



Office of Dentistry Homeless Veterans Dental Program NEWSLETTER

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From the Director's Desk...



**Dr. Elizabeth Nuñez,
HVDP Director**

Welcome to Spring! The signs and symbols are all around us: egg hunts, blossoming gardens, outdoor socials. Usually we greet this time of year with some delight knowing that the harshness of winter is past. Springtime is seen as a time of growth, renewal, new-born life, and the cycle of life once again starting. For thousands of once-homeless veterans, it is also viewed as the start of better times -

thanks to efforts of those dedicated to eradicate homelessness among veterans.

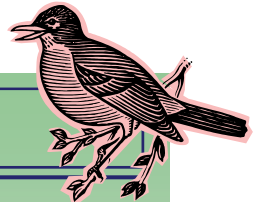
This year marks the 20th anniversary of the VA's first Homeless Veterans Program. The homeless program began in 1987 as a \$5 Million pilot project to support contract residential care and to create domiciliary care for homeless veterans (DCHV).

Today, the VA supports more than 15,000 beds in transitional housing facilities or in VA residential treatment programs. The Department has become the largest federal provider of direct assistance to the homeless including outreach and case management, treatment, rehabilitation, transitional residential care, therapeutic work, and assistance with permanent housing.

At a gathering to commemorate this special anniversary, VA Secretary Jim Nicholson stated, "Our goal is to return to communities sober citizens, gainfully employed, living independently with restored dignity." Secretary Nicholson's commitment to this group of veterans is clear, as evidenced by the increased funding and initiatives created to serve homeless veterans. (Read more about this on page 9.)

I'd like to take the opportunity to provide an update on the Homeless Veteran Dental Initiative. At present, 89 stations nationwide are participating in the Initiative, and commentary on the project continues to be positive. However, as you all know, the Initiative was intended as a one-time project designed to terminate at the end of FY07. I have met with the VA Secretary's Advisory Committee on Homelessness and VACO staff members in an attempt to continue this funded project. The proposal set forth was very well received; however, there is no official word yet regarding future funding. I will keep you all posted...

Until then, my gratitude goes out to all of you who are working so diligently to meet the dental needs of these veterans. To quote Secretary Nicholson again: "...the tremendous work done across the nation, as great as it is, is not enough as long as one veteran is homeless."



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Department of Veterans Affairs

Patient Care Services

STAND DOWNS Across the Nation...



“Stand Down” is military terminology referring to the brief period of time a soldier leaves an active combat area in order to rest and regain strength. Stand Downs are one part of the Department of Veterans Affairs’ efforts to provide services to homeless veterans.

Hundreds of stand downs are held each year. Send us articles and photos of your local stand down to be featured in an upcoming newsletter!



HOUSTON AREA (Michael E. DeBakey VAMC)

The Michael E. DeBakey VA Medical Center, in cooperation with The Task Force for Houston Area Homeless Veterans, The Coalition for the Homeless and U.S. Veterans Initiative, hosted the 6th Houston Area Stand Down for homeless veterans on November 8th and 9th, 2006, at Midtown Terrace Suites located at 4640 Main Street.

During this two day event, more than 335 homeless veterans, including 17 women, received services from 60 community agencies such as Service of the Emergency Aid Resource Center for the Homeless (SEARCH), Harris County Hospital District, Savannah’s Beauty School, Goodwill, Salvation Army and Houston Volunteer Lawyers Program. “It was the tireless efforts and dedication of 250 volunteers helping homeless veterans get back on their feet that made this event such a success,” said Theresa Riha, LCSW, Houston Area Stand Down Chair.

Veterans enjoyed hot meals, showers, clean clothes, haircuts, and health screenings. VA and Social Security benefits counseling, legal aid, and referrals to a variety of other necessary services,



David Sands, Healthcare for Homeless Veterans Social Worker, and Paula Newerls, Eligibility Specialist, assist a homeless veteran in registering for benefits and services.

such as housing, employment and substance abuse treatment were also available. Seven veterans received job offers. Transitional housing was also provided to several veterans and 19 received dental care.

“This was the second Stand Down I volunteered for. As an Army veteran, I enjoy helping others and want to assist other veterans who may need a hand up,” said Sebrina Felder-Onwuemene, who served hot meals to appreciative participants.



