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Senior Capstone Project final research report : Interim, Inc. -- MCHOME program client handbook and client association

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Senior Capstone Project Final Research Report
“Interim, Inc. – MCHOME Program Client Handbook
and Client Association”

Keywords: Mental Illness, Transitional Housing, Handbook, Association, Interim, MCHOME, Client, Residential Treatment, Guidelines, Rules, Regulations, Conflict

Abstract: The MCHOME Program Client Handbook and Client Association were created with the hopes that clients participating in the MCHOME Program could use it to better their stay at MCHOME by having a better understanding of the rules and regulations of the program, while also giving the clients a chance to be more in control of their lives during their transition from homelessness to permanent housing.

Executive Summary:

Interim, Inc. is the only agency in Monterey County that caters solely to homeless adults suffering from a mental illness diagnosis. Interim offers multiple programs within the agency that have the sole purpose of offering services to mentally ill adults in Monterey County who are working on transitioning from homelessness and institutionalization to permanent housing and, at times, sobriety. Interim, Inc's MCHOME Program is a stepping stone for Interim clients who wish to get back on their feet and get their mental health diagnosis back under control.

At Interim, Inc's MCHOME Program, many clients have discussed what they feel is an inconsistency in staff disciplinary actions and not being fully educated on the rules and regulations of the program. Because of this inconsistency, clients have stated they do not feel in control of their housing situation while in the program, ultimately leading to a feeling of not being in control of their lives. MCHOME staff has also noticed a high need for staff intervention when it comes to dealing with issues that clients could easily handle themselves.

To alleviate some of the issues, the MCHOME staff decided to create a handbook and client association. The purpose of the handbook is to allow for clients to gain a stronger understanding of the rules and regulations of the MCHOME Program. Inside the handbook, the rules and regulations were listed, along with other important information, such as grievance procedures, important telephone numbers, program expectations, etc... Also included was a list of

conflict resolution tips for clients to read and use when having conflicts with other clients in the program. The purpose of the conflict resolution tips is to lessen the need for staff involvement in client-to-client mediation. The association was created to allow the clients at MCHOME to run their own meetings and get more involved in the happenings around the MCHOME community. Clients ran their own association and tried to handle conflicts between themselves before getting staff involved.

It was discovered that the handbook was highly sought after by the clients at MCHOME. They all stressed a need for such a handbook and offered tips and information that they felt should be included. The client association started without a hitch, with many clients wanting to be involved. As the months went on, it was discovered that the association was less interesting to the clients than originally believed. The association was disbanded due to clients in the association council not trusting each other and arguing too much. It is recommended for the next time the association is restarted, to have more staff involvement due to the inability to follow through by the clients.

Description of Agency:

Interim, Inc. was established in 1975 by a group of concerned citizens in Monterey County, who felt the homeless suffering from mental illness in the area were not being serviced. Interim started with a house in Seaside, California that was offered as transitional housing for mentally ill adults who were in need of getting off the streets. Years later, Interim has flourished and now offers over seven different programs to cater to the needs of the mentally ill homeless

population in Monterey County. Interim's goal is to offer short term crisis residential treatment, transitional housing for mentally ill homeless adults, transitional housing for dually diagnosed patients, affordable permanent housing, supported employment and education services, case management, social services groups and family outreach for their clients.

The newest program offered by Interim, Inc. is the MCHOME Program, which is located on the former Fort Ord in Marina, California. MCHOME's mission is to offer provide outreach and integrated services for homeless adults with mental illness to help them transition from the streets to permanent housing. The MCHOME Program is considered the first step for many in the Interim agency. Not only does MCHOME offer assistance to clients with obtaining food, psychiatric and medical care, benefits and employment, they also offer temporary housing. MCHOME currently offers seven houses, which are located on Hayes Circle on the former Fort Ord, which can accommodate four to five clients. Each house offers clients their own room along with a shared living space that includes a kitchen, dining room, bathroom, living room, laundry room and patio.

MCHOME is currently run with limited staff. In charge of the program is ultimately the Interim agency director. Below the agency director is the program director, who is specific to MCHOME. Underneath the program director is the assistant program director, who also doubles as a counselor in MCHOME due to limited staff numbers. The program director is also in charge of the administrative assistant for the program. The assistant program director is in charge of the four mental health counselors and the outreach aftercare counselor. MCHOME

differs from any other Interim agency in that the Monterey County Behavioral Health Department has sent three adult social workers who deal specifically with clients at MCHOME who suffer from a dual diagnosis of mental illness and alcohol or drug dependency. These social workers work under a supervisor at the behavioral health department under what is called the MCHOME Plus Program.

