

Phoenix VA Health Care System



What to Expect and How Communities Can Prepare to Meet the Needs of Returning Military.



Operation Enduring Freedom/Operation Iraqi Freedom

- Over 1.6 million U.S. Forces have deployed to Iraq and Afghanistan.
 - 49% Former Active Duty Troops
 - 51% Reserve and National Guard
- More than 324,846 (39%) have sought care from the VA.
- Over the next several years, as more come off of active duty status, the number served at the VA is expected to increase by as much as 700,000
- OEF/OIF Veterans make up 5% of the VA's current health care population (5.5 million veterans are treated annually)
- The Carl T. Hayden VA Medical Center in Phoenix currently has enrolled over 13,000 OIF/OEF veterans
- There are 16,386 OIF/OEF veterans in Arizona. (VA stats received 1/21/08)


VHA Office of Public Health and Environmental Hazards, January 2008



Demographic Characteristics of OEF/OIF Utilizing VA Health Care

- | | |
|---------------------|----------------------|
| ▪ Age Group: | ▪ Branch: |
| - <20: 6% | - Air Force: 12% |
| - 20-29: 52% | - Army: 65% |
| - 30-39: 23% | - Marine: 12% |
| - >40: 19% | - Navy: 11% |
| ▪ Sex: | ▪ Unit Type: |
| - Male: 88% | - Active: 51% |
| - Female: 12% | - Reserve/Guard: 49% |
| | ▪ Rank: |
| | - Enlisted: 92% |
| | - Officer: 8% |

VHA Office of Public Health and Environmental Hazards, May 2008




Mental Health

- Primary OEF/OIF symptoms and diagnoses being treated at the VA include:
 - PTSD: 67,525
 - Nondependent Abuse of Drugs: 54,415
 - Depressive Disorders: 45,155
 - Neurotic Disorders/Anxiety: 61,004
 - Alcohol/Drug Dependence: 11,245/5,062

VHA Office of Public Health and Environmental Hazards, August 2008

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Mental Health

- Mental Health is the 2nd largest illness treated at the VA for OEF/OIF Veterans (#1 is Orthopedic injuries)
- More than 100,000 combat veterans have been treated for mental health related conditions since 2001. Over half were for PTSD.
- And even more treated at the Vet Center and in private mental health agencies (both not included in these figures)

Gregg Zoroya, October 18, 2007

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PTSD

Signs And Symptoms Of PTSD

- EMOTIONAL
- COGNITIVE
- BIOLOGICAL
- BEHAVIORAL

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PTSD - Emotional

- SHOCK
- GUILT
- DISBELIEF
- VULNERABILITY
- IRRITABILITY/
MOODINESS
- FEELING HELPLESS
- EMOTIONAL NUMBING
- FEAR
- SELF DOUBT
- ANGER
- RAGE
- TERROR
- GRIEF
- OVERLY SENSITIVE

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PTSD - Cognitive

- IMPAIRED
CONCENTRATION
- CONFUSION
- SELF-BLAME
- DISORIENTATION
- DECREASED SELF-
ESTEEM/EFFICACY
- INTRUSIVE THOUGHTS
- MEMORY DISTURBANCE
- DIFFICULTY PROBLEM
SOLVING
- PREOCCUPATION WITH
EVENT
- LOWERED ATTENTION
SPAN
- PROBLEMS NAMING
FAMILIAR
OBJECTS/PEOPLE

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PTSD - Biological

- FATIGUE/ EXHAUSTION
- INSOMNIA
- NIGHTMARES
- HYPER AROUSAL
- EXAGGERATED STARTLE
RESPONSE
- SLEEP DISTURBANCES
- CHANGE IN APPETITE
- DIGESTIVE PROBLEMS
- MUSCLE TWITCHES/
TREMORS
- HEADACHES
- HYPER VIGILANCE

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PTSD - Behavioral

- ALIENATION
- ISOLATION OR WITHDRAWAL
- SOCIAL WITHDRAWL
- UNDER OR OVER ACTIVITY
- HIGH RISK BEHAVIORS/ ACTIVITIES
- INCREASED STRESS WITHIN RELATIONSHIPS
- SUBSTANCE ABUSE
- VOCATIONAL IMPAIRMENT

