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Interviewee: Amy Allison Thompson

Interviewer: Riley Erion

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Riley Erion: My name is Riley Erion. Today is June 18, 2020 at 2:02 pm and I am interviewing Amy Thompson executive director of the Poverello Center, a nonprofit organization aiding the homeless in missoula as part of documenting the Impact of Covid-19 on Missoula County in an Oral History Project. Thank you for meeting and talking with me my first question is just a brief description of yourself, like who you are, your age and where you are from?

Amy Allison Thompson: Sure. My name is actually, my last name is actually Allison Thompson. So, Amy Allison Thompson. And let's see, I am 34. I've been the Executive Director of the Center for, it will be four years in August. Though, this is my second time working here. My first time working at the POV, I worked here for three years, when I was getting my master's degree in social work. So by training, I'm a master's level social worker. I'm trying to think what else might be helpful to know, I'm really passionate about issues around homelessness and social justice and care deeply about the work here. I've also worked in mental health and domestic violence work as well.

RE: So interesting. So what made you want to go back to the POV?

AAT: I have always, since I worked here the first time, loved with folks experiencing homelessness. I think specifically that it is a population that is often invisible or ignored. And I just care deeply about these folks and feel it is so important to be working on issues related to housing and helping folks get housed. And to really help give a voice to folks who are often marginalized in our community.

RE: Yes, seriously, especially right now. So are you from, like, Western Montana originally?

AAT: So I'm originally from Havre, so Eastern Montana and I moved over to Missoula for college, went to the UM for my undergrad in Psychology. And then, let's see, got my Bachelor's here in psychology, then my Master's in social work. I moved away for a couple of years, but just stayed in Montana. I moved to Libby for three year and then Great Falls for two and a half years and then back here again for this job.

RE: Nice. And then, so, how would you describe the POV to someone who is unfamiliar with it?

AAT: So, I would say, that we are the largest homeless shelter in the state of Montana. We are also a soup kitchen. We provide a ton of services that folks don't often know about. So, aside from being an emergency shelter an soup kitchen, we also have transitional housing for veterans experiencing homelessness. We also have a medical respite program, where folks who

are being discharged from the hospital with an acute illness or injury can be discharged into the POV into some special rooms for medical respite and receive care coordination as they get back on their feet. As it is really hard to recover from an illness or injury on the street. We provide a safe place for people to get better and it also reduces return to the emergency room, into the hospital. We also have a homeless outreach team, the homeless outreach team is a couple of staff members that go out and spend time in encampments and our community and work to connect folks with resources and help get them housed. And are often more challenging population to work with and that they are more disenfranchised than others, often believing that they can't get housed because of barriers to housing, and so they do some really amazing work and connecting people and getting them back into housing.

RE: So interesting. I didn't realize that you guys did that stuff for people leaving the emergency room. Has that, like, changed that work with that like specific type of client during COVID-19?

AAT: We have continued that, we have paused that program briefly because we really just wanted to kind of wait and see, you know what was happening there. But since then, we've reopened that program because we do believe that those folks are some of the most vulnerable folks in our community. And so we want to make sure that we can provide those services for them, even during COVID.

RE: Yes, so interesting. So then what does like your job entail on a daily basis?

AAT: So it is radically different from one day. There's always something going on outside my window and it's easy to get distracted by it. And so a day in my job is so varied from one day to the next. I often like to joke how much of a variety of activities I have on a daily basis. You know, it could be putting together an annual budget. I could then go into a meeting with staff surrounding an HR issue, I could then you know help somebody in a mental health crisis in our lobby on my way to my next meeting. I could be meeting with the mayor. I could be meeting with a donor. I could be, you know, facilitating meetings internally with staff. I could be facilitating meetings in the community around a variety of things. My job is extremely varied in that from one day from the next looks radically different. I oversee a lot of pieces, I oversee obviously every program here but the POV is also extremely involved in the community efforts to end homelessness and to advocate for the folks we serve. So it is so varied from one day to the next, yeah.

RE: Yeah, gosh, I could see that. Probably keeps it interesting, though.

