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Diversification of Resources in Rural King City

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Monterey County Behavioral Health-King City

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12/10/18
Abstract

**Diversification of Resources in Rural King City**

Lack of resources in rural King City has become a barrier for access to mental health treatment. Monterey County Behavioral Health (MCBH) provides mental health services but diverse programs like Interim Inc. are in the Salinas area. External mental health resources are difficult to obtain for some of the clients. Therefore, the ACCESS team for MCBH King City made the decision to implement a support group that would serve as a new resource for local adult clients.

A Mindfulness Group was developed to help clients who suffer from anxiety and depression. The group contained content that educated clients on how to cope with anxiety using breathing techniques and present moment awareness. The effectiveness of the group was measured by having clients rate their moods at the beginning and end of each group session. Results have shown that the group has been effective. Clients reported different moods by the end of each session. It was also noted that clients reported a better mood when it was only the facilitator and client.

The group has decreased anxiety symptoms for clients and has improved their everyday lives. To persist in positive changes among clients, it is recommended that the weekly mindfulness group continue to be implemented.

*Keywords*: mental health, adult, mindfulness, behavioral health, support group, anxiety, stress, resources
Agency Description

Monterey County Behavioral Health
King City Clinic
ACCESS Team

At Monterey County Behavioral Health our mission is to “Excel at providing Quality Services for the benefit of all Monterey County residents while developing, maintaining, and enhancing the resources of the area.” (County of Monterey, 2018) We provide a variety of services and programs within the agency. The services that offered and provided are as follows:
Mental Health services, individual and group therapy, case management, and psychiatric services. These services are for county residents who are Medi-Cal eligible. If one has private insurance, they are encouraged to contact their insurance and try to find a therapist near them that will meet their coverage.

There are two programs in South Monterey County, and they are as follows: ACCESS, and Adult System of Care (ASOC). ACCESS treats clients who are 26 years and older and who fall under the moderate to severe scale but mainly focuses on clients with moderate symptoms. ACCESS also is the entry point of receiving mental health services. The staff provides a brief screening, connects the client to appropriate community resources, and schedules an appointment for a mental health assessment. ASOC also works with clients from moderate to severe but focuses on working with clients who are 26 years and older and who have severe symptoms. There are only a couple of programs in South County but what there are not enough are resources and daytime programs for clients who are in need. (County of Monterey, 2018)

The communities that are currently being served are all low-income adult clients that have Medi-Cal, or no insurance, and are from South Monterey County. We not only serve clients
that are from Soledad, Greenfield or King City, but also from nearby communities like Bradley, Jolon, and San Ardo. Many communities, however there are not enough resources or clinicians.

**Problem Definition**

**One Sentence Statement:**

In South County, there are limited resources and supports for people with mental illness.

According to Mayo Clinic (2018), “Mental Illness refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.” Many of the clients who suffer from anxiety do not know how to cope with it and many do not get help because that is too much for them to do. They have trouble communicating with others to obtain help they need.

If clients go untreated and do not get the help they need for their mental illness, it can disrupt the individual’s function on a daily basis at home or work. According to NAMI, 2016, “Approximately 1 in 25 adults in the U.S.—9.8 million, or 4.0%—experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.” Mental illness if left untreated can take over their whole lives. Eventually, one can attempt to commit suicide, turn to drugs/alcohol, overdose, etc. Some even lose connection with their families because their disorders are severe and are going untreated. That is why it is essential to provide the right amount of resources for the whole county not just part of it. King City or Soledad should have the same agencies to support clients with different services closer to their home.

Lack of supportive resources can be described as a never-ending problem. The improper allocation of resources throughout the county contributes to the ineffective method of treating
mental health patients. In South County, the lack of resources is a downfall of the community and the clients. Clients are forced to travel elsewhere to receive services that should be offered close to them. There are no homeless shelters, substance abuse group homes, adult assisted facilities, or daytime programs in South County. Taking a look at the California Governor’s FY 2017-18 Proposed Budget for the County of Monterey, under the Social Services Department heading, there is no money being distributed to behavioral health. This means that there are no new resources that will become available in South County because they are putting their money in different programs.