BREVARD COUNTY (Viera VAMC)

Dr. Bill Vagianos, Homeless Coordinator at the Viera, Florida VA, has been organizing the Brevard County Stand Down for homeless veterans for the last 7 years. However, Dr. Vagianos was involved with stand downs long before that, having coordinated them throughout Florida for many years. Vagianos, who holds a Ph.D. in psychology, has worked tirelessly to bring services to homeless veterans. A combat-wounded Vietnam Marine veteran himself, he can relate to some of the issues that face his clients. When Dr. Vagianos first came to the Viera VAHS, the veterans treated him with some skepticism. According to Vagianos, "...the veteran community was fragmented and very territorial when I first arrived; so I made it part of my mission to bring the groups together." It took him about two years to gain the trust of fellow veterans.

Now, it's clear how the veterans feel about him. "Dr. Bill, you the man" said Edmund Powell, 59, of Cocoa, as he saw Vagianos at the 14th Annual Brevard Stand Down. "He really takes care of veterans." Powell, who served in the Army for four years, had been living on the streets for months before he decided to get help. Now, he is living in a veteran's transitional housing facility and volunteers for the Volunteers of America.



Bill Vagianos & Bill Chapman take a moment's break from volunteering.

social and survival, and legal services. Social Security benefits counseling, disease screening/testing, employment and job training, and Veterans Benefit counseling were also available.

Dental services, which are always highly sought after at

stand downs, were provided in spite of some setbacks. The VOA van, equipped with a full dental operatory, was unfortunately unable to arrive at the stand down as scheduled. Nonetheless VA dentists Drs. Luis Deni-

zard, Juliana Navarro, and Elizabeth Nuñez, along with assistance from Carol Yakimo, Carol Gaudette, Cookie Lyttle, Denise Johnson, and Dianolys Denizard, were able to provide extractions, temporary fillings, exams, and oral hygiene instructions.



Carol Gaudette mixes temporary filling material, as Dr. Luis Denizard prepares the tooth for restoration.

Brevard Community College was the site of the March 24th event with 123 veterans and dependents attending. Attendees were offered health, dental, mental health, substance abuse, so-



Dr. Juliana Navarro extracts multiple teeth while the patient is seated on a folding chair.

Dr. Vagianos was very appreciative of the dental group stating "there are many who would not have continued without appropriate equipment . . . and many more who would have worked and griped about not having such. You all overcame extreme adversity in providing much needed services to homeless veterans."

Dr. Bill - we, and the veterans you have affected, feel the same way about you!

Editor



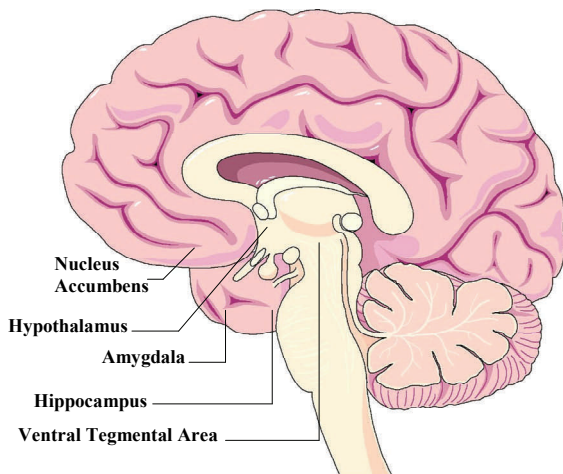


The Brain on Drugs: Veterans Facing Addiction

Elizabeth Nuñez, DMD, MST

The National Institute for Drug Addiction asserts that drug addiction is a complex, but treatable, brain disease. It is characterized by compulsive drug craving, seeking, and use that persists even in the face of severe adverse consequences. Homeless veterans, in particular, are at a high risk for substance abuse due to their likelihood to have a range of concomitant problems. Unemployment, social disconnection, medical and legal issues, as well as personality and/or psychiatric disorders are some of the factors that increase this risk.

The VA estimates that more than two-thirds of the homeless veteran population suffers from alcohol or drug abuse problems. With such a large portion of homeless veterans diagnosed with substance abuse disorders, it would be useful for all of those who work with this population to have a knowledge base on this subject. The biological basis of addiction, as well as characteristics of and recovery from addiction, will be highlighted in this article.



THE NEUROBIOLOGY OF ADDICTION

Addiction is initiated and propagated in the brain. A familiarity with the brain’s structures is needed to begin to understand how drugs act on and affect it.

