



Office of Dentistry Homeless Veterans Dental Program NEWSLETTER

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From the Director's Desk...



**Dr. Elizabeth Nuñez,
HVDP Director**

Another year is closing and it has brought many changes for both the Office of Dentistry (OOD) and the Office of Mental Health (OMH). Personnel changes, as well as funding initiatives, have been headlines.

To the benefit of the OOD, Dr. Timothy Ward has been named the Assistant Undersecretary for Health for Dentistry and has been leading the VA Dental Team with proficiency and confidence in its mission of delivering high quality dental care to eligible patients. Dee DeToro has filled a much needed position as the Executive Assistant for the OOD; her enthusiastic and diligent personality has certainly been a boon for us.

In the OMH, John Kuhn, National CHALENG Coordinator and Lisa Pape, Director of Residential Rehabilitation and Treatment Programs were hired this year. They both bring considerable experience and compassion to their positions.

As the VA marks the 20th anniversary of its homeless program in 2007, \$24 million in grants have been awarded, aimed at eliminating the problem of homelessness among veterans. Transitional housing bed programs, special needs grants (which include homeless women veterans and their children), and technical assistance projects were all beneficiaries of these funds.

The Homeless Dental Initiative was continued for FY08 in the amount of \$10 million. The first national dental initiative for homeless veterans, completed in September 2007, was successful. Approximately 7,100 veterans in Grant and per Diem or Domiciliary Rehabilitations programs had their dental needs met.

These grants are part of the VA's continuing efforts to reduce, and ultimately eliminate, homelessness among veterans. Much work remains to be done, but the partnership effort between the VA and community and faith-based partners, is making progress. Today, it is estimated that fewer than 200,000 veterans may be homeless on an average night, which represents a 20 percent reduction during the past six years!



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Department of Veterans Affairs

Patient Care Services



FOCUS...SPECIAL TREATMENT NEEDS OF HOMELESS WOMEN VETERANS

Karen never liked to smile too much. After her honorable discharge from the Air Force in the '80s, her life took several unintended turns. Difficult relationships, depression, anxiety, and prescription medication and other drug abuse left her with little direction and ultimately homeless.

Dental care was not one of her top priorities during this problematic time; looking for a safe place to sleep at night was. "A miracle happened when Dr. Jo came into my life," Karen says.



**Carol Griffiths and Dr. Jo Miles
Tampa ACTS Program**

Dr. Jo Miles, a Vocational Rehabilitation Specialist, who along with Carol Griffiths, a nurse practitioner, operates the Tampa VA Homeless Women Veterans Program (HWVP), met Karen and presented her a new course in life.

The Tampa HWVP offers women like Karen a myriad of services to get them back on track. Psychological and addiction therapy, vocational rehabilitation, medical and dental care, and life skills management are all part of the program that is structured specifically toward homeless veteran women. Tampa is one of 8

HWVP's in the country.

The National HWVP was created when it became clear that homeless women veterans had special needs and situations particular to them.

In 2001 Congress passed a law (Public Law 107-95) providing the VA with the authority to award grants through the Grant and Per Diem program for special needs populations that included women veterans. Several studies have been conducted aimed at revealing the issues unique to women veterans. Below are several significant statistics.

- **~35% of all homeless population is comprised of women.**
- **Domestic violence is the #1 cause of homelessness in women.**
- **92% of homeless women experienced severe physical and /or sexual trauma at some point in their lives.**
- **Female veterans (FV's) are at 2-4 times greater risk of homelessness than female non-veterans.**
- **FV's have higher rates of sexual assault than the general population .**
- **FV's have higher rates of non-combat PTSD, bi-polar disorder, and schizophrenia.**
- **FV's have poorer job skills and employment history.**
- **FV's are younger than homeless veteran male counterparts.**

Having this kind of research come to the forefront allowed VA social work and mental health services to develop treatment tailored to homeless women veterans. Some of the best practices utilized in rehabilitation are the following:

(Cont'd on next page)



- During the initial interview with the veteran, the *Mentally Ill Drug and Alcohol Self Assessment (MIDAS)* is given to detect co-occurring disorders.
- The comprehensive, *Continuous Integrated System of Care (CCISC)* model provides services to individuals with co-occurring disorders.
- *Interviewing (MI)* and the *Motivational Enhancement Therapy (MET)* model motivate individuals through various stages of change in their lives.
- The *Cognitive Behavior Therapy (CBT)* model challenges unhealthy belief systems and cognitive distortions of individuals and assists them in developing new and more effective thinking patterns.
- *Holistic Reprocessing (HR)* is an integrative treatment for trauma using cognitive, experiential, psychodynamic, and humanistic aspects of treatment by identifying recurring themes in relationships.
- Individuals are introduced to the *12-Step Program model*.