AAT: It does. There's never a dull moment here and my job keeps me on my toes, for sure. And I think sometimes I've been here a while and I kind of think I've seen everything and then I'm like, oh, I don't know what to do with that particular thing. I've never seen that before or, you know, a particular issue that staff are having so it definitely keeps it interesting.

RE: I'm sure. Did you have to work from home after COVID started or were you able to keep going into the office.

AAT: So I sent everyone home really proactively, as COVID was hitting Seattle, I really started looking to plan for our community and for what we were going to do at the POV. I also did some research into the SARS outbreak that happened in 2003, it was specifically prevalent in Toronto and so I looked to someone that's kind of seen as an expert in this work around what Toronto shelters did at the time around SARS and to help kind of contain the illness there. And so started building my own policies internally for the POV around that and then really continued to look to Seattle for what we were going to be doing and best practices, things that were working for them. I sent folks home early, all of my nonessential staff. I will say I sent some home so early that some thought that I was overreacting. But the reason for that is that we operate essential services here, you know, food and shelter. And so I wanted to make sure that no matter what happened that we could provide those services. And if our frontline staff was impacted by COVID, we needed kind of another group waiting in the wings ready to come in and run our front desk and run our soup kitchen. And so we had to act quickly to kind of put that feel safe in place. And so that is what we have maintained that for a couple of months with kind of a creative process for having still a supervisor in the building through out the week and in a rotation to keep most folks at home that could stay home. Yeah, since then we've kind of pulled people back into the office a little bit. But as cases rise, I'm likely going to be pulling people back out again.

RE: Makes sense. So were you able to stay in the office then?

AAT: So I have been in the office every single week for a little bit of time. But I tried to stay out as well to reduce my risk. Being the primary decision maker for the agency, I feel real pull to be here, but also really wanting to be mindful of keeping myself well, so I can make those decisions. So if I was significantly impacted by COVID I may not be able to do that. So we were very thoughtful about that.

RE: Helps. Yeah. That makes total sense. So you guys were able to stay open then, during the shutdown?

AAT: Yeah we stayed open. There were a lot of rumors that we were closing, but we did not close it off.

RE: That's so nice. You guys were able to stay open and then I saw that the city bought Sleepy Inn. What did you guys like have a say in our role and then buying that.

AAT: Yeah, so that's a complicated question. But yes, we absolutely did, I would say we're advocating pretty early on that there needed to be a solution. For folks without homes as COVID was moving towards our community. I reached out to the health department and said, you know, hey, the primary recommendation at this time is that folks self quarantine at home

and all of our folks do not have a home to self quarantine our location is a congregate setting. That is not an option for the folks that we serve. And so, you know, what is the plan for people without homes and as I looked to Seattle, Seattle is coming up with some really creative ideas and you know our community was like, basically, I felt like they weren't moving as quickly as they needed to. Luckily they did start to mobilize after a little while, and did come up with the sleepy inn, idea. I know they were already kind of looking at the sleepy inn for other, you know, other possibilities for development and so it ended up working out as a really good option. So I think my role in that was probably just really putting a lot of effort into creating urgency around it. And granted, we were lucky in that we have not as a community been hit really hard by COVID I think it's still very possible that that may happen. Now, some people are criticizing that purchase and saying that it was unnecessary but I truly believe that had we had a really big spike in COVID that it absolutely would have been necessary and it still may become very necessary as we move forward. So I'm fully in support of that purchase and feel strongly that we need to have a plan for folks to quarantine and isolate.

RE: Yeah, definitely. So is that been something that you've been working towards in the future, in case there is another outbreak, a plan?

16:40 AAT: Yeah, we continue to keep kind of all of our plans in place for how will respond to that and you know, we actually did a first round of testing for folks yesterday who may be asymptomatic. But also positive for COVID in the shelter. And so we did a bunch of testing yesterday and we'll have results back in the next couple of days. So I'll be curious to see what we learn there, but I do absolutely think that we should be prepared for another big spike especially you know this fall in this winter.

RE: Yeah, I know I think another one coming too, I'm nervous. Okay, so do you guys have to change, like many of your practices.