If there are not enough support services, clients will not be able to reach out for the help they need, or they could end up in unwanted situations. Many of these clients are homeless or battling addiction or mental illness and is best if they are in a daytime program or group home. Nationwide, “An estimated 26% of homeless adults staying in shelters live with severe mental illness, and an estimated 46% live with severe mental illness or substance use disorders. (NAMI, 2016) There is no data to show how many of the clients are homeless in South County but interning at the King City Clinic I have heard the strong demand for homeless shelters. The need for homeless shelters in South County is because the ones that are in Salinas are becoming overcrowded because they serve the whole county.

A study that was done in 2009 stated that “Personal economy had a strong association with mental health symptoms. Subjects with economic problems have a higher prevalence of anxiety/depression than subjects without economic problems.” (BMC Public Health, 2009) Socio-Economic disadvantage is common in South County. The clients who currently live in poverty are many of the clients that are served. King City’s median income household is
$38,766. About 6,126 of the 12,874 population is at or below the poverty level in King City. (American Fact Finder, 2016)

Personal stressors can lead to a mental health illness. One who is worrying too much about money and family can develop anxiety, depression, or any other disorder. Money comes and goes and becomes a worrisome factor for those who live in poverty. A study found by the University of South Hampton showed, “Researchers concluded the likelihood of having a mental health problem is three times higher among people who have debt. Depression, anxiety disorders and psychotic disorders were among the common mental illnesses people in debt experienced.” (Psychology Today, 2015)

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Problem</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health is left untreated.</td>
<td><strong>Limited resources</strong></td>
<td>Takes over their lives and limits functions.</td>
</tr>
<tr>
<td>Personal stressors</td>
<td></td>
<td>Leads to mental illness.</td>
</tr>
</tbody>
</table>

**Project Description and Justification**

Project Title:

**Diversification of Resources in Rural King City**

The capstone’s focus was all about the implementation of a mindfulness support group project that was being offered to all South Monterey County Behavioral Health clients in Soledad, King City, and other nearby small communities. The group is focused on finding ways
to reduce anxiety, stress, and depression through art and meditation. The project required conducting a research project and assessing the effectiveness of a support group in a community that lacks supportive resources.

I have assessed the effectiveness of the support group weekly, for eight weeks. The data obtained was very important during that time frame. Data was being collected on a weekly basis, and the pre-survey was been introduced and explained; the post survey will be brought up at the end of week eight again. At the beginning of each group session, a handout was distributed, and it contained a mood scale of 1-5. 1 represented being a “happy” and 5 will represented “an angry mood.” The client rated how they felt at the beginning and the end of the group. It allowed me to see how effective the group was that day and it was continuous for all eight weeks.

The purpose of this project is to provide additional support systems and a different method of assisting clients to reduce symptoms of mental illness. In South County, there are insufficient supportive resources available for clients. If clients need to attend day-time programs, apply for housing, or participate in different types of groups, they often have to travel to Salinas or Monterey. The distance and lack of resources make it difficult to get adequate care for many clients.

Therefore, the grand purpose of this project was to provide a group that is accessible, fun, engaging, and at a time client will be able to attend. Many do not participate in early morning groups because it interferes with work or other activities; symptoms of mental health disorders also often prevent clients from feeling motivated early in the day.

The problem that was addressed at the agency is the fact that many people have a mental illness and not enough supportive services in their hometown area. There is a strong demand to have more support groups; providing a support group that is in the afternoon allows those who
work or have other activities, to attend. Having the support group on Tuesday’s from 1:30-2:30 PM at the King City clinic has been helpful because a few more people showed up, rather than a morning group. Transportation was provided for those who needed it, and snacks and refreshments were also provided for those who attended.

The project was strongly encouraged to be implemented because it is needed and would help those who live in South County who cannot travel for services to the Peninsula area. There is a total of 5,087 clients reported in Monterey County for the year 2016-2017, in the ACCESS team. 19% of those clients are from South County. In the Salinas region, 47% of clients are being served at this moment, and the smaller area is North County with 9% of clients. The data shows that there are services and resources needed in South County that are being offered at the Peninsula but are not provided in South County. (County of Monterey, 2018)

The project benefits both the client and the agency. By adding additional support groups for the community, this allows and brings in clients more often to the groups. There are a variety of groups going on throughout the week, and by adding this group, the clients have options to choose from. This will decrease anxiety symptoms for those who attend the group regularly and will have a good impact in their daily lives.

