

Veteran Community Partnership

# Colorado Chapter

## UPCOMING EVENT: Access to Care Rounds

ECHCS Aging Veterans Surgical Wellness Transition Program to present case study. Details to come!

March 29, 2019 at 7:30 AM - 8:30 AM  
Rocky Mountain Regional VA Medical Center  
Auditorium



**Suicide Risk Management  
Consultation Program for  
Providers Who Serve Veterans**  
Email: [Srmconsult@va.gov](mailto:Srmconsult@va.gov)  
<https://go.usa.gov/xnv24>

## Upcoming Events

### March

#### **Social Work Information Fair**

Friday, March 8, 2019 & Friday March 22, 2019 at 11AM - 1PM  
Rocky Mountain Regional VA Medical Center  
Auditorium

1700 N Wheeling St,  
Aurora, CO 80045

#### **Access to Care Rounds**

Friday, March 29, 2019 at 7:30AM-8:30AM  
Rocky Mountain Regional VA Medical Center  
Auditorium

### April

**Access to Care Rounds: Topic to have a Mental Health Focus**  
More details to come!

VCP Coordinator Courtney Bauers  
Email: [Courtney.Bauers@va.gov](mailto:Courtney.Bauers@va.gov)



VETERAN COMMUNITY PARTNERSHIPS



*#NeverWorryAlone*

Hello everyone,

We at the VA's Rocky Mountain MIRECC for Suicide Prevention want to let all of you know about our **free consultation program** that is now available to any VA or Non-VA Community Partner who works with any Veteran at risk for suicide. You never have to worry alone!

If you are working with a Veteran at risk for suicide and want to run any questions by our consultants, please get in touch. We often answer questions related to things like:

- Risk Assessment
- Conceptualization of Suicide Risk
- Lethal Means Safety Counseling
- Strategies for How to Engage Veterans at High Risk
- Best Practices for Documentation
- Provider Support after a Suicide Loss (Postvention)

Again, this service is free and open to any VA or Non-VA Community Partner who works with Veterans. Send us an email: [srmconsult@va.gov](mailto:srmconsult@va.gov) to get the consult process started.

You can learn more about the program at our website: <https://go.usa.gov/xnv24>



Thank you for helping us update our website!  
Please complete the following fields.

## Organizational Information

Individual Name

Position Title

Organization Name

Phone # (General, not individual)

Email (If general email inbox exists)

Website

Type of Organization (Please select the *most appropriate* category)

- ☐ Education    ☐ Emergency Assistance    ☐ Employment    ☐ Family & Youth Support  
☐ Financial Assistance    ☐ Health & Wellness Programs    ☐ Housing Assistance  
☐ Military Community Groups    ☐ Legal Assistance    ☐ Reintegration/Transition Services

Street Address

City

State

County

Zip Code

Hours of Operation

Days of Operation

- ☐ Mon    ☒ Tues    ☒ Wed    ☒ Thurs    ☒ Fri  
☐ Sat    ☐ Sun

Description of Organization (Description may be shortened for publication due to space constraints.)

Program Eligibility Requirements