] strategy where to reduce suicides in a population, in a community, you think about all of the different risk factors that may contribute to somebody having a greater risk for dying by suicide, and you do everything that you can to reduce and minimize those risk factors.

So, when you think about homelessness being a major risk factor for Veteran suicide, a big part of our responsibility here in the homeless programs is take care of the Veterans homelessness, but also stabilize them so that if they experience housing crises in the future, that they're able to better manage it. That the housing crises, they happen fewer times, and that the Veterans are better able to navigate them, and it doesn't make their suicide risk go up.

But what we're also bringing in as well, and Ryan, I want to come over to you next to talk about what the latest things that we've been realizing, especially in the Suicide Prevention Annual Report, the most recent report, is the role that prior justice involvement plays in suicide risk.

And again, similar to with homelessness, a big part of, Katie, why we brought you on the show today [00:07:00] is that if we think about past justice involvement also being a major contributor to a Veteran's risk, the things that we do to help Veterans adjust after that justice involvement, to civilian life, life outside of incarceration, those are things that also have the downstream effect of reducing a Veteran's risk for suicide.

But I know that was a lot. Ryan at the top of the show, I spent a little bit of time talking about some of the most recent stats from the most recent Suicide Prevention Annual Report. Can you share any other updates? What's new in the last year since we had you on in the realm of suicide, homelessness, and now justice involvement?

Dr. Ryan Holliday: You took the, uh, words right out of my mouth. I was jotting down some of these stats just because they really are substantial

elevations that I think really speak to the importance we have in terms of the social services we have in house in the VA for the myriad of factors that these Veterans need, right?

I think it's so often when we think about suicide people have this concept of, "Oh, it's this one thing, right? It's just [00:08:00] criminal legal involvement it's just housing. It's just depression. It's just PTSD." And I think what we really see time and time again is it's all those factors at the same time.

So to say this in a different way, you know, in this latest suicide data report, we saw about a 10% or a greater than 10% percent spike. 10.2 was the exact number that you brought up earlier, Shawn.

However, that's only indicative of Veterans that we're tracking through our own programs, right?

And I know Katie and I have nerded out about this many times but there's so many Veterans that are interacting with the criminal legal system who maybe aren't accessing those services.

And I think it also speaks to why is that happening, right? Sometimes it's that these Veterans don't know about these services. Sometimes it's more distal, right? Maybe they were released from prison a decade or more ago. And I think it speaks to how important it is for us to think about and see as we're looking more and more in the literature, for more intersectional lens.

For example, in the past year, a study came out, and they found, we've been [00:09:00] talking about Veterans who are homeless, we've been talking about Veterans who are interacting with the criminal legal system. What about those who are doing both? And we found when we tracked those Veterans, their rates for suicide attempts were five times higher than Veterans who had neither. And those who had both were substantially elevated above those with any of those individual social drivers by themselves.

So I think it just really speaks to how important it is for us to think about all of these complex factors at the same time to ensure that we're adequately conceptualizing these Veterans.

Shawn Liu: Yeah, and we'll put a link to that research study in the description of this episode.

So Ryan, what I heard from you saying though is, and at the top I framed this as two separate topics: homelessness and suicide risk, justice involvement and suicide Risk. But what you've just kind of also raised is that there's this, what, synergistic multiplicative effect that when you have both justice involvement and a history of homelessness that your risk of suicide gets even greater like, it's not just 1 plus 1 equals 2, it might be 1 plus 1 equals 5 or, or some kind of enhanced effect. [00:10:00] That's pretty alarming.

That's, it's a little bit distressing.

In the research, did it elucidate or share a little bit about what is it about the experience of homelessness and what is it about the experience of justice involvement that lead to the increased risk? What are those factors or components of the experiences that are driving up the risk And the rates so much?

Dr. Ryan Holliday: Some of these factors are a little more tangible, right? So some of them are diagnostic. Sometimes it's that we know if you have a history of homelessness, and we know if you have a history of criminal legal involvement, you're at substantially elevated risk for things like traumatic brain injury, for things like post traumatic stress disorder.