17:50 AAT: Yeah we change, literally, the way we do everything. I would say the biggest change and the most painful change was that we moved our capacity at the time in the winter is 175 people that will sleep overnight. And I actually came in and crawled around on the floor with a tape measure and tape and marked out six feet between all sleeping spaces and that reduced our capacity to 98 people from 175 so that means we had to, essentially, you know, cut 77 of our beds. And there is no other shelter in our community, so well some folks were forced to sleep outside. At that time, so that was an extremely hard decision that our team made, the CDC at this time does not recommend increasing the intensity of our shelter and so we will continue to remain at that level indefinitely right now. And in addition to that, we do run a soup kitchen, but their concerns about congregate settings for people sitting down and eating meals and so we moved to a model where we actually have everyone go outside before lunch. And then we only allow 28 people in for lunch at a time. And those folks are sitting six feet apart at all times. And there's this whole process for our meal time with disinfecting and all of that. So, so very complicated process now. We also screen all of our guests for symptoms several times per week. We take their temperature we ask them about all of the current symptoms related to

COVID and have a very complex process for that I think has been effective. We have not had a positive case in the homeless population yet in Missoula, which is kind of a miracle, frankly.

RE: Seriously, so good. Yeah.

19:40 AAT: So sorry. We've also, of course, our staff are all wearing masks. We've put up sneeze guards in our front desk, which normally I would not like to do. Our goal is always to reduce barriers and reduce kind of distance between us and the folks that we serve, as a best practice. And so we actually had some pushback with staff that said like, we cannot put up a sneeze guarded our front desk, what message does that send to the folks we serve. And I completely agree with them, but we also have to prioritize safety right now not only keep our staff safe and clients need to be kept safe. We also need to keep our guests safe from our staff because our staff could be carriers to and so, you know, what steps can we take, that's one of them. We also have a deep cleaning process where we have a staff member and a group of folks staying with us cleaning six full hours a day every single day with fine mist bleach spray and this whole process to try to reduce any chance of spread of illness.

RE: Yeah, that's crazy. I feel like you guys haven't had any cases in your community because of all the practices you've taking.

AAT: Yeah, hopefully. Yeah.

RE: So what do you think your hardest decision you had to make during this time, or maybe your most challenging?

AAT: Yeah, I think I, I would say internally. The biggest challenge was deciding to cut our numbers and so drastically. That was extremely painful for our staff. And really challenging for the folks that we serve. I think the other hard thing that I faced was initially, you know, as I was going to the city in the county and advocating for support around folks without homes. I was initially told by officials in our community, as I said, we need a task force that's focused on homelessness response right now and COVID. People experiencing homelessness die on average generally 20 years earlier than everyone else. They are more medically vulnerable, they tend to have much more complex medical histories from living on the streets. And they're often older. And so there are so many risk factors there that their estimates that if COVID were to hit the population, we serve that over 40% of them would be impacted by COVID, which is much higher than the general population. And so this is an extremely vulnerable population that we're working with. When I pushed for some of this initially and said we need a task force to start talking about this. I was initially told that essentially homelessness was a problem before COVID and so the experts in the field need to figure it out which frustrated me a lot. I'm like, oh, okay. So I'm supposed to just figure this out in our community. Perfect. So that was extremely frustrating and took, you know, some advocacy on my part to, you know, rally some support around this. I reached out to our elected officials and said, hey, this is not okay. Like we absolutely need to have the ability to access FEMA resources we need to be able to access

incident command. Blah, blah, blah. So we ended up getting a county Task Force related to COVID in place for homelessness, which really allowed us to streamline our planning. As a community and as service agencies who serve people experiencing homelessness and were able to you know get quickly connected to resources with FIBA and incident command. So it ended up working out, but it was really disheartening at first when things were really scary and complicated.

RE: Yeah, I can imagine that so frustrating. So how do you think overall, like the local and state government reacted to COVID I guess, like what applies to you and just in general?