Some of the policies and services utilized in woman-specific GPD programs are:

- **Random drug screenings**
- **Relapse prevention groups**
- **Modified housing (To accommodate women with children—not all programs accept children)**
- **Parenting skills classes**
- **Art therapy**
- **Sexual trauma groups**
- **Self care**
- **Job skills & job search assistance**
- **Dance/movement**

These programs can radically change the course of a veteran's life.

Karen, once embarrassed to laugh or grin because of missing and decayed teeth, received dental care through the Homeless Veterans Dental Initiative; and she definitely has something to smile about these days!


She has been clean and sober for two years now and shares her new condo with two adopted kittens.



Karen sporting a bright smile

When asked about her time at the Tampa HWVP, Karen contributes her success to two things primarily: the strong support she received from the staff and the accountability that was expected of her. “Knowing I could have a urine test at any time, kept me straight because I didn’t want to lose everything I was working towards. My goal was to become self-sufficient and have a little nest of my own.”

Dr. Glen Catalano, the Chief of Mental Health at the Tampa VA, is proud of the work that his social work and mental health team accomplishes every day for veterans like Karen. “The Homeless Women Veterans Program, along with the larger GPD and our soon-to-open Domiciliary, shows the commitment we have to support all homeless veterans on their road to recovery and rehabilitation.”

It is the work of treatment teams like these throughout the country that puts smiles on veterans' faces and provides them the tools to create their own little nests. 

Editor



VHA's HEALTHCARE for RE-ENTRY VETERANS



Jim McGuire,
VA Program Manager
Homelessness Prevention and
Incarcerated Veterans

VHA has joined and become a national leader in the inmate re-entry movement by reaching out to veterans who are being released from state and federal prisons.

Re-entry veterans frequently need community readjustment services to rebuild their lives; the VA is an unusually potent resource for veterans with its

one-stop array of critically needed services. By formalizing its re-entry efforts into a national Healthcare for Re-Entry Veterans (HCRV) in 2007, VA has more visibly embraced President Bush's January, 2004 State of the Union declaration that "...America is the land of second chance, and when the gates of the prison open, the path ahead should lead to a better life."

The U.S. Department of Justice Bureau of Justice Statistics (BJS) is *the* source of data on incarcerated veterans. From BJS, we learn that the point-in-time estimated number of veterans in jail and prison in 1998 was 225,700 and that 80-90% of veterans were eligible for VA services upon release.

Over 90% of veterans are ultimately released and re-enter society. Large percentages of these veterans have been shown in BJS surveys to have or be at risk for a range of medical, psychiatric, and social problems at release, including homelessness and unemployment.

BJS has also found in its survey that substantial proportions of veterans have dental problems. Over one quarter (26%) of veterans in jail report dental problems since being incarcerated and 75% of them were not seen by dental staff. While over one-half (56%) of veterans in state and federal prison had

dental problems since being incarcerated, almost all (89%) had at least been examined by a dentist.

While no additional information is provided about the extent and quality of dental treatment provided to veterans in correctional facilities, with these statistics, dental care is likely to be a significant unmet need of veterans released from these facilities.

VHA's HCRV initiative is correctly viewed as a homelessness prevention effort because a significant percentage of re-entry veterans are homeless at release and many more are at risk for homelessness. For those who make the commitment to rehabilitation by using VA services, in particular VHA's own residential and community agency funded residential services, re-entry veterans who are not service connected will be eligible for dental services under VHA's Homeless Dental Initiative after completing 60 days of residential treatment. Similar to homeless veterans living on the nation's streets, employment and social re-integration are huge challenges for re-entry veterans.

VA dental services clearly play a critical role in the totality of re-entry. Concerted and energetic efforts on the part of all involved VA and community providers – together with the commitment of veterans to turn around their lives – can do nothing less than providing President Bush's "second chance," which, in this circumstance, not only benefits veterans, but the families and communities to which they return.