Concurrent to that, all of these factors having challenges maintaining sustained housing, as well as the challenges that psychiatric conditions can dispose an individual to, can impact other factors like employment. However, above and beyond all of those factors that can be captured cleanly with something like an ICD code or a Z code we have just the stigma and the shame, right?

And there's just something so visceral [00:11:00] when you sat in a room with these Veterans and you hear, "I have such pride in Veteran identity. And then, when I'm interacting with the criminal legal system, everyone views me as X, right? Everyone views me as a quote unquote bad person." And it's so sad to have this passion as providers to want to help, to see how we can help these individuals, and just to see them beaten down by the stigma that can get in the way towards their road recovery.

And so I really think it is the confluence of those diagnoses, those social drivers, with the stigma and shame that our society can place upon these individuals.

Shawn Liu: You know, Ryan, when I read some of your research, and you and I have done presentations, there was a concept that you would mention a lot, is

this concept of thwarted belongingness, which, I wonder if you can opine a little bit.

Because you mentioned the concept of stigma, and how stigma wraps itself around and influences all of this. And you know, whenever I've seen you talk about thwarted belonging... I'm, I'm, don't know if [00:12:00] I'm, saying it right. Thwarted belongingness. Say it for me again?

Dr. Ryan Holliday: Thwarted belongingness. You got it!

Shawn Liu: Alright, yeah, thwarted belongingness that really feels relevant to here. Because again, yeah, sure, the diagnosis, trauma, PTSD. But then there's this other like, what is my role in society? Do I have relations that I feel connected and secure about, or, you know, has all the stigma and insecurity just pervading and I feel disconnected from the people that I love, from my community, from my neighbors. Are there other kind of components about this that you think are relevant for this conversation?

Dr. Ryan Holliday: I think you hit the nail on the head with that one. And I'll just add in thwarted belongingness has another unfortunate buddy that can really impact the Veterans we work with in a deleterious capacity, which is perceived burdensomeness, right? And the truth of the matter is, sometimes we talk about burdensomeness in a perceptual capacity.

However, when we're talking about these populations, sometimes that, burden is very real. And it's not to say that these individuals are harmful to those around them. It's to [00:13:00] say sometimes we're talking about individuals who aren't going to be able to work, right? Who have a loss of income, who were the sustained breadwinner and now they're unable to work. Or the challenges with child care, child caretaking responsibilities as well as aspects such as being on a sex offender registry, right? Things that we don't always think about in the context of health care, but is so paramount for these populations And impacts not just themselves, but also their whole family unit, which we know is so protective for suicide risk.

Shawn Liu: Yeah. And I imagine that some of this also intersects with the services that we provide at VA and the shame and stigma that some people may experience about taking government assistance. Like to be clear, like we're the government, so the assistance that we provide is government assistance.

And there are a lot of messages and stigma around quote unquote handouts that I would be unsurprised if that is furthering this sense of burdensomeness that folks unfortunately may experience.

Katie, is all of this ringing [00:14:00] true from your vantage point in the Veterans Justice Outreach Programs?

What are some of the things that you're seeing that may also have been contributing to this increase of risk of suicide for Veterans with a past involvement in the criminal legal system?

Katie Stewart: Sure.

You know, I think I can just talk from my experience as a specialist. I would go in and see a Veteran basically on a cold call. They oftentimes didn't know I was coming. And they were experiencing the worst day of their life. They may be withdrawing from substances in a way that is not managed the same that would be managed in a hospital setting. They may have just lost their job or they may be waiting to lose their job because they're sitting in jail. This may have been the last straw with a partner or a family member and then they have no idea what's going to happen.

They don't know if they're going to prison. They don't know what's happening at home. And perhaps they are someone who's struggling with mental health and maybe they're not getting their medications or maybe they had stopped taking their medications for a period of time [00:15:00] before they encountered the law enforcement system or an officer.

And often times it really is just the worst day of their lives. And all of those things I think can cause us to be a bit shortsighted in how we think about what's possible for ourselves. If we're pretty consumed with how awful things are in the moment. And they are in fact, really awful sometimes. All of those things from that kind of on the ground experience is consistent with what Ryan's talking about.