Around the King City Clinic, there are various posters of different support groups that are offered. It is how the idea of the mindfulness project was introduced. There are multiple groups: family groups, art groups, wellness groups, and now a mindfulness group will be added. The social workers around the clinic have noticed a great deal of improvement in clients who attend support groups, so they thought adding group would be a great idea. Many suffer from anxiety, about 21% of the overall clients from the county, suffer from an anxiety disorder. (County of Monterey, 2018)
The mindfulness support group I conducted contained material that was researched throughout the past few semesters. At the office, no one has done a mindfulness support group; therefore, the curriculum had to be developed. The material that I used for the group is from a website that is called "Mindfulness Exercises" and a book called “The Mindfulness Workbook for Anxiety.” The website and book provide worksheets all about mindfulness and how to efficiently use it, as well as background information, and activities. There are also exercises that are taught from books that have been read. The books provide various practices that can help a client when they need it the most. The exercises are simple, and the client can use them whenever they are required and will not be difficult to follow.

The content is delivered by facilitating the group at the King City Clinic. To effectively lead a group, preparation is crucial, improvising is a stressful, organization is essential for a group. It is important to know what the material contains to have an active and engaging group. If the content is not delivered correctly or it may not be attractive to the client, there is a chance they will not come back the next week, or they do not participate.

Obstacles seem to be something one cannot hide from. Some obstacles and unexpected circumstances I have ran into thus far is no one showing up for group. The way I had initially planned it out to be, I should have been doing with group already. There were multiple days when no one would come, which forced me to have to cancel. When I started running into that issue, I began recruiting new members from other clinicians. Doing that kept me going because that meant group wouldn’t be canceled. To this day, clients have been coming to group, hopefully this continues until it is time to end the group.

Project Results
A positive outcome for this project was changing the clients state of mood. The client would show up to group feeling some type of way; I would have them rate their mood on the scale, and at the end of group I would have them rate it again. For the most part, I always had one client’s mood change every single session, and for the other client, his mood would not change. However, for the client whose mood would not change on paper, it was not all a loss. I would observe and see how his mood would change, how engaging he was, and his clinician would mention he really enjoyed group.

Below are three emotional trends of different clients. It will be seen how some of their moods changed and how one did not.

I believe I have changed a client’s daily life and have given them new ways of coping with anxiety. I have seen it on paper, heard directly from a client, and heard positive feedback from clinicians. Clinicians have mentioned that their clients only want to attend my group.
because I make them feel comfortable; and the material I teach is interesting for them. They enjoy the lessons, mindful art activities, and meditation music.

Thus far, my clients have been effectively using coping skills I have taught them during group. Both of my clients that have been consistently going to my group, have mentioned to me that when they have an anxiety attack, they always remember to use the coping skills they learned during group. It helps them get out of the dark hole they have fallen into, which is wonderful because that was the goal overall.

Now that my project is finished, I believe the project achieved the expected outcome. I was able to effectively teach and impact a client’s mood by the end of each session. The whole point of this project was to add an additional resource for clients and for this resource to have a positive impact in their lives. This mindfulness group gave clients options to choose from.

Strengths of the project was that the content was easy to interpret for clients. I used a website to build the first few weeks of group. Then I switched to a mindfulness workbook that worked just as good. Another strength of this group was that it was determination. Most clients were determined to learn new coping strategies and they did. All clients were able to identify a mindfulness exercise that has been working for them. This showed me that the determination my clients showed during group, paid off. They learned new things and they taught me new things.

The main challenge that I constantly faced during this project was lack of clients. I started off with about a list of 10-12 clients to call and invite to group. Only 7 showed up throughout the 8 weeks and only 3 stayed and were consistent. This is not a surprise, if you ask any social worker who facilitates a group how many clients attend group, they will more than likely say 2. Throughout the project I would ask clinicians if they had clients, they would like me to invite to
my group. For the most part, some would give me one or two names, but sometimes in behavioral health, it is difficult to find a client who would really benefit and engage in group.