To learn more about the VA's HCRV initiative, please visit <http://www1.va.gov/homeless/page.cfm?pg=38>

or contact:

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GRANT AND PER DIEM NEWS



Roger Casey,
Director, VA's Homeless
Providers Grant and Per
Diem Program

VA's Homeless Providers Grant and Per Diem (GPD) Program has been offering funding to create, and help operationalize, community-based programs for homeless veterans for more than fourteen years.

Beginning in 1994 with the first round of capital grants, the program has

since assisted both non-profit and state or local government agencies in the development of transitional housing programs, service centers, and procuring vans to assist in outreach to veterans on the streets. These programs are operated in partnership with host VA medical centers to assist veterans in breaking the cycle of homelessness.

Last year, over 15,000 veterans received housing and support services through the approximately 300 different GPD programs across the country, and it is expected that for 2007 more than 16,000 veterans will be served. Last month, VA announced new awards for capital and per diem funding, technical assistance, and special need funding for those programs providing enhanced services to special populations of homeless veterans. It is expected that, once these new programs are operational, an additional 1,900 beds will be available in communities to help those veterans that are fighting the battle of homelessness.

Roger Casey
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**Love Center for
Community Enhancement, NC**



Charlottetown Manor, NC



Yakima, WA



**Mary E. Walker,
Coatesville, PA**

Kansas City, MO



LRC Guam



SAN DIEGO 20 -Year Stand Down Anniversary



San Diego was the site for two important events for the VA this summer. *Stand Down San Diego* and *Homeward Bound*, a conference focusing on ending homelessness among veterans, were held to commemorate the 20-year anniversary of the VA's Homeless Programs. Community partnerships,

best practices, and service to veterans were the focus. To link to presentations from the conference, please access the following site: <http://www.chepinc.org/public/599.pdf>. To find out about Stand Downs in your area, access the following site: <http://www1.va.gov/homeless/page.cfm?pg=6>.

Scenes from the San Diego Stand Down July 11-15, 2007



SAN DIEGO Homeward Bound Conference



**Homeward Bound Conference Photos: Hard Work and Camaraderie
October 18-19, 2007**





“Tree” Hairston—A Success Story

The villagers in Vietnam called him “Treetop” because, at 6’6”, they said he was as tall as a tree. That was decades ago, but the name stuck.

At age 17, Eugene Hairston joined the Army to get away from his past. He spent four months in training and was shipped to Vietnam immediately afterwards. Serving his country in Vietnam gave him a purpose - there were his comrades to look out for and, seemingly, a reason for being in a land far away from home.



Eugene “Tree” Hairston
Supervisor at Bay Pines VAHCS

That was a far cry from the childhood he experienced. The very same year he became a teenager, Eugene was already traveling on the road to alcoholism. His mother ran a bootlegging business in Virginia where moonshine freely flowed. He imbibed regularly and found himself drunk, for the first time, at the age of 13. That was just the beginning of his downward spiral.

After his stint abroad, Tree returned to his neighborhood, coincidentally dubbed “Little

Vietnam.” Again, gunfire could be seen and heard 24/7. It was not long before drugs and alcohol began to distress his life. He thought if he moved away, things might change.

With only \$35 in his pocket, he moved to Florida. He found Metropolitan Ministries in Tampa where he was allowed to stay for 90 days, but realized he could not follow the curfew. Back in Virginia, he had worked as a telemarketer for WalMart, and he even secured a position in Florida before moving. Now, for the first time in his life, he became homeless. At first, being homeless did not prevent Tree from working full time; however, that did not last. Although he was able to bathe at WalMart when no one was around to catch him, he eventually could not keep the job. Years of neglect, addiction, and poor choices finally left him, literally, on the streets.

Eight long years passed. Tree remembers the turning point—his day of truth. It came on August 12, 1998. While having a chicken sandwich and a “bottle of booze” for lunch during a day labor job, it dawned on him that he needed a *permanent* change in his life. Not just quitting the drugs or getting a better job or getting a car..., he had to change his whole life. In his pocket he found a VA outreach worker’s worn business card. The call he made to her that day began the chapter of his new life.