And what I would say one of the most powerful things that VA does to intervene is send our staff to do those visits because that is VA physically taking hope into a jail.

And often times when I as a specialist would go visit a Veteran, I was the only person coming to see them. It may be that their family was done with them, their friends were done with them. Other providers aren't able to come in to see

them. The most powerful thing I could do was to sit down in front of them, be kind, be an extender of VA, say [00:16:00] that, "You know, yeah, we're the government and we're also people who really care about you and really want to support you and help you get your life back together."

And sometimes that took a few visits. Sometimes they felt so terrible in that first visit, they didn't want to talk to me. And then, they'd find somebody, "Hey, can you tell that VA lady to come back? I think I'm ready to talk to her now." And we would talk about, all right, what are the next steps? Are we going into treatment? Are we doing residential substance use treatment? Are we rethinking our housing plan? What are our next steps?

The opportunity to kind of, not to sound too grand about it, but like be kind of this physical embodiment of hope in a really miserable setting where nobody wants to go and you are never in unless you're forced to be there or you have a really awesome job like our specialist and get to do outreach in those settings.

Shawn Liu: Yeah, that makes a lot of sense. And, I can totally see how having somebody, an advocate, a professional coming in, meeting with you, and most importantly, planning for your life after you're [00:17:00] released, that could be a major source of hope.

Ryan, Katie, I want to shift gears a little bit. I know, Ryan, when we brought you on last year, and again, we're going to put the episode that you and Kenny were on last year in the description. You both shared a lot about what VA is doing for Veterans to reduce their risk of suicide. I'm wondering if there's anything more recent between the last time we had you on that you can share about what VA is doing to help Veterans, especially with a history of homelessness or justice involvement, to reduce their risk of suicide so that as we're taking care of reacclimating them to society, getting them stable in housing, we're also taking care of all of the other risk factors that globally reduce their risk.

Dr. Ryan Holliday: I obviously want to give a shout out to the OGs, right? We have so much evidence based treatments. And from a person who hails from a rural region that didn't have a huge infrastructure growing up, the concept that we have rolled out things like Cognitive Behavioral Therapy for Suicide Prevention, Cognitive Processing Therapy, and Prolonged Exposure Therapy for PTSD, and we have a whole [00:18:00] gamut of evidence based treatments for our mental health conditions, as well as safety planning, VA wide. I think that's great.

And, I'm happy to pass along resources for how to look into those further. But, I want to talk a little bit more about the things that are nuanced to the Veterans who are experiencing factors such as criminal legal involvement or housing instability and homelessness. And I'm going to lightly touch upon some of the social service stuff.

Two that come to mind, first and foremost, I think one of the most amazing things about the VA is that we have health and social services both in house. That's so rare for a healthcare system. And even within that, we have this amazing thing called HPACT, Homeless Patient Aligned Care Teams which I think is amazing because we're talking about people who have a ton of different things that they may show up for one appointment and need help with.

And without teams like that, it becomes so challenging to figure out what's the best way to manage care. And I've seen it time and time again as a provider, when you don't have teams such as that, you end up with these Veterans receiving a million referrals, [00:19:00] they get overwhelmed, they get burnt out in the system, and then they drop out of care.

And I think with teams such as this, we can kind of ameliorate that. We can wrap around, figure out what is the most parsimonious treatment plan and set these Veterans up for success. The second thing I really want to give a shout out to is the VA has funded its first foray into how do we take evidence based treatments and not just study them for these Veterans, but take these treatments and tailor them.

And what I really love about that is we're not being nomothetic. We're not just saying, "Hey, does this work for you? It worked for everyone else." We're saying, "Hey, this is how we have to refine this to make sure it's optimal for Veterans interacting with the criminal legal system."

And one that I'm just the hugest fan of is some of Dr. Emily Edwards' work for dialectical behavior therapy for justice involved Veterans. It's an amazing trial where they're looking at not just addressing factors that drive suicide risk, but thinking about criminogenic thinking, thinking about things we don't always talk a lot about in the VA outside of places like [00:20:00] Veterans Justice Programs.