22 AAT: Mm hmm. I think Missoula did a really good job. Honestly, I, at first it felt such like such a mess. If I'm honest, and part of the challenge was that none of us have dealt with a pandemic before. And so, you know, in this way, and so I think there was some frustration about things not moving fast enough and bureaucracy kind of slowing things down that felt very frustrating. To me initially, but really, overall I think that people did come together and people put their heads together very quickly and came up with solutions and a plan. So overall I think, I think that we've done a good job. And I think that things went really smoothly, even though at the time it didn't feel very smooth and felt like a lot of advocacy and a lot of challenges. And as a state. You know, I take issue with the way that I don't know if you've looked at this, but I've taken issue with the way that we've prioritized testing in our state, every state prioritize their testing a little bit differently. We in our state, we have five priorities, I believe have priorities for testing and they listed congregate settings like shelters and jails, as the one of the very last priorities for testing. And it seems really backwards to me and other communities had prioritize it earlier on. I'm not saying it needs to be the absolute first priority, but I'm saying it should have been considered a little earlier on, because people living in a congregate setting don't have the luxury of isolating at home and so I think it's really important that that be taken a close look at. And that's something that our state, I think, didn't do well and you know we've seen you know some outbreaks in the Yellowstone Correction system and all of that. Luckily, we haven't seen any here, but that is an issue that I take with how things were done.

RE: Yeah, I've been reading some articles and stuff about some prisons there have been a bunch of outbreaks and just how little attention has been paid attention. Is this something that maybe you will think people, because of COVID, people pay attention to, like, the needs and health care of people using like your services and in prison systems and stuff like this?

AAT: You know, that's certainly my hope. But I do think that we are in a in a time in our nation that I think we are looking at some of these systemic issues that are really impacting and harming people and so my hope is that that's that is becoming more obvious. You know, people in the correction system and the justice system, criminal justice system was what I'm trying to say. And also within folks as accessing homelessness services are disproportionately people of color. And so I do hope that there are some changes that are made in our, you know, nation as a result of that, I will say locally it was really a valuable opportunity for me to educate our local health department and our local officials in Missoula. I do feel strong support from our elected

officials generally within the county commissioners and the city council I communicate with a lot of them pretty regularly, our mayor. And I do feel that they understand that at least on a surface level the unique needs of the folks that we serve. I do think it was a really great opportunity for me to provide more education to folks within our health department. I think they did not have a strong understanding, of kind of the unique needs of this population and I think now they they do understand a little bit more so that I see is, is a big positive as well.

RE: Do you think because of COVID and the economic downturn and everything that there will be more individuals needing your service?

AAT: I do. I have significant worries about that and just thinking about other communities, you know, we're seeing some housing crisis all over before COVID happened, you know, Missoula alone has a 3% vacancy rate in terms of housing. And so as we look at people, not having their jobs still and, you know, not being able to afford their rent. I think we're going to see an increase in food insecurity and housing issues in our community and in our nation. I'm extremely concerned about that, there are estimates that homelessness may increase by 40%, in the, you know, coming years and that's extremely concerning when we prior to COVID we're already over capacity in our shelter and so it is something I'm extremely worried about. And we're talking about, you know, the need for us to think about how we address this as a community. And of course, I'm always pushing for you know the solution for homelessness is homes. But if we don't have the housing stock, then that is the challenge and we don't have enough housing in Missoula at this point, so it's extremely concerning, yes.

RE: Um, what were like the responses to COVID by individuals using your guys's services?

AAT: Yeah, I haven't touched on that yet and I hope I'm not getting too long winded. I can kind of go on and on. So they were as varied as they were in the general community. I would say one thing that was interesting is that as COVID got closer to Montana, we found that people were leaving the shelter pretty quickly. So there was definitely a, you know, percentage of folks who were like I am hearing about this, I'm fearful, I'm going to get the heck out of dodge and so definitely talk to some people who are like stockpiling supplies and they were headed out to the woods as soon as they felt like they needed to because they were afraid of being in a congregate setting. There are people who definitely, you know, decided to travel elsewhere because they were afraid of being here in the path of this, we saw a lot of that. So when we did finally set our cap at 175, or excuse me from 175 to 98, we had seen a pretty big decrease in our numbers before that. So we had gone from like 175 to like 140, so then when we finally did set our cap at 98 we only had to ask like 40 people to stay elsewhere, but it was, you know, so it was a little bit easier because it wasn't as many people, I would say. But there are also people that were serving that really struggled with mental health issues. And there are people who, you know, I think COVID has become political issue in some ways. Some people believe that it's a hoax and people believe that it's kind of been over sold by the media and that kind of thing. And we definitely have folks staying with us that feel that way and feel like we're making a really big deal out of this for no reason. And so I think just like the general population, we're

seeing similar attitudes just across the board and with staff as well, you know, are we have some staff that, you know, feel that, you know, I'm taking this too seriously and others that that think we should be taking it more seriously. And so I think it's, I think that's common though.