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Traumatic Brain Injury

“Signature injury” of this war:

- Blast injuries are the number one cause of injury or death in Iraq
 - 69.4% of Wounded In Action caused by Blast or Explosion
 - 62% of Blast Injuries result in Traumatic Brain Injury (TBI)
 - 85% of TBI’s are closed Head Injuries
 - This means only 15% have visible wounds
 - *The symptoms closely resemble those of PTSD and can be easily overlooked by medical staff not well versed in recognizing and diagnosing brain injury.*

Tuli, August 2007

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Traumatic Brain Injury

- Damage to the brain due to externally inflicted trauma
- Mild traumatic brain injury is the lower-grade forms of TBI
- Mild TBI with little or no LOC may not be diagnosed in the field and the soldier returned to duty

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Diagnosing TBI

IMPORTANCE OF AN ACCURATE DIAGNOSIS:

- Even mild TBI can have life altering consequences for the individual
- Many TBI survivors (particularly those with mild TBI) will be misdiagnosed as having PTSD or other psychiatric problems
- Early intervention and rehabilitation leads to better outcomes

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Traumatic Brain Injury vs. Post Traumatic Stress Symptoms

TBI

- Insomnia
- Impaired Memory
- Poor Concentration
- Depression
- Anxiety
- Irritability
- Impulse Control
- *Headache
- *Dizziness
- *Fatigue
- *Noise/Light intolerance

PTSD

- Insomnia
- Impaired Memory
- Poor Concentration
- Depression
- Anxiety
- Irritability
- Impulse Control
- *Re-experiencing the Event
- *Avoidance
- *Hyper vigilance
- *Emotional Numbing

TBI Presentation at Evolving Paradigms Conference, April 2007

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Considerations with PTSD/mTBI

➤ COGNITIVE CONSIDERATIONS

- Information may be processed more slowly and may need to be repeated and/or written down
- Reduce distractions when possible

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Considerations with PTSD mTBI

➤ BEHAVIORAL CONSIDERATIONS

- Approach individual in a calm manner as to not escalate the situation
- If veteran is experiencing a flashback, orient him/her to present time and place using grounding techniques
- Impulsivity
- Disinhibition
- Perseveration

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Considerations with PTSD/mTBI

➤ EMOTIONAL CONSIDERATIONS

- Encourage the veteran to walk away from frustrating situations and confrontations
- Avoid power struggles
- Tendency to become overwhelmed
- Irritability
- Mood liability
- Inappropriate and/or incongruent affect

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Considerations with PTSD/mTBI

It is important to remember that each individual is unique and that not all veterans with PTSD/TBI will demonstrate these symptoms

* this list is not all-inclusive


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Suicide

- A total of 430 combat service members have committed suicide while overseas or upon returning to the U.S. over the past 6 years (Kimberly Hedling, 10/31/2007)
- In 2006, suicide reached it's highest level in 5 years among Marines (Henderson, 2006)
- Army Soldiers committed suicide last year at the highest rate in 26 years, and more than a quarter did so while serving in Iraq and Afghanistan. (Army Suicides, 8/16/2007)
- Ranked as the No. 3 cause of death for Army National Guard Soldiers through 8/13/2007 (1st Combat, 2nd accidents)
- 120 Veterans commit suicide every week. www.va.gov/opa/pressrel/pr07-08-082007-SuicG.asp
- Male U.S. Veterans are twice as likely to die by suicide than people with no military service, and are more likely to kill themselves with a gun than others who commit suicide." (Dunham, June 12, 2007)
- *****Those with TBI and those with serious physical injuries at greater risk**
- **National Hotline:
1-800-273-TALK**

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Suicide Prevention Considerations

The following are personal factors to consider:

- Anxiety
- Fear
- Frustration
- Personal, cultural and/or religious values

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Suicide Prevention Considerations

Things to consider when you talk with the veteran:

- Remain calm
- Listen more than you speak
- Maintain eye contact
- Act with confidence
- Do not argue
- Use open body language
- Limit questions to gathering information casually
- Use supportive and encouraging comments
- Be as honest and "up front" as possible

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Relationships

- Army officers divorcing at greater rate since Iraq invasion. Divorce rates increased 78% from 2003 to 2004.
- For enlisted, the number increased by 28% in the same year period.
Greg Zervas, June 7, 2005
- Walter Reed Army Institute and Research (presented at 2007 conference) provided the following statistics:
 - Increase in infidelity post OIF (7.9% pre and 13/5% post)
 - Increase in moderate abuse (7.9% pre and 14.6% post)
moderate = pushed, grabbed, shoved, slapped, kicked, bit, hit
 - Increase in severe abuse (2% pre and 7.1% post)
severe = choking, beating up, threatened or used knife/gun
 - Increase in divorces (9.1% pre and 14.5% post)

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Relationships

- Increased anger, irritability,
- Shortened tempers
- Sleep problems/nightmares
- Isolation
- Unable to relate to children or spouse
- Reckless behavior
- Spending money excessively
- Apparent lack of interest to spend time with family, children, spouses
- Communication problems
- Difficulty Re-establishing roles and responsibilities
- Difficulties driving, refusal to drive, or determined to drive when shouldn't
- Financial stressors
- Family lacks understanding or empathy of issues service member is struggling with
- Anxiety, panic attacks,
- Society doesn't understand and is oblivious
- Denial of problems
- Refusal to get mental health, take medications, or accept they have any symptoms
- Drug and Alcohol Use
- Arrests (esp. DUI's, drug charges, and aggravated assaults)
- Domestic Violence

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Family Needs and the Community

- Education about readjustment, PTSD, TBI, etc.
- Financial Assistance
- Legal Assistance
- Domestic Violence Resources
- Employment Assistance
- Money Management
- Transportation to appointments, to jobs, etc
- Housing assistance, including relocation help
- Substance Abuse resources
- Mental Health resources
- Family agencies in the community
- Counseling for veteran and family members
- Daycare assistance, including financial assistance
- Support Groups
- Self care Education
- Caregiver Education
- Children Services
- *Operation Family Support has begun within Maricopa County to discuss the needs of the family, educating the community and agency personnel on specific needs of military families

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OEF/OIF Factors to Consider

- Seeing many parents in support groups. Young veterans returning home and moving in with parents. Parents are unsure what to do with their young adult son or daughter who they see are no longer the same person they were before they soldiers in a war.
- Parents are not getting the support they need. Most support focuses on the spouses and children. Parents don't receive the same info from the military, are not invited to pre and post deployment events, and are left out of the loop of resources available, how the government systems work, etc.
- Many soldiers are wanting and/or requesting another deployment to Iraq or Afghanistan because that's where they feel they "fit in".



Military Sexual Trauma

- Rates of military sexual trauma among veteran users of VA healthcare appear to be even higher than in general military populations. In one study, 25% of female users of VA healthcare reported experiencing at least one sexual assault while in the military.
- MST rates appear to be higher during wartime. "The stress of war may be associated with increases in rates of sexual harassment and assault."

Street and Stafford, 2005
http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/iraq_clinician_guide_ch_9.pdf?open=1&rr=rr1519&sr1=&chcorr=true



Military Sexual Trauma

- Perpetrator is usually a peer
- Victim must continue to live and work near perpetrator, which can increase sense of feeling helpless, powerless, and leaves them at risk for increased victimization.
- Affects work performance and unit cohesion during combat
- ****Both the VA Hospital and The Vet Centers offer counseling services for survivors of Military Sexual Trauma**

Street and Stafford, 2005
http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/iraq_clinician_guide_ch_9.pdf?open=1&rr=rr1519&sr1=&chcorr=true



Women in the Military

- Women comprise:
 - 15% of active military
 - 20% of new recruits
 - 17% of Reserve and National Guard
 - 13% of OIF/OEF troops
- Women make up 7% of the Veteran Population
- Women veterans have greater health problems than their non-veteran counterparts
- 29% of OIF/OEF women veterans who use VA care are diagnosed with a mental health condition
- As many as 25% of military women have been sexually assaulted
- Based on the number of women on active duty and entering military service, the percentage of female veterans is projected to increase:
 - from 7.7 percent in 2008
 - to 10.0 percent in 2018
 - to 14.3 percent in 2033