And with that, I will stop my excitable soapbox that I get on for how all the work we're doing to help these these individuals out.

Shawn Liu: Yeah, that's awesome. And we're gonna put links to as many resources as we can in the description of this episode so folks can check it out. Ryan, the idea of doing dialectic behavior therapy with folks who are justice involved is really neat. I know when you and I talk about suicide prevention. We have to talk around pharmacotherapy, like medications. And yeah, there's certain evidence based approaches. But it's exciting to see a really modified, custom, a modded version of dialectical behavior therapy for a specific subpopulation. That's exciting to me, so I can't wait to maybe have you on next year again to maybe hear an update about how that trial is going.

Katie, what about you? What are you seeing that we at VA are doing to help Veterans, not just to reduce their risk of suicide after being justice involved, but helping Veterans overall with their justice involvement?

Because we know almost anything that we do to help Veterans adjust to life after justice [00:21:00] involvement will probably have a downstream impact in lowering their risk for suicide.

So what are we seeing that's the latest and greatest from your perspective?

Katie Stewart: You started the session talking about these aren't distinct populations. So the risk profile overlays not only for adverse outcomes like suicide or homelessness, but also, overdose, criminal justice involvement.

You know, a well respected colleague in the criminal justice community talks about the social determinants of health, the social drivers of health, they're the social drivers of criminal justice involvement. And there's a number of reasons for that, that we could talk about from a historical, theoretical perspective, but basically the way the criminal justice system works in America, it is the receiver of many people with severe health needs. Whether those are mental health needs, substance use disorder needs, physical health needs, social service needs, unfortunately, it's the best place for VA to be to find people who have really significant service needs.

We're going to keep doing what we do in terms of our [00:22:00] jail outreach. We have staff that have visited Veterans in well over 2,000 jails this past year alone. We are adding staff to our programs. We have over 500 Veterans justice outreach specialists across the country, at least one at every medical center, typically more. We're currently in the process of adding upwards of 80 specialists and peer specialists.

So the peer specialist is a new thing we're doing really recognizing that speaking to all these things we've talked about today, like stigma, like hope, like recovery modeling, these are things that our peer specialists can be incredibly valuable, credible messengers, tools, support, and helping Veterans who've been involved with the justice system envision a future for themselves.

And then also there's a number of things that communities are doing, things like Veterans Treatment Courts. Our staff support over 700 Veterans Treatment Courts across the country really focusing on treatment as an [00:23:00] alternative to incarceration and very actively helping Veterans rebuild the entirety of their lives.

And there's other things that our staff are doing, like getting much more involved with law enforcement and first responders in their communities. Because like you've talked about, we know that these problems snowball. And that as they snowball, they become greater than the sum of their parts. And if we can help people get connected to services when life first starts to get hard, we know that we have a much better chance of keeping them out of crisis, keeping them out of the justice system, keeping them from a situation where they're at risk for overdose or homelessness.

One thing that we've done in this past year is that we have worked with our Veterans Justice Outreach Specialists and colleagues at their local medical centers and their VA police departments and their mental health and suicide prevention programs and did a training series where we train staff from every single center, those three person teams, on how to create partnerships with your local law enforcement and first responder partners, and [00:24:00] how to work with them to recognize those early warning signs. And not just in a moment of crisis, but recognize an early warning sign, say at a police stop that otherwise would be pretty uneventful, but the officer recognizes, "There might be something this person needs, and it's not what I have to offer, but maybe I can get them connected with something that will support them." So, really trying to move further and further upstream so that we help folks get to the support that they need before things start to really snowball out of control.

Shawn Liu: That's excellent stuff. This has been fantastic.

Katie, Ryan, I want to shift gears two more times before we close out for today. The first one is the general kind of call to action. Where can folks go to learn more?

Katie, starting with you, are there resources that you want folks to be mindful of, where they can go to get either more knowledge about Veterans Justice Outreach services or if they're a Veteran themselves, where they can go to get services. What are the things that you want folks to know to be able to follow up on.