RE: I'm totally. Oh, how did you decide who the 98 people like it to stay?

AAT: Good questions. So we decided based on vulnerability and we have a vulnerability process in our community already that we use within our coordinated entry system. Most folks are not familiar with what that means, but essentially it's a system that is being used all over the nation to end homelessness and so it is a way of prioritizing housing resources for those who need it the most. And it's really a shift from a first come first serve process to a prioritized process. Some of that is based on people's age medical histories mental health history, substance abuse, history and utilization of images emergency services, whether or not they've ever been assaulted. It's kind of a big variety of questions that help us to kind of narrow in on who's most vulnerable specifically around COVID we prioritize folks based on age and also based on any sort of medical issue that would cause them to be more vulnerable to COVID so technically, in other communities, those folks should be according to best practices. Those folks should be put in hotel rooms; those folks should be put in a non congregate setting. Unfortunately, because we don't have access to enough of that in our community. We opted to prioritize those folks in the shelter, rather than on the streets because I believe that if they were on the streets, it would be at a higher likelihood of dying or being injured, you know, by the elements and that kind of thing. So we made that difficult call and it's been working so far, but it's still not the ideal place for folks to be right.

RE: Have you had a lot of pushback from people that weren't allowed into the shelter?

AAT: You know, I think most people were pretty understanding some were not and I think that's always the case, we in the summer, have a cap of 150, in the winter 175, so we have been through this process before of having to ask some folks to leave. And it's always painful and it's always complicated and there's not enough shelter and so inherently that is always going to be a hard process.

RE: One of the things that I was like most interested in was looking at individuals that were shelter resistant versus ones that were using our services in the shelter and how you were giving information about what was happening at the center and just in general about the virus and everything to those groups and if they like change based off that?

AAT: So I would say that the information was pretty consistent and both sides I created some handouts early on that really just talked about all of the normal things that we're used to hearing, you know, covering your car wash your hands don't touch your face, all those things that we all can recite in our sleep. I would say the difference with folks who are living outside is there is definitely a culture of survival, that is necessary for folks living outside. There is also this need to rely on one another and people who are living on the street. Take care of each other.

They do that in the shelter to but it's a little different. And that folks living outside are truly, you know, in a different situation. And so there's just often a sharing of meals, a sharing of beverages, sharing of cigarettes. So there's just this whole other kind of layer that happens here at the shelter, but more so on the streets, I would say. So we're constantly talking to people about that on the streets. I would say that's that's probably the biggest difference, but I would say it's pretty similar across the board. So the way that we are providing that education is for folks unsheltered is with our homeless outreach team, they go out to encampments in our community. Throughout the week and they're talking to folks who are living in encampments that reserve streets and Ken Williams and other places. And are providing that education and they've done a really nice job to have just modeling, kind of safe behavior. So as they approach and comments and they see someone they're like, hey, because of social distance and saying, I'm going to stay back here. How are you? If they have socks or a sack lunch or something to give to that person. They'll say, I'm going to go ahead and set, you know, they bring a little tarp and they say, I'm going to set

this sack lunch down for you right here. And then I'm going to step away and then I'll have you come, grab it. So they put some good practices in place to kind of demonstrate the need for that. But again, the kind of attitudes and opinions of folks living on the streets are similar. Their varied. Some people are very fearful. Some people are not concerned at all. So, so it really various.

RE: Interesting. Have you had to change the way, I mean, I guess, obviously, with social distancing and stuff, but the way you like provided care?

AAT: I would say that we, the biggest changes is that our staff are masked and we do ask them as staff to try to keep their distance. Unfortunately, in this setting, it's really hard to do. So just like medical providers in the hospital, have a hard time keeping distance staff, you know, during check in and that kind of thing. Try to keep their distance, but we also have little old ladies that that can't hear us very well. So we have to get close to them or you know, they, you know, kind of lean in to hear us. So we do our best to keep that distance, but I think it's really hard on this setting.