Women, OIF/OEF women conference, April 2006
file:///Y:\HAPRO\MILK7\chapgoath\Personal\OIF%20OEF%20Women.ppt#256,1,OIF/OEF Women

Slam, Women Program Conference, March 2009




First Military Women





Today's Military Women






OEF/OIF Women in the Military

<ul style="list-style-type: none"> ▪ Family Issues: <ul style="list-style-type: none"> - Caregiver Role - Partner Conflict - Parenting Skills - Domestic Violence - Young children - Single mothers - Occupational - Financial - Relational - Isolation/Lack of female supports 	<ul style="list-style-type: none"> ▪ Presenting Problems <ul style="list-style-type: none"> - Depression - PTSD - *Military Sexual Trauma - Anxiety - Substance Abuse - Personality Disorders - Somatization (a psychiatric diagnosis: c/o physical symptoms without physical origin, psych issues expressed with actual physical attributes) - Sexual Dysfunction - Eating Disorders - Self-injurious Behavior
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Westrup, OEF/OIF women conference, April 2006
file:///V:\HAPHOMUL47\chaplogoth\Personal\OIF%20OEF%20Women.ppt#236,1,OIF/OIF Women

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Financial Concerns


- VA social workers seeing many veterans about financial problems. Due to various factors, they no longer have the financial stability they once had and are requesting assistance paying mortgage/rent, utilities, buying diapers, anything and everything.

Examples:

1. Income depleted or decreased due to injuries sustained in the war
2. Unable to keep a job
3. No income while waiting for disability payments to start
4. Come back to find they no longer have the same job within their company, working for lower pay, or quit because do not want the new job they are assigned
5. Unable to work at all due to physical injuries and/or mental health issues
6. Some make more money overseas
7. Excessive spending when they return home is common
8. Spouse or caretaker may miss a lot of time from work, too, which further hurts finances
9. Caretakers (parents, spouses, etc) are caring for injured children and losing their jobs, their insurances, taking excessive time off from work, etc.
10. Spending money on travel to hospitals, stays in hotel rooms, extra therapies, making homes and vehicles handicapped accessible

Dunn and Helbing, September 28, 2007

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Questions?

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Phoenix VA Health Care System



**ENDING HOMELESSNESS FOR OUR
VETERANS**



HEALTH CARE FOR HOMELESS VETERANS



"The oldest and strongest traditions of veterans care are based on the conviction that no civilized nation will turn its back on the poor, sick and homeless former soldiers who once relinquished civilian freedoms to serve their country.The [Homeless Chronically Mentally Ill] HCMI Veterans program, with its orientation towards community rehabilitation, merges this long tradition of care for sick and homeless veterans with a contemporary approach to service delivery for the disabled chronically mentally ill."

(Progress report on the Veterans Administration Program for Homeless Chronically Mentally Ill Veterans, October 22, 1987)

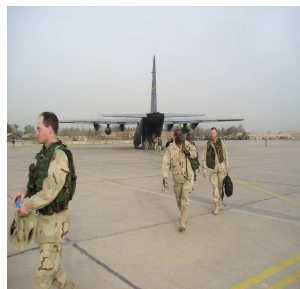
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HEALTH CARE FOR HOMELESS VETERANS



"Knowing where you're from helps you adjust to where you are going"



"Life is the JOURNEY"

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HEALTH CARE FOR HOMELESS VETERANS




CHALENG



HCHV



Grant/Per Diem & Contract Homeless Programs

CWT Supported Employment




HUD-VA Supported Housing Program



Stand Down Program

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HEALTH CARE FOR HOMELESS VETERANS





National Overview of HCHV

- **1/3rd** of the adult homeless **population** are vets
- **154,000** veterans daily are living on the **streets or in shelters**
- **45%** of homeless vets suffer from mental illness
- **70%** suffer alcohol or drug abuse problems
- Vets near homelessness or at risk due to:
 - > poverty
 - > lack of support from family and friends
 - > dismal living conditions in cheap hotels overcrowded or substandard housing

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HEALTH CARE FOR HOMELESS VETERANS

The journey begins through outreach!