Problem Description:

Many clients involved in the MCHOME Program have complained over the past few years of inconsistency in program rules and regulations. When asked for examples, many clients have stated they feel staff members tend to play favorites and enforce different rules with different clients. Some said that they do not even know what the rules and regulations of the program are due to the fact that they feel staff tends to pick and chose what rules will be enforced. Clients also complained that due to not knowing the rules, they feel less in control of what goes on in the program. A need to be in control of their lives was stressed by the clients, and many stated by having a fuzzy few of the rules, that need was not being met by the MCHOME Program.

This is a problem for the clients because of their need for stability in their lives. Mental illness patients often live in worlds that are hard to grasp to those who do not suffer from a similar diagnosis. This can be heightened if the client is not taking their medication or self medicating with alcohol, drugs or other illegal activities. While MCHOME strives to help their clients, by not being strict and

consistent with the program rules and regulations, MCHOME can confuse clients and push them back in their recovery process.

This was determined to be a problem after multiple clients complained of the same issue. Staff informed me that clients were constantly complaining of favoritism and were always in the office asking for reasoning behind this. I went out into the Hayes Community and discussed this issue with multiple clients. The majority of clients interviewed agreed with the complaint of inconsistency of the enforcement of rules and regulations and supplemented this with the idea that they did not feel there was any control in their living situation at MCHOME.

Another problem discussed by the MCHOME staff was the overuse of staff involvement in conflicts between residential clients of the program. The program's staff is so small that it is hard for a staff member to be able to be available every time a client needs intervention due to conflict with a roommate or other community member. Staff becomes overworked and stressed when they are called to every conflict in the Hayes Circle community, only to arrive and discover the problem is so minimal that the clients could have easily dealt with it on their own.

This is a problem for staff members because it creates a stressful work environment and overall negativity in the office. The limited number of staff that works at MCHOME makes for the ability to respond to every conflict difficult and often times non-existent. When a staff member does not respond to a client's request at intervention and conflict resolution, the client usually responds with anger and often times, depression, wondering why they staff will not help them.

This in turn creates problems between staff and clients and makes it difficult to work out future problems between the two.

This was determined to be a problem by MCHOME staff when the agency started documenting staff responses to client conflicts with other clients in the program. In 2006, it was determined that two out of every three client-to-client conflicts could have been mediated without the intervention of a MCHOME staff member. When interviewed about this, clients stressed they would like to mediate their own conflicts, but felt they did not have any training or information on how to do so.

The aforementioned problems greatly effect the homeless population who are suffering from mental illness due to the already inconsistent lives of mental illness patients with little to no income. Without any money coming in, mental illness patients find it hard to purchase the medication they need to keep them stable. Ultimately, the patients will turn to illegal drugs and alcohol to self medicate because these substances are often cheaper and easier to obtain then prescription medication. Often times, the effected population is hard to read and unpredictable and with the added stress of them trying to become stable through the program and the inconsistency of rules, this can lead to the clients of MCHOME becoming depressed and left feeling underappreciated and worthless. These feelings can stop the client's progress and lead them back down the path they were following before entering the MCHOME Program.

While researching the above-mentioned issues at MCHOME, I came across two pieces of literature that stuck out and helped determined the path to

take when dealing with said problems. D. Halls stated in his 1995 study that adults suffering from mental illness feel the need to have control over their lives. This is due to the fact that so much of their lives were spent feeling confused and lost in a world that did not understand them. While a “mentally healthy” person grasps simple concepts of defeat and “let downs,” a person suffering from mental illness will take simple losses and blame themselves for not being able to take better control of the situation. Halls said that when given a promise for recovery and help, whether by a family member, friend, program or institution, it is up to that person or program to not let down the client and slowly lead them into stronger control of their lives. If this promise is broken, it can ultimately break a client down and push them back into depression, self medication and/or suicide.

Another author, D. Padgett, stated in a 2006 article published in Research for Social Work Practice that transitional housing programs for homeless adults suffering from a mental health diagnosis must have strict rules and regulations for the clients to follow. It was stated that if a transitional housing program, which is created to help transition clients from the street into housing, does not offer rules that are posted and available for clients at all times, it can lead to confusion and ultimately feelings of anger by the clients towards staff and sometimes other clients. It is up to a transitional housing program to do its part and not hinder the recovery process of its clients.

Project Description:

To solve the problem of clients not knowing the program rules and regulations, the program director and I decided to create a client manual or

handbook. In this handbook we wanted to include not only a list of rules and regulations, but also other useful information to help the clients in their daily lives as MCHOME residents.