Another challenge that I saw for clients was that they cannot attend all groups because of other commitments they have going on. Some work, go to school, have therapy, or are in day programs in Salinas. This was a reason why most clients I called, could not attend. But the fact that I was able to open up an additional resource for them was a great idea, I like to believe. The reason being is because there are some clients that do not want to seek help or go to group, but sometimes they need a group that can help them deal with their everyday anxiety. They now had the option to sit in with my group. I facilitate an open group, so clients can drop in whenever they would like. It did not have to be from the King City clinic, it could have been from the Soledad clinic as well. The additional resource was there, it was just up to the client to want to use it.

**Personal Reflection**

**CONCLUSION**

In conclusion, I believe the agency should continue with the mindfulness group. This group has impacted the lives of current clients. I truly believe it can change other people’s lives too. However, there has to be a way that the agency can get more clients to come in for group weekly. Maybe it can be done on a Friday evening, when clients are not at work or other commitments. Also, the clinicians should emphasize a bit more how important it is to attend a group, that way a client can see that it could be beneficial for them in the long run.

I would recommend adding a cofacilitator for the group. Even though I only have three clients in group, group notes to bill Medi-Cal still need to be done, and they are lengthy and stressful. I think it is too much work to do alone. Not only does one have to write group notes,
but they also have to prepare for group and facilitate the group for about an hour. Having a cofacilitator would allow for split the work in two or alternate duties; one week one writes them, then the next the other writes them. It would make things easier and less stressful. Also having an additional facilitator is important because an unwanted situation can occur, like a client getting upset, and the facilitator may need somebody’s help. One of the facilitators can deescalate the overwhelmed client and the other keeps group going.

PERSONAL/PROFESSIONAL GROWTH

While conducting research at the beginning of the project, I was not aware of how South County lacks resources. Especially for those whom suffer from a mental illness and/or substance abuse problem. After that realization, I got the bright idea of adding another group at the clinic. However, I was not aware that many clients did not want to attend groups or even receive any type of services. I still went ahead and took the risk by adding the group. I knew that those who really wanted to be a part of this and change their lives, would not stop going to group. Surely enough, that did happen. I got my two consistent clients and I learned that people who are afraid to change fight until the end.

I have grown professionally so much since the initiation of this capstone project. I would even consider myself a working professional already. I currently do a Social Worker 1 job at the office. I conduct a group and write group notes. Besides group, I also do home visits for a client of mine. I go to her home and see how she is doing, how her medications are working, and if she needs linkage to any resources. I also transport her to appointments and to group whenever she wants to attend. Assigning me to a client has really helped me grow professionally because it gives me insight of what it is like to provide services for a client. It was not a part of my capstone project, but it was assigned to me, so I could gain more experience and knowledge.
BROADER SOCIAL SIGNIFICANCE

Lack of resources is a country wide problem. It is easier to obtain a gun nowadays than mental health services. My project is based on that, lack of resources, but in our county. I believe my group contributes in a small way because I am providing an additional resource for clients to have. Some may see my group as a small thing, but I think otherwise. Even though my group mainly consists of only the same two clients, I am making a difference in those two lives’. Our county does not even have various psychiatrists only a few, that way contributing in any way can go long ways. I may not be a psychiatrist or clinician, but I can still teach things to clients. I would hate to see a client have to drive 45 minutes to attend a similar group when they can just attend mine, that is closer to home.

My project only contributed a little bit to our country wide problem. What should be done about the matter is more advocating. Not many people are educated on how important mental health is and how little resources there are. The community needs to know more about what is really going on. We need to get more clients treated in order to keep our community safe.

Mentally ill people need to know it is okay to seek help. No judgment will be made if they seek treatment. It will be positive for them and change their lives. I wish it were easy to have people come in for services. It is kind of a long process before one can attend group or therapy. The client has to be assessed first then referred to a program before anything. I wish they could experience a group or therapy first that way they can see seeking services is worth it and not scary or something to be shamed about.

ADVICE

I would advise future interns to strap in and get ready. Working with the county is no joke. There are many things to do and you have to be ready. With the county if you do not
document what you do, it did not happen. It is a rewarding and stressful internship. I love to see how the clients make progress however all the progress notes are time consuming.

There’s a lot of work to do around the clinic but it is worth. I have grown personally and professionally so much. I am not 100% sure that I am in the right major, there is no doubt in my mind that I was born to be a social worker. Working here you discover things about yourself you didn’t know. I wasn’t aware I was able to turn on and off my emotional switch. I encountered clients that had devastating stories. I visited the mental unit a few times and got to experience clients at the worst point of their lives.