"The HCHV program is primarily an outreach program that serves veterans who do not come to the VA medical center on their own."

(According to the Northeast Program Evaluation Center VA in West Haven, Connecticut's "Nineteenth Annual Report", 2006)

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HEALTH CARE FOR HOMELESS VETERANS

**Health Care for Homeless
Veteran's
(HCHV) Mission Statement**

Provide outreach to homeless veterans that are in need of VAMC services and assist those veterans in linking to resources to attain their highest level of independent living.



HEALTH CARE FOR HOMELESS VETERANS

HCHV Authorized in 1987

Offers a continuum of services that include:

- aggressive outreach to those veterans living on streets and in shelters who otherwise would not seek assistance;
- clinical assessment and referral to needed medical treatment for physical and psychiatric disorders, including substance abuse;
- long-term sheltered transitional assistance, case management, and rehabilitation;
- employment assistance and linkage with available income supports; and
- supported permanent housing.





HEALTH CARE FOR HOMELESS VETERANS

Homeless Programs & Initiatives

- VA's Homeless Providers Grant and Per Diem Program
- Loan Guarantee Program for Multifamily Transitional Housing
- VA Assistance to Stand Downs
- Veterans Industries
- CHALENG
- DCHV
- HUD-VASH
- Supported Housing
- Drop-In Centers
- VBA-VHA Special Outreach and Benefits Assistance
- VBA's Acquired Property Sales for Homeless Providers
- VA Excess Property for Homeless Veterans Initiative
- Program Monitoring and Evaluation

HEALTH CARE FOR HOMELESS VETERANS

VA Special Initiative Programs

- HCHV Outreach
- ANNUAL STAND DOWN
- Homeless Programs (Grant / Per Diem & Contract)








- HUD-VASH
- CHALENG

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HEALTH CARE FOR HOMELESS VETERANS

**HCHV VA Medical Center Outreach
FY 2009**

- Veterans assessed for homelessness: **1,515**
- Total number of homeless Vets visits: **5,071**
- Average assessments per Worker: **253**
- HCHV outreach worker averaged **845** homeless Veteran visits




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HEALTH CARE FOR HOMELESS VETERANS

**PROJECT H3:
Home, Health, Hope
A Regional Initiative in Maricopa County**

- A team led by the Arizona Coalition to End Homelessness
- Consisted of over 50 individual members and their organizations, agencies and entities.
- A "Housing First" model project to rapidly re-house the homeless in permanent housing with wrap-around supportive services appropriate to the individual's needs.



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HEALTH CARE FOR HOMELESS VETERANS

PROJECT H3: Results

- 262 individuals experiencing street homelessness were identified and surveyed in the downtown Phoenix, Mesa, Glendale, and Sunnyslope communities.
- 106 (40%) were found to have health conditions associated with a high mortality risk.
- More than 170 community volunteers helped administer the surveys.
- 208 (79%) of pictures were taken as part of the survey.

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HEALTH CARE FOR HOMELESS VETERANS

PROJECT H3: Results

Veterans (Total surveyed)

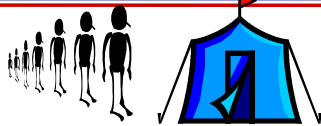
- 55 (21%) surveyed were Veterans
- 76 % were honorably discharged.
- 21 of the Veterans met criteria for "Vulnerable."

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HEALTH CARE FOR HOMELESS VETERANS


STAND DOWN



- Typically one to three day event.
- Provides services to homeless veterans in the community.
food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment.
- Are collaborative events, coordinated between local VAs, other government agencies, and community agencies who serve the homeless.