Tree entered the Domiciliary in the SATP and PTSD programs at the Bay Pines VA. The CWT (Compensated Work Therapy) program proved to be a lifesaver. He started working outside on the VA grounds and inside cleaning the Domiciliary. He also entered a 12-step Program. One of the tools of the program is *honesty*. Opportunities arose for him to steal money out of a cash register, but he held fast to the principle of honesty.

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“Tree” cont’d



Another element of the honesty standard impelled him to confess that there was an outstanding warrant for his arrest. Although he was certain that he would be discharged from the Domiciliary, he was determined to tell the truth. The court date came and Tree was ready for judgment; but, to his surprise, the courtroom was packed with vehement supporters!

Twelve people from Tree’s VA recovery programs showed up in court to testify on his behalf. They explained to the judge how far Tree had come and how promising his future looked.


Tree did not disappoint. From the CWT program, he was promoted to Housekeeping Aid; then he worked his way up the ladder to Critical Care Specialist, Biomedical Engineering Technician, Maintenance Worker, Zone Manager, and finally to his current position of Maintenance Supervisor of EMS.

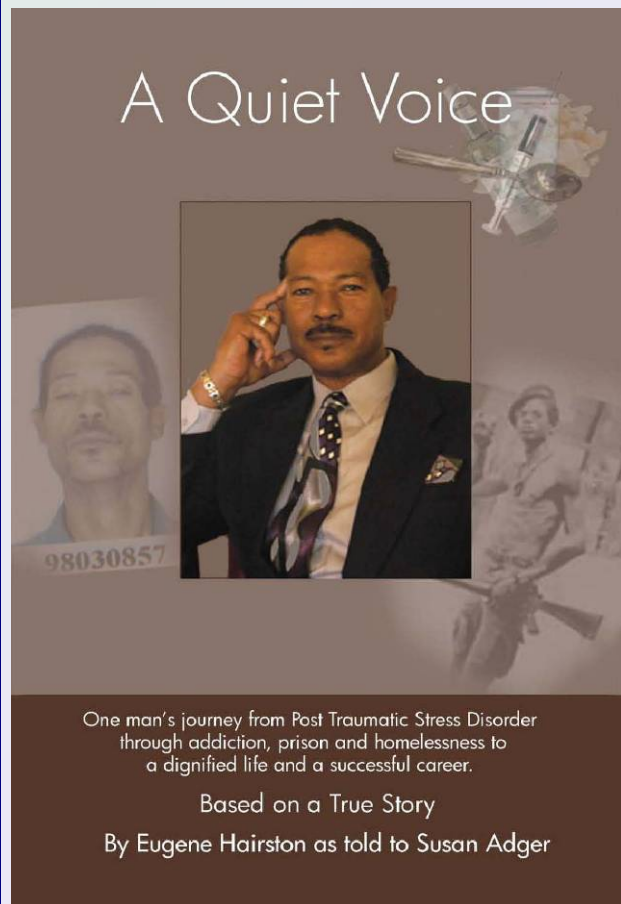
At the beginning, when Tree was going through the various rehabilitation programs at the VA, he found himself very self-conscious about his appearance. “I always sat at the back of the classroom.” Years of neglecting his oral health left him with a severely broken down dentition. He relates that he would not smile, or when he did, he placed his hand over his mouth so nobody would see the condition of his teeth. Fortunately, he was able to take advantage of the dental services provided at the VA. Nowadays, he stands front and center at meetings, with a confidence he never had before.

Frequently, Tree counsels others who face the same struggles he did. He is an alumni speaker for the PTSD Program and a motivational speaker in the 12-step Program. Fur-

thermore, he is an ordained minister, counseling people in recovery. What is his main piece of advice? “Just do it; you have to overcome fear by putting your plans into action.”

Tree has come a long way from being a misfit seedling in a dark forest. He now stands tall, both literally and figuratively.

To learn more about Eugene “Tree” Hairston’s journey through life, look for his newly released book, “*A Quiet Voice*” at www.iuniverse.com/bookstore. 



“A Quiet Voice” Book Cover



Before and After...



Photos courtesy of Dr. E. Nunez

Valplast dentures—claspless, flexible, removable partial dentures have been a good treatment option for some patients. This

homeless veteran was very pleased with his results. To learn more about Valplast, link to: <http://vaww1.va.gov/ntxcdl/page.cfm?pg=18>

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