If you are willing to put in the time and the work, do it. Otherwise you will struggle, the good thing is that everyone at the clinic is very helpful and welcoming, but then again, they will not be writing the notes for you! Be ready to be there 9 hours a day. If you can, go at least twice a week, that will really help out. One day is not enough, there is so much to do and so little time. The day goes by so quick because you don’t only do one thing, you do many.
References

https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml


http://www.co.monterey.ca.us/government/departments-a-h/health/behavioral-health

https://www.co.monterey.ca.us/home/showdocument?id=23559


Mood Scale & Survey

<table>
<thead>
<tr>
<th>Number</th>
<th>Emotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>ANGRY</td>
</tr>
<tr>
<td>4</td>
<td>UPSET</td>
</tr>
<tr>
<td>3</td>
<td>OKAY</td>
</tr>
<tr>
<td>2</td>
<td>CALM</td>
</tr>
<tr>
<td>1</td>
<td>HAPPY</td>
</tr>
</tbody>
</table>

Mindfulness Survey

1. Have you ever heard of mindfulness before?
   - Yes
   - No

2. I have participated in other groups before this one.
   - Yes
   - No

3. I can identify breathing techniques that help me relax.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

4. I can identify what triggers my anxiety.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

5. I hope to learn new ways to reduce anxiety and stress.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree
## Project Activities

<table>
<thead>
<tr>
<th>Main Deliverables</th>
<th>Timeline</th>
<th>Completion Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Gather information about mindfulness.</td>
<td>1. 3/5-4/27</td>
<td>1. 4/27</td>
</tr>
<tr>
<td>2. Create a flyer for the group.</td>
<td>2. 4/4-4/18</td>
<td>2. 4/18</td>
</tr>
<tr>
<td>3. Create mindfulness curriculum binder.</td>
<td>3. 4/18-</td>
<td>3. In progress</td>
</tr>
<tr>
<td>4. Create pre and post survey.</td>
<td>4. 5/9-5/16</td>
<td>4. 5/12</td>
</tr>
</tbody>
</table>

| **During**                                                            |                  |                 |
| **Week 1:** Pre- & Post-Survey                                        | 1-7: Outcomes data| 1. 8/21         |
| Mindful Pause                                                         |                  | 1. 8/21         |
| Icebreaker activity                                                   |                  | 2. 8/28         |
| Mood scale                                                            |                  | 2. 8/28         |
| **Week 2:** Mindfulness of Moods                                      |                  | 3. 9/18         |
| Icebreaker activity                                                   |                  | 3. 9/18         |
| Mood scale                                                            |                  | 4. 9/25         |
| **Week 3:** Mindfulness of Breathing                                  |                  | 4. 9/25         |
| Icebreaker activity                                                   |                  | 5. 10/9         |
| Mood scale                                                            |                  | 5. 10/9         |
| **Week 4:** Time Management                                           |                  | 6. 10/16        |
| Icebreaker activity                                                   |                  | 6. 10/16        |
| Mood scale                                                            |                  | 7. 10/23        |
| **Week 5:** Overcoming Anxious Thoughts                               |                  | 7. 10/23        |
| Icebreaker activity                                                   |                  | 8. 10/30        |
| Mood scale                                                            |                  | 8. 10/30        |
| **Week 6:** Self-Compassion Pause                                     |                  | 9. 11/5         |
| Icebreaker activity                                                   |                  | 9. 11/5         |
| Mood scale                                                            |                  |                 |
| **Week 7:** Sensing and Rating Anxiety in the Body                    |                  |                 |
| Icebreaker activity                                                   |                  |                 |
| Mood scale                                                            |                  |                 |
## Diversification of Resources in Rural King City

**Week 8:** Open  
**Week 9:** Open

### After

<table>
<thead>
<tr>
<th>1. Gather and analyze data</th>
<th>1. Outcomes</th>
<th>1. 11/12-11/16</th>
<th>1. 11/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Continue mindfulness group.</td>
<td>2. Lesson plan</td>
<td>2. 11/16-12/4</td>
<td>2. 12/4</td>
</tr>
</tbody>
</table>