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 **HEALTH CARE FOR HOMELESS VETERANS**

 Arizona 2010 Report

Demographics:


Veterans Served:


- Overall: **804** (764 Male – 94%; 40 Female – 6%)
- Homeless: **503** (63%; 5.6% decline)
- Chronically Homeless Veterans: **165** (21%; 53% Increase)

Race:

- **53%** White; **29%** Black; **8%** Hispanic; **5%** American Indian; **1%** Asian; **3%** Multi-Racial; **2%** Other

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 **HEALTH CARE FOR HOMELESS VETERANS**

 Arizona 2010 Report

Demographics (continued):

Employment:

- **37%** No Income; **11%** Employed; **8%** Unemployment Ins; **4%** Day Labor; **42%** Disability Benefits


Self-Reported Conditions:


- **22%** Drug/Alcohol; **34%** Mental Illness; **27%** Physical Disability

City of Residence:

- **81%** Phoenix; **3%** Mesa; **5%** Tempe; **3%** Glendale; **1%** Scottsdale; **8%** Other

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 **HEALTH CARE FOR HOMELESS VETERANS**

 Arizona 2010 Report

Housing Placements:

- Veterans Requesting: **346** (43%)
- Homeless Veterans Transitional/Permanent Placement Total: **49** (10%)


VA Health Care:


- Veterans Seeking: **233** (31%)

VA Health Services Rendered: 200 Volunteers

- Medical (VA Nurses and Doctors): 70
- Dental (VA Dentists Information Only): 126
- VA Psychiatric Care: 4

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 **HEALTH CARE FOR HOMELESS VETERANS**



Arizona 2010 Report

Courts (City of Phoenix):

- Self-Identified Legal Issues: **428** (53%; 27% increase)
- Requests for Legal Assistance: **199**
- Files/Cases Processed: **219**
- Defendants Appearing: **114**
- Defendants Failing to Appear: **12**
- Defendants Completing Service: **76**
- Warrants Quashed: **14**
- Restitution clearing a cumulative **\$116,729** in accrued fines.

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 **HEALTH CARE FOR HOMELESS VETERANS**



Arizona 2010 Report


Courts (Cont.):
War Vet diagnosed with Post Traumatic Stress Disorder and Traumatic Brain Injury was cleared of **\$11,413** in fines.

Social Security:

- Volunteers assisted over **151 Veterans** with disability benefits
- One veteran was **awarded over \$12,000** in retro benefits
- Another Veteran increased his **benefits by \$300** monthly

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 **HEALTH CARE FOR HOMELESS VETERANS**


Arizona 2010 Report


Social Security (Cont.):
151 visits with **122** Services Rendered As Follows:

- Claim Status Inquiries 49
- Disability Claims 41
- Social Security Card Related Services 15
- Account Changes 8
- Retirement Claims 4
- Disability Appeals Issues 3
- Spouse/Child Claim 1
- SSI Aged Claim 1

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HEALTH CARE FOR HOMELESS VETERANS



Magellan Mental Health Screenings


- Self-Identified Mental Health Issues: **126** (18%)
- Mental Health Evaluations Performed: 12

Eye Glasses: 259 eye glasses issued


- Ages 42-57: 166 pairs
- Ages 58-78: 93 pairs

Meals (VA): 2,780 meals in-kind value of \$4,434.13

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HEALTH CARE FOR HOMELESS VETERANS




ID/Licenses (Department of Motor Vehicles):

- Self-Identified Top Priority: Top 4 Priority: 334 (45%)
- Total Veterans Receiving Services: 172
- Credentials Issued: 154
- MVR Reports: 31
- Abandoned Vehicles: 21
- Written Tests: 4
- Road Tests: 3
- Registration Renewal: 5

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HEALTH CARE FOR HOMELESS VETERANS





Career Services: 67

- Self-Identified (Top 4 Priority): **214** (27%)
- Job Searches: **27**
- Virtual One-stop: **9**
- Unemployment Request: **6**
- Voc Rehab: **2**
- Job Referrals: **11**
- Enrolled to Career Programs: **34**
- 96 Applications Submitted

DES/FAA: Self-Identified (Top 4 Priority): 154 (21%)


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 **HEALTH CARE FOR HOMELESS VETERANS**