The average human brain weighs about 3 pounds. It is a pinkish-gray mass that is composed of about 10 billion nerve cells. Anatomically, the brain can be divided into three parts: the forebrain mid-brain, and hindbrain. The forebrain includes the several lobes of the cerebral cortex; it is the “thinking center” that controls higher functions, while the mid- and hind-brain are more involved with unconscious, autonomic functions such as breathing, sleeping, and heart rate control.

Buried deep within the cerebral cortex is the limbic system. It is in this area of the brain that emotions, mood, and motivation, as well as pain and pleasure, are sensed. Certain structures within and near the limbic system play a tremendous role in the addiction process (Table 1).

(cont’d on pg. 5)

Table 1

BRAIN STRUCTURE	FUNCTION(S)
Amygdala	Limbic structure involved in learning, memory and emotion. It also processes reflexive emotions such as fear and anxiety.
Hypothalamus	Limbic structure involved with memory and emotions. It also maintains homeostatic processes such as blood pressure, body temperature and body weight
Hippocampus	Limbic structure that is also known as the “memory center” of the brain
Nucleus Accumbens	A forebrain structure that is closely related to the limbic system. It is the area where pleasure is sensed; it plays a large role in reward and addiction. It is known as the “reward center” of the brain
Ventral Tegmental Area	A midbrain structure that plays an important role in the mediating reward, pleasure and addiction



So how do all these structures work together in the addiction process?

Neurons (nerve cells) in the brain can release as many as 50 different neurotransmitters (chemicals that are used to relay, amplify and modulate electrical signals between a neuron and another cell). Some drugs work in the brain because they have a similar size and shape as natural neurotransmitters. In the right amount or dose, these drugs lock into neuron receptors and start an unnatural chain reaction of electrical charges, causing neurons to release large amounts of their own neurotransmitter. One of these neurotransmitters, dopamine, is normally released after pleasurable experiences.

Most addictive drugs (nicotine, cocaine, methamphetamine, opiates, marijuana, etc.) elevate dopamine levels in the brain, particularly in the nucleus accumbens and the ventral tegmental area, which are rich in dopamine-producing neurons. The amygdala and hippocampus help the brain remember and store the memories related to the pleasure sensations felt during drug use. In addition, these two areas of the brain retain memories of the aversive symptoms experienced during drug withdrawal, thus continuing the drug seeking behavior.

The hypothalamus is important in mediating the many positive, as well as negative, effects of drugs on the body's physiological state. Probably the most important, yet least understood, is the role of the cerebral cortex - the "thinking" area that provides executive control over drug use. What has been discovered, though, is that over time, drug use can severely impair the cerebral cortex (Chao & Nestler, 2004). Highlighted in Table 1 are the main, but not all, structures involved in the brain's complex and integrated circuitry that is profoundly altered by drug exposure.

CHARACTERISTICS OF ADDICTION

The fundamental characteristic of addiction is compulsive drug use. Drug seeking and taking behavior become involuntary, as the addict gradually loses control.

Once addiction sets in, it tends to follow a chronic course, with periods of abstinence, followed by relapse and active drug use (Bailey, 2004). The

powerful activation of the reward circuitry that occurs in the substance-abused brain facilitates a repetitive cycle of drug use that is characterized by several factors. In order to provide appropriate care, it is important for providers to be able to recognize certain indicators that are evident in substance abusers. The characteristics of addiction were put forth by Kopnisky & Hyman (Table 2).

Table 2

CHARACTERISTICS OF ADDICTION
Associative learning & heightened/inappropriate memory of substance's rewarding effects
Compulsive use
Craving
Dependence
Reinforcement
Sensitization
Tolerance
Withdrawal (somatic, emotional, motivational)

RECOVERING FROM ADDICTION

Due to the range of psychosocial problems that affect homeless veterans, rehabilitation requires a multi-disciplinary approach. Social workers, nurses, psychiatrists, psychologists, addiction therapists and primary care physicians are all key players in their treatment. When all the needs of a patient are addressed, an appropriate treatment plan can be developed. The most basic human needs - safe shelter and food - must be met first.

Results from many trials indicate that providing abstinence-contingent housing to homeless substance abusers in treatment is an efficacious, effective, and practical intervention (Milby, et al, 2005).