RE: Totally, um, do you think you guys have started any new practices that you'll keep, you know, once all of us is over?

AAT: Yeah, I think we absolutely will keep I mean our cleaning protocols and have always been a challenge. We rely on folks staying with us to help with cleaning, I think having a full time paid janitor, though, is something we brought on and I think that has been really helpful and helps provide a more dignified cleanliness space. So that's something I would like to keep we also started doing no touch serving in the line. When I say that, I mean, normally when you come through our food line. There's usually a server behind the counter that and I don't know if you've ever been. Have you ever been in the past before? Um, so normally you come through the line and we've got like two entrees and a meet and, you know, your veggie and your starch

and that's all in the hotline. And so somebody will come through and like they'll dish that up for that person onto their tray. And then they'll go down hand them their tray and then there's like veggies and fruit and then baked goods and condiments. And all of the veggies and fruits and baked goods and condiments are normally serve like self serve by that person, after that what we've done is we moved everything behind the line. And so that's all served by people that are in the kitchen and so that I think really reduces that kind of, you know, potential spread of illness and it's something I think we'll keep moving forward because it really does I think help to keep germs germ transmission at a minimum.

RE: Yeah that makes complete sense. And then are you expecting a rise through the summer and into the fall?

AAT: Yes. I mean, I think that we are seeing it right now in Missoula. I think we've got seven cases this weekend, Missoula. So I'm pretty sure that's my route. I might be overestimating that I can't remember. Anyway, we're seeing a big rise right now so I anticipate that we are just at the beginning of it, they will peak. So I anticipate it's going to be a challenge. I also am extremely worried about the winter, because people are going to be inside more. We are going to keep our physical distancing practices and our capacity low, but I do worry that there's just going to be more opportunity that people will be huddling together in tents and and other places, trying to keep warm that if somebody does have COVID, then they will definitely, it will spread quickly.

RE: Yeah. Are you guys thinking about different ways of handling it? And the winter?

AAT: We are we've been planning. Every year we plan our winter shelter plans, starting the winter before. So we've been discussing this. We don't have any concrete plans yet. I put together like four different budget scenarios of what this would look like with coated without COVID and all of that. So we're trying to sort that out right now, but we really do need probably a good plan for a significant number of people at this point if we're serving 98. Normally we partner with the Salvation Army who can serve 60 usually but now they can only serve 30. Based on social distancing so that only puts us at like 130 in terms of capacity we probably need space for like 230 people. And so we are just in a really challenging spot that way. So I am working on with our you know partners and elected officials on a plan for that.

RE: That makes sense. It's a stressful.

AAT: Yeah, it is. It's extremely stressful. It's hard to worry about winter when it's not even summer yet.

RE: I know it doesn't even feel like summer.

AAT: I know it really does is so I wish it would get warm.

RE: Me too, hopefully this upcoming week will be better. Okay, I guess we'll shift a little bit personal. Have you been just feeling outside of work.

AAT: Yeah, um, I would say that there's been kind of a collective feeling among some of my colleagues that, you know, I'm really good in a crisis. And we were like, go, go, go, like, let's turn everything on a tad. Let's figure this pandemic out like let's figure out how to perfect services and we're really kind of running on adrenaline and I think since then. I feel like I've crashed a little bit, feeling more tired. I did take a week off last week, which was really good to kind of try to recharge my batteries, but I would say definitely I think personally feeling really frustrated by the pandemic and frustrated that life has to be so different. I really miss my old way of life. You know, I miss going to the gym and I miss coming into the office more, I miss not wearing a mask. You know, I, I just feel like I'm a person that is a very social person and so it just feels weird to wear a mask. When I'm sitting around with my staff, you know, and with my friends and, you know, whatever. So I just really miss the old way of life and definitely struggling a little bit. Yeah.

RE: I can totally relate to that, I'm from California and it's much worse there.

AAT: Oh yeah, I bet. Yeah, I think I bet, we've had it easy. Yeah, compared to other places.