New Clothing: 702 Individuals Served
 Living on the Streets or in Emergency Shelter: **216**
 Living in a Transitional Housing Program: **257**
 Living in Permanent Housing: **229**
 Veterinary Services: **267** Veterans Served; 43 Dogs and 3 Cats

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 **HEALTH CARE FOR HOMELESS VETERANS**


CHALENG

(Community Homelessness Assessment
 Local Education and Networking Groups)



- 1993, the Department of Veterans Affairs (VA) Project CHALENG
 - Designed to enhance the continuum of services for homeless veterans
- Guiding principle
 - No single agency can provide the full spectrum of services required to help homeless veterans reach their potential as productive, self sufficient citizens

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 **HEALTH CARE FOR HOMELESS VETERANS**

CHALENG (Cont)

- ✓ **Fosters** coordinated services
- ✓ **Brings VA together with community** agencies and other Federal, state, and local government programs to raise awareness of homeless veterans' needs and to plan to meet those needs
- ✓ **Helps to improve homeless veterans access** to all types of services and eliminate duplication of efforts

(The legislation guiding this initiative is contained in Public Laws 102-405, 103446 and 105-114)

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HEALTH CARE FOR HOMELESS VETERANS

**Homeless Programs Grant / Per Diem & Contract
Transition Housing**

The purpose is to promote the development and provision of **supportive housing and/or supportive services** with the goal of helping homeless veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.



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HEALTH CARE FOR HOMELESS VETERANS

VA Supported Housing

- ✓ Joint supported housing with US Department of Housing and Urban Development (HUD)
- ✓ Provides permanent housing and on going case management
- ✓ Services also include HCHV outreach that ensure integration of services and continuity of care.

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**FY08 HCHV Client Characteristics
Substance Abuse and Mental disorders**

- Out of 1,300 homeless veterans 39% reported having a history of alcohol problems to include past treatment.
- Another 48% reported past drug issues that include past hospitalization for drug use
 - 52% met criteria for a substance abuse diagnosis on intake.
 - 61.9% had a past serious psychiatric or substance-related hospitalization in the past
 - 39% admitted to having or were assessed with a serious psychiatric diagnosis
 - 25% reported had co-occurring psychiatric and substance abuse diagnosis.
 - 66% of clients present for services with *either* a psychiatric or a substance abuse disorder
 - Overall shows high prevalence of substance abuse and mental disorders

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**FY08 HCHV Client Characteristics
Employment/Living Situation**



67% of veterans had not worked during the past 30 days



9% worked 20 or more days within the past month

37% had been living in a Shelter

29% were "on the street"

20% were living with others

6% had been in an institution


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"We must look deep within ourselves to build a strong conviction to make change, we must know who we are and what we are made of."




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**DEPARTMENT OF THE NAVY -- NAVAL HISTORICAL CENTER
805 KIDDER BREESE SE -- WASHINGTON NAVY YARD
WASHINGTON DC 20374-5060**




"...participated with distinction in United States military actions for more than 200 years. Their courage, determination, and fighting spirit were recognized by American military leaders as early as the 18th century."

"I think they [Indians] can be made of excellent use, as scouts and light troops. --Gen. George Washington, 1778"

"...there are nearly 190,000 Native American military veterans. It is well recognized that, historically, Native Americans have the highest record of service per capita when compared to other ethnic groups. The reasons behind this disproportionate contribution are complex and deeply rooted in traditional American Indian culture."

"More important... is the warrior's spiritual strength. Many traditional cultures recognize that war disrupts the natural order of life and causes a spiritual disharmony. To survive the chaos of war is to gain a more intimate knowledge of life."



Sergeant Sineew Riley at Fort Huachuca, probably in the 1930s. Photo courtesy Rev. Arthur A. Guenther, Lutheran Apache Mission, White River, AZ.

08 August 2006
<http://www.history.navy.mil/index.html>

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NATIVE AMERICANS SERVED

- 460 Native Americans out of 60,000 unique veterans were treated at the Carl T. Hayden VAMC in FY2006
- 274 Native Americans have been treated within the first quarter of FY2007.

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Questions?

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