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Reducing Barriers with Staff and Clients at the Veterans Transition Center of Monterey County

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Abstract

The Veterans Transition Center of Monterey County assists homeless veterans and their families in reducing barriers with housing, income, and healthcare. Many clients create issues consciously or unconsciously for themselves and staff due to mental illness related to trauma from childhood or military. Which leads to even greater issues when they self medicate with substances. Three contributing factors of veterans developing daily issues at the Veterans Transition Center with staff are mental health issues, substance use disorder, and further mental health problems due to inability to afford housing. Three consequences due to homeless veterans with mental illness and substance use behavior are having to live in uninhabitable places, reliance on high government spending for homeless services, and contribution to an increasing homelessness issue in California. A document was created to provide staff members a resource for understanding basic recommended strategies when working with clients that have mental health and substance use symptoms in a safe manner and ultimately move forward to accomplishing overall goals. The findings from the interviews were that clients that were asked about their emotions responded well to case management services and training is important when working with clients that have symptoms of psychosis and threatening behavior. Recommendations are to have new hires utilize the document created as a quick reference when issues develop while working with clients.

Keywords: homeless veterans, mental health, substance use disorder, case management

Agency & Communities Served

The Veterans Transition Center of Monterey County (VTC) is a 501(c)(3) non-profit organization. This organization has helped 77,614 homeless veterans and their families since 1996 (Veterans Transition Center of Monterey County, 2017). Their mission is to “empower veterans from crisis to self-sufficiency” (Veterans Transition Center of Monterey County, 2017, para 1). This is made possible with their multiple housing programs, various resources, and many other services. Each veteran is assigned a case manager that works with them to address their needs. Housing is always provided first and then the other barriers are addressed thereafter. To qualify for the programs, a person must be a veteran and homeless.

If a veteran and their family need a home, then their case manager will determine if they need emergency housing, transitional housing, or permanent supportive housing. This is only if there is availability. Sometimes there are waitlists. The emergency housing is a 60 day stay, transitional housing is up to a 2 year stay, and the permanent supportive housing has no end date (Veterans Transition Center of Monterey County, 2017). Emergency housing immediately removes veterans from living on the streets. Transitional housing helps veterans and their families prepare for permanent housing out in the community. Permanent supportive housing helps those that can pay 30% of their income towards rent while their housing voucher covers the rest. The Veterans Affairs Supportive Housing program (VASH) collaborates with the Department of Housing and Urban Development (HUD) to end veteran homelessness. This collaboration is known as HUD-VASH. HUD approves applications for housing vouchers and VASH provides veterans ongoing case management.

Other resources and services that are provided to veterans and their families are clothing, food, substance abuse counseling, transportation, employment training, medical referrals, and benefit enrollment. Clothing has been provided by generous donors in Monterey County. Food is supplied by the local food bank, Grocery Outlet, Lucky's, and Trader Joes. Trader Joes supplies food twice a week. Transportation is provided by VTC's personal vehicles, Monterey-Salinas Transit (MST) bus passes and taxi vouchers. Employment training is provided to help develop job skills for when the veteran begins seeking employment. Substance abuse counselors help veterans by submitting medical referrals or with counseling services. The Major General William H. Gourley VA-DOD Outpatient Clinic is close to the facility and case managers are able to drive veterans to the facility to help them get connected with Veterans Affairs (VA) benefits.

Most of the veterans that are helped by VTC are from Monterey County, but many do come from San Benito County and beyond. There are 105 veterans, 3 spouses, 12 children, 13 emotional support dogs, and 1 emotional support cat currently housed (Merritt, n.d.). Most of the veterans are male, 60% have a disability, and 40% are elderly (Merritt, n.d.). All the veterans in the VTC program are voluntary. The organization does some outreach, but not in recent months due to COVID-19.

Problem Description

Monterey County is experiencing an increase in homeless veterans again. In 2019, researchers for Monterey County reported that there were 172 veterans experiencing homelessness and that the last time the numbers were that high was in 2013 with 229 veterans (Applied Survey Research, 2019). Reducing barriers for clients at the Veterans Transition Center

has proven to be challenging for staff and their partnering collaborators. Many homeless veterans do gain acceptance into the organization, but seem to leave quicker than they get accepted. There are those that do attempt to cooperate with case management and follow programming, but get released due to developments from psychological issues. Problems that develop amongst clients is a daily and ongoing matter. The experienced staff members have the necessary skills to handle them and have to help out the newly hired staff often. This becomes a challenge when multiple issues amongst clients develop at the same time.

Contributing Factors

Many new hires at VTC need guidance on how to address mental health barriers that develop in clients which often gets in the way of programming. According to Brain & Behavior Research Foundation (2018), “‘a 2015 assessment by the U.S. Department of Housing and Urban Development, 564,708 people were homeless on a given night in the United States.’ At a minimum, 140,000 or 25 percent of these people were seriously mentally ill, and 250,000 or 45 percent had any mental illness” (para. 1). It’s difficult for many clients that were homeless before receiving housing at VTC to participate in programs due to their existing mental illness. The situations that develop become complex and often need to be addressed with the assistance of the program manager and case management supervisor. This becomes even more challenging when there are multiple developments that arise at the same time involving clients with a mentally health crisis.

Psychological issues can affect the way people think, feel, and behave. Many homeless veterans use substances to cope with unwanted thoughts and feelings. According to Guarnotta (2020), author for Drug Rehab Options, “75% of homeless veterans experience mental health

and/or substance abuse issues” (para. 9). Many VTC clients have mental health issues due to traumatic experiences during childhood, the military, and due to homelessness. A homeless person can develop trauma by constantly feeling unsafe, “violence, and victimization”

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2020, para. 2).

Despite all efforts by staff and available resources at VTC to manage or eliminate the use of substances, many clients find it difficult to refrain from using them to cope with their mental illness. Many develop issues with staff and other clients because of their substance use. There are times at VTC where situations become physical and out of control. Some clients with severe substance abuse disorders become a danger to themselves and need hospitalization because