RE: Yeah, I can relate to missing routine and like the old way living. What are you most excited to do once this all calms down?

AAT: Oh, My goodness. Honestly, I mean, I'm excited about, like, just, you know, leaving my home and not having to worry, but I think I'm, I honestly just like I said, my routine. I really love Oula, I don't know if you've ever done that but it's like a group fitness thing. I never used to be into that kind of thing. But I really come to love that over the past few years and they just miss being able to work out in a group setting, honestly. I'm just really missing that it was such a source of self care and I think taking care of my mental health like yeah, I missed that.

RE: And it just feels like a whole different kind of community. Even if you don't talk to people.

AAT: Totally, yeah, totally. And I'm not dancey at all, but I just really like it. I like the music and yeah I don't know.

RE: I do. And then I pass and I feel the exact same way. Listen up, most to you during this time. Question.

AAT: I think what's most to me is like, just the fact that there's so much that people in our community don't know about homelessness and about the challenges that folks face. And I have seen people during the pandemic, say, Oh my gosh, like what about your people and like what about what about the public. What do you guys going to do and so I think the biggest thing is just that people just don't understand the challenges and especially like the health

department that was such a stark reality that they were not. It was not even on their radar to come up with a plan. I think that stood out to me the most, and that we really had to advocate. So much for a plan to be created was really shocking because I talked to other communities who are like, oh, our health departments spearheading all of that and I'm like our health department doesn't seem to think it's a problem. And I don't want that to be a dig on them. I don't think that anybody was intentionally like being a jerk or anything, but I do think it's a big gap in their understanding of vulnerable populations in our community. Definitely.

RE: Yeah, that's so frustrating. And then what do you think we can learn as a nation, on this pandemic and I guess everything just going on right now?

AAT: Yeah, I mean, I think what we're learning as a nation is that our systems are freakin broken and I've been running the POV as a safety net that has cracks in it and the POV is like our community safety net. But we're not perfect either. And so I think it just brings about like, all of the challenges that we have with affordable housing and access to healthcare and obviously issues around systemic oppression and racism. So I really think that it's exposed some significant vulnerabilities. I mean, there's some crazy things happening because of COVID in our, in our world right now. I have friends who live in Missoula who don't have child care because so many places are still closed. But they're expected to come back to work in the office like that that's not okay. It's like, how are people supposed to do that. Um, I just think it's exposed to so many holes in our system that we hadn't considered before agree.

RE: Have you seen a change in individuals at the center with regards to like the Black Lives Matter movement and everything going on.

AAT: You know, there's definitely people talking about it. I haven't seen a big kind of change, there's definitely been a buzz about it. Happening here and it has you know this as a social worker has been something that I've always cared about. But I think not done a good job of talking about, we talk about it in our work and we acknowledge that that we serve a high you know populations of Native Americans and African American folks but, you know, I don't think we've had as many thoughtful conversations as we could about making sure that folks are supported and have what they need. And so I think it's a really good opportunity for us to figure out how to have those hard conversations and as an agency. Really be proactive about it. And so I think that's something that I look forward to doing. And we've started some of those conversations at our agency.

RE: Um, I think the only other thing I have is just, if there are any last thoughts or anything that you want to leave this interview and future listeners?

AAT: I think the biggest thing is that I just believe so strongly that housing is a human right and that people need shelter to be okay to survive, obviously, but there are so many beliefs that you know people should be required to get sober, we should kind of meet these benchmarks in order to get housing. And I just really believe that people can't do those things without having

housing first. And so I just really, you know, just want to advocate for that that that housing is healthcare and that housing, it should be something that everyone has access to. We should not be expecting people to get sober on the streets, it's you know, it's hard to hard to get sober and a house like we I know people plenty people who have had trouble finding sobriety in a in a perfectly comfy home. So I just think that there are a lot of unreasonable expectations. We put on people without homes and expect them to behave a certain way in order to get housing and I just disagree with that. And I hope that we get to a place where we can provide people with a basic level of dignity, so they can get better. They can address their mental health and their substance abuse issues and get back on their feet right now.

RE: Well, those are my questions.

AAT: Awesome. Yeah.

[End of Interview]