(cont'd on pg. 7)





Innovative Ideas for Reducing “No Show” Rates

Navy veteran, Sandy Miller, Chair of the National Homeless Veterans Task Force and Vice Chair of the Women Veterans Committee for Vietnam Veterans of America, is known for being a “tough cookie”; but this cookie really has a soft center. She has made it her recent life’s work to help transition homeless veterans into becoming productive, responsible citizens.

For the last 10 years, Sandy has worked with the Philadelphia Veterans Multi-Service & Education Center. The Center was established in the fall of 1980, in response to the multiple needs of area veterans. Since then, The Center has housed over 970 veterans in the LZ II Transitional Residence and the Mary E. Walker House for women veterans. Combined, these two Grant and Per Diem programs provide 125 beds at any given time.

With a homeless veteran age range of 22 to 72, Miller, along with other Center and VA staff, has to be able to tailor rehabilitation and treatment at the individual level. Managing the number of programs and services offered within the two facilities can be challenging.

One of the services that homeless veterans need the most, of course, is dental. With the passage of Public Law 107-95 on December 21, 2001, dental care for homeless veterans became a reality. The Homeless Veterans Dental Initiative furthered access to dental care for these veterans. Having seen that dental problems created a huge employment barrier for many homeless veteran clients, this was a welcomed addition to the services already being provided by the Coatesville VA Medical Center.

Miller explains how the dental program has been implemented in Coatesville. “Once the details of how referrals could be made were established, the dental clinic immediately stepped up to the challenge of providing care to our veterans. Naturally, because our veterans must work, there was a problem with scheduling appointments. For many of our veterans who were working temporary jobs or new

jobs, leaving work for an appointment was sometimes not an option. This created a huge no-show rate. We addressed the no-show rates by actually having the veterans make their own appointments. This virtually eliminated the no-show rate. Another very effective way of addressing the no-show rates was to assign “community service hours” to those who miss appointments: if a veteran fails 1 appointment, he or she must perform 1 hour of community service, if they fail 2 appointments, 5 hours of service are required. Usually no one fails a third time, but further disciplinary action including dismissal from the transitional home can occur. It only took a time or two of others watching someone police the yard or wipe down doors to make sure they made their appointments.”

“It only took a time or two of others watching someone police the yard or wipe down doors to make sure they made their appointments.”

Miller also states, “Our veterans at LZ II and Walker House now have the availability of scheduling evening or Saturday appointments. These flexible hours of operation have only added to the ease our veterans have in obtaining their much needed dental care without having to miss work.”

The average cost for a dentist/dental assistant team at a VA clinic is approximately \$250/hour. Therefore, finding methods to reduce failed appointments is an important part of providing high quality dentistry in a cost-effective manner.

Miller’s innovative ideas have helped make the Coatesville homeless dental program a model for other facilities. As a member of the VA Secretary’s Advisory Committee on Homelessness, her insights also affect homeless veterans at a national level. When it comes to her vets, this “cookie” definitely has the recipe for success!



**Sandy Miller, Chair
Homeless Veterans
Task Force**



Once essential needs are met, specialized drug treatment programs become an integral part of the rehabilitation process for this group of veterans. The ultimate goal of drug addiction treatment is to enable an individual to achieve lasting abstinence, but the immediate goals are to reduce drug abuse, improve the patient's ability to function, and minimize the medical and social complications of drug abuse and addiction. The VA's substance abuse treatment programs employ different psychotherapeutic methods to achieve this goal.

Cognitive Behavior Therapy is based on the idea that one's *thoughts* cause feelings and behaviors, not external things - such as people, situations, and events. Therefore, although a difficult situation may remain the same, thought processes and reactions relating to the situation can be altered.

Harm Reduction is another public health theory that is used to mitigate the potential dangers and health risks associated with negative behaviors. Harm reduction is a set of practical strategies engaged to reduce the negative consequences of drug use. The continuum extends from safer use - to managed use - to eventual abstinence.

Motivational Enhancement Therapy seeks to evoke from veterans their own motivation for change and to consolidate a personal decision and plan for change. As applied to drug abuse, this type of therapy seeks to alter the harmful use of drugs. Because each veteran sets his or her own goals, no absolute goal is imposed; although counselors may advise specific goals such as complete abstinence. A broader range of life goals are typically explored as well.