I ran multiple focus groups with clients of the MCHOME program to receive their input on what should be included in the MCHOME Client Handbook. After discussing the handbook with clients over a period of four months, it was narrowed down to include the following in the handbook:

- Basic information on Interim, Inc.
- Basic information on the MCHOME Program.
- MCHOME Program expectations.
- Resident's rights and grievance procedures.
- MCHOME's visitor policy.
- MCHOME's shopping trip policy.
- Client and staff relations.
- Conflict resolution tips.

The conflict resolution tips were included in the handbook to hopefully help the problem the staff was facing with client-to-client conflicts. While no clients mentioned to me or any other staff member the need for conflict resolution tips in the handbook, the program director and myself felt it was a needed addition so that clients would now have some information to help them deal with conflicts between themselves and their roommates or other community members.

Also included was a page that was required to be signed by all MCHOME clients, stating they had read the handbook and understood everything included

inside. This was developed so that clients could not turn around later after breaking a rule, stating they did not know about said rules and try to blame the program.

The creation of the handbook was completed a few days before the end of my internship at the MCHOME Program. The handbook's effectiveness will not be noticed until after my departure from the program. It is hoped that the handbook will answer the question of whether an available list of rules and regulations for homeless clients with mental illness will help said clients understand the program and feel like MCHOME is more consistent and helpful to their recovery.

MCHOME Program plans on evaluating the handbook after I leave the program. The handbook will be handed out to all existing MCHOME clients for the first month. These clients will be instructed to read the handbook and return to staff with any recommendations for changes or additions. Once the suggested changes are made, the handbook will then be handed out to all new MCHOME clients as part of their orientation to the program. MCHOME staff will pay attention to client's attitude about the rules and regulations and see if the complaints of inconsistency and staff favoritism lower after the handbook is introduced as part of the program's curriculum.

The anticipated results of the client handbook are that the clients will have a clearer few of program rules and regulations. It is also hoped, that with the conflict resolution tips listed in the handbook, that the number of conflicts that require staff intervention will lower from two out of three to one out of three.

Along with the handbook, a client association was started. The association involved a council run by clients for clients to hopefully boost their feeling of being in control of their lives while at MCHOME. A brainstorming session was held with myself and other MCHOME staff members. It was decided by placing some control into the client's hands, it would boost their overall feeling of control in their lives.

The idea of a client council was brought up to a few residents who lived in the Hayes Community. A few weeks later, the clients took it upon themselves to start up a council and run their first association meeting. While I attended association meetings, I left many of the decisions and activities up to the clients and council members. The council decided to elect board members (a president, secretary and treasurer) and hold meetings once a week on Sunday evenings. These meetings were open to any MCHOME client, including those who were not living in the Hayes Community.

The association council decided that meetings could be available for clients to discuss any type of issue that was happening in the MCHOME community. Many times, clients would come to the meetings and discuss grievance issues they were having with staff or relapse issues involving drugs and alcohol. These meetings gave clients a safe place to talk about problems with others who understood and gather other perspectives on issues they were dealing with.

The MCHOME Client Association accomplished a lot for the clients of the program. Many of the clients, who felt that they could never be involved in an association or be a member of a board, were excited about the opportunity to be

involved. After a few months of running, the association helped clients feel more in control of their lives and with the ability that they could function like a “normal person.” Many clients were interviewed after the association’s start and they all said they felt that having an association run by clients for clients was a big step for MCHOME. Some said they felt in control of their housing situation now that they had other clients backing them in issues.

After a few months of running smoothly, the association disbanded for various reasons. I was told by multiple board members that the president of the board had relapsed and was using hard narcotics instead of the prescribed medication for her mental illness. The board members said they were constantly arguing with her and each other and did not feel they could run an effective council for the other community members. They decided to ultimately disband the council in hopes of restarting it in the near future. Because of the client’s association being disbanded, there was no evaluation done. It was decided that next time the council started up, that MCHOME staff would evaluate the effectiveness of the board compared to the effectiveness of the first council’s board members. They also agreed to run training for all clients interested in serving on the board.

The anticipated results of the client association are for the clients to have a higher feeling of control in their lives while participating in the MCHOME Program and eventually learn to work together with other clients. The staff at MCHOME want the clients to get an understanding of government and boards by

participating in the client association. They are hoping with this understanding, they will feel like they are running a small town in the Hayes Circle community.