Katie Stewart: First, I want to remind folks of that National Call [00:25:00] Center for Homeless Veterans and remind you that you can get connected to your local VJO specialist through that number.

So, in case you forgot, that number is 877-424-3838. Again, 877-424-3838. And if you choose to, that can get you a referral directly to your local medical center and can get a call back from your local VJO specialist.

Another way to find your local VJO specialist is Google. I just, routinely Google VA VJO, or you can go to va.gov/homeless/VJO.asp scroll down to the bottom of the page. You will see every VA medical center in the country listed and you'll see some names next to each medical center. They are in blue. That means that you can click on them and email that person. If you're a Veteran seeking services, they will probably email you back and say, could you provide me a phone number where I could call you at? If you're a community member or stakeholder they'll probably be able to communicate [00:26:00] with you more freely via email.

But those are two ways to reach us, and that is the best way to get information about your local community, because every community's criminal justice system is different, and the resources and services that they have to offer are different.

Shawn Liu: Excellent. We're going to put a link to the Veterans Justice Outreach web page with that listing in the description of the episode so folks can check it out. I know folks have been scribbling it down, but we'll make that a link in the description so it's nice and easy for you.

Ryan, how about you? Are there things that you want folks to know about so that they can follow up after the episode's done?

Dr. Ryan Holliday: I really just want to echo so much of what Katie brought up. I think what we've seen time and time again on the research side is that we have all of these providers, both in the VA and the community, and it's the most worrisome for the VA based providers who tell us all these things about, "Hey, I'm working with this Veteran. I really wish there was something the VA did for

Veterans in the legal system. I really wish there was something the VA did for Veterans who are having [00:27:00] trouble with housing." And I'm just sitting there like flabbergasted, right?

But I think what it speaks to is we really just need to be doing things like this podcast. We really have this challenge of we need to be getting the word out for these amazing services that we have available because I think there's just so much out there. And I think the one caveat that I'll echo in addition to everything Katie said is, we're we have a lot of providers and Veterans who are saying I don't know what I qualify for.

And I think one of the most amazing things is just the teams we have who know that system inside and out because I know being a government employee, working with Veterans, accessing health and social services through a government entity, it can be complex. It can be confusing. And that's what we're here

Shawn Liu: Excellent. Yeah, that's really helpful stuff. Okay, this has been fantastic.

We're gonna shift gears one last time, closing out our episode with something that's tradition on the show, closing with why.

Now, folks who've been listening in know that I'm not a Veteran, I'm a civilian, but when I go out into the world and [00:28:00] rep for Veterans, It's important for me to convey that this is not just another job for me, I'm not just collecting a paycheck, I'm here for them, I'm here for the mission.

Now Ryan, when we first had you on, we actually hadn't heard your amazing why, so again, we're gonna put a link to that in the description.

But Katie, to basically close this out for today, what's your why for this work? You're a civilian like me, but you're here repping for Veterans, especially justice involved Veterans, with all of the stigma and the shame that they experience.

What's your why for this work?

Katie Stewart: The VA is an incredible place to work, and it's an incredible place to be served. The resources and the services that we have for Veterans, I wish we had for everyone.

And it's always been my passion to serve vulnerable and underserved populations. And unfortunately, there's no better place to do that in the context of the criminal justice system serving Veterans.

My why is really about getting people connected to services that most need them to an incredible healthcare system that's able to provide that support in a really powerful way.

Shawn Liu: Dr. Ryan Holliday [00:29:00] is a clinical psychologist at the Rocky Mountain MIRECC for Suicide Prevention and Katie Stewart is the National Coordinator for Veterans Justice Outreach here in the Homeless Programs Office.

Ryan, Katie, thanks so much for the gift of your time.

Katie Stewart: Yeah, thanks so much. It was a pleasure.

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.

And if you're a Veteran who's homeless or at risk of homelessness, please contact us. 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, 7 days a week. That number again is 877-424- 3838.

If you're enjoying the show, leave us a review on Apple Podcasts. It would really help us out.

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

Take care.

[00:30:00]