Medication Assisted Treatment Therapy utilizes medications including methadone and buprenor-

phine, which are used for the treatment of opioid addiction. Adjunctive medications such as antidepressants and/or antipsychotics can be employed when comorbid conditions exist.

Individual sessions with providers, along with group therapy, are also paramount to the recovery of homeless veterans who struggle with addiction. The opportunity to share experiences with group members and to have feedback provided by a fellow veteran are, oftentimes, the most important components in the recovery process.

CONCLUSION

As with any chronic illness, individuals in treatment for drug addiction will need to change their thoughts, feelings, and behaviors to adopt a more healthful lifestyle. As a persistent, recurring illness, addiction may require repeated treatments to increase the intervals between relapses and diminish their intensity until abstinence is achieved. Currently, multidisciplinary treatment programs with intensive psychotherapeutic components and outreach have proven to be the most effective approaches to working with homeless veterans struggling with addiction.

Fortunately, as the body of knowledge in this area grows, development of medications and treatment program philosophies, that can improve recovery outcomes, are continually being researched and utilized. Knowledge of the process of addiction and its comorbidities, along with our empathetic connections with veterans, are essential to positive outcomes. We have lots of reasons to be hopeful that our homeless veterans, dealing with addiction, will be able to achieve sustained recovery and lead productive lives. 🧠

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FROM OUR VETERANS...

A Second Chance

Old and tired, penniless and empty
Sitting out in the cold rain and snow.
He has his belongings all in a bag
Just aimless and no place to go.

The wind blows so cold as he shivers for warmth
With an old Army blanket he'd found
He goes deep in thought with shadows
from the past.
Where he'd never again be let down.

Silent whispers from the night
Bring hauntings from his past
Tangled paths taken wrong or right,
Now echo forever in the memory of time.

Nobody knows unless you've been there
How it feels to be mocked and shunned.



Judge him not by his looks with your stares
But by the deeds that he may have done.

They found him in the park that morn
Just another forgotten homeless man
He had one arm clutched close to his heart
With pictures of loved ones in his hand.

And then he felt them lift a great weight
As it crept across his soul
All the heavens were a bell it seemed
Then space began to toll.

They took him to the Ruth Meiers House
Where the staff were kind and had love to show
And found a second chance on life that day
He'd found a place to go.

Anonymous

Travelin' Shoes

"These boots are made for walkin' "
that's how the lyrics go
"Not mine" she thought
that's not the life I chose.

I'd rather stay here farming
in western New York state
Plowing, planting, picking
the food that fills your plate.

Some things are beyond our choice:
It's off I go to college
Illinois, Indiana and Michigan
set the base for sports and knowledge.

Then family moves westward
I was told I had to change location
New Mexico's barren sands mirror unemployment
the Navy soon chooses my vocation.

Maryland, Illinois, Texas, California
were some of my new stations
Even more far reaching
Italy provided new family formations.

Back again to California
there we stayed the longest
Twenty two years and too many changes
Life's bumps and curves made me the strongest.

On to Oklahoma
It reminded me of the farm
The VA brought me to Florida
One way to keep me out of harm.

"These boots were made for walkin' "
may not have once been my choice
It's funny how life hands us so many
unwanted things that cause us to rejoice!

Peggy Jeffcoat

Creative contributions from our homeless veterans are welcomed. Please let us know if you have something for the next newsletter.





HAVE YOU HEARD???

VA Celebrates 20 Years Helping Homeless Vets

This year marks the 20th anniversary of VA programs targeting the needs and problems of homeless veterans. Celebrating this milestone event, Secretary of Veterans Affairs, Jim Nicholson, announced that \$24 million will be designated for the cause. This monetary amount equates to the largest lump-sum designated for programs benefiting homeless veterans.

An anniversary celebration and conference are being planned for later this year in San Diego, CA.



Jim Nicholson,
Secretary of Veterans Affairs

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Dr. Elizabeth Nuñez,
HVDP Director,
Editor



Elizabeth Nuñez, DMD, MST
Carol Yakimo, RDH, BA
Bay Pines VA Healthcare System
10000 Bay Pines Blvd.
Bay Pines, FL 33744
(727) 398-6661 Ext. 4908 / 4324

elizabeth.nunez@med.va.gov
carol.yakimo@va.gov



Carol Yakimo, RDH
Assistant Director,
Publisher