Relation of Project to CSUMB Vision Statement and CHHS MLOs:

My project relates directly to the California State University of Monterey Bay (CSUMB) Vision. In the Vision Statement, it reads, “The campus will be distinctive in serving the diverse people of California, especially the working class and historically undereducated and low-income populations.” My project that was created while interning at the MCHOME Program specifically deals with a diverse population of not only the Monterey County, but also all of California. The mentally ill population, while more prevalent than most people realize, is part of the “diverse community” of the state. While a high percentage of Californians suffer for a mental illness diagnosis, most people do not realize they should be taking medication or be under a doctor’s care. Most of the time, mental illnesses go undiagnosed or untreated, leaving the exact number of cases of mentally ill adults in California unknown. My project also deals with the undereducated and low-income populations of California. The clients I served while interning at MCHOME were all homeless adults, with little to no income. Many of my clients received general aid from the state, including SSI and disability. Also, many of the clients were uneducated, due to the fact their untreated mental illness did not allow them the ability to focus in school and obtain a high school diploma, GED or college degree.

The CSUMB Vision Statement also states that, “The university will be a collaborative...” My project was a collaborative with many other individuals and

agencies. I worked closely with the MCHOME staff to improve the handbook and association and I worked with the clients of the program to obtain needed input on what should be included in the handbook. I also worked with other Interim, Inc. agencies to obtain copies of their handbooks and get feedback as to how their handbooks helped their clients.

Finally, the CSUMB Vision Statements reads that the university will tend to the, “needs relevant to communities in the immediate Tri-County region.” My project serves only those in Monterey County, which is part of the Tri-County region of Santa Cruz, San Benito and Monterey counties. The need to homeless adults suffering from a mental illness diagnosis to have proper care while in the MCHOME Program was high and the handbook and client association tended to those needs, hopefully creating a more consistent living environment for those participating in the program.

My project also directly related to many Major Learning Outcomes (MLOs) for the CHHS major. I learned a lot of collaboration while creating the handbook and working to build the client association. As stated before, I worked with the MCHOME staff, MCHOME clients and other Interim agencies to get a good grasp as to what should be included in the handbook and what had not worked for other agencies in the past.

I also learned a lot about conflict resolution. Not only did I need to research conflict resolution tips that would be appropriate for the MCHOME clients to include in the handbook, but I also need to use conflict management tips of my own while settling disputes that occurred near the end of the client

association. I had to use conflict management skills when discussing with clients issues that were hindering the growth and development of the client association. In turn, I had to be well versed at my conflict management skills so that the clients could see a good example of how to handle conflict with others in an appropriate and effective manner.

I learned how to lead focus groups and effectively manage my time during said groups. I had to be a strong leader during these groups and make sure I kept the attention on the task at hand. When working with mentally ill clients, it is hard to stay on track, so I had to use first-rate examples of leadership to make sure the groups got the job they needed to do.

Finally, I was able to teach the clients who were serving on the board about systems management. I discussed with them ways boards run and how to effectively manage an association. I taught them the roles of each member and how the association meetings should be run in order to produce effective meetings and not waste the time of the community.

Conclusion:

I found that when homeless clients with mental illness have the chance to be involved in something to make them feel appreciated and in control, it makes the clients easier to work with and more involved in their program. When first introduced to the clients, many enjoyed the idea that they were going to have a say in the creation of the handbook and the running of the client association. Clients were eager to participate and many stressed that they already felt like they had a better control of their lives in the MCHOME Program.

I also discovered the difficulty to keep mentally ill clients involved in projects for a long period of time, especially clients who have just recently started their recovery process. A major downfall of the client association was the fact that many of the board members found it hard to stay on target with their recovery and reverted back to self medicating with drugs and/or alcohol. This caused for high levels of stress in the community and on the association's board. It was discovered; however, that when the association is running smoothly, it is a welcome addition to the community and clients seemed to flourish with the added roles of "helpers" to others in the community.

My project benefited the MCHOME Program by giving them a handbook to use for future clients. It also benefited the clients at MCHOME by giving them a set list of rules and regulations to use when determining conflicts around the community. Now, with the rules and regulations listed and readily available to the clients, they cannot complain of not knowing said rules and use "staff favoritism" as an excuse for them getting into trouble. The association benefited the clients because it gave them an association for the clients that is run by the clients. Even though the association failed, the clients were given a taste of what it is like to run a board and help each other with community issues. The association also helped the program by allowing them to see how they could successfully create another one the future. This client association was seen as a dry-run by the staff members at MCHOME. Now, they have a base line to work with when starting a new client council in the future.

In the future, I recommend that the staff be more involved in the client council than before. A huge reason why the council failed was because staff was unwilling to get involved because they felt this was a client's project. Next time the staff decides to start up another client association, they will need to have more involvement to make sure the clients do not back out and continue to follow through with what they originally stated. It is also recommended that the staff offers training to those clients who wish to participate on the board of the client council. This will give those clients some background on issues that boards face and how to handle conflicts that might arise professionally and in a timely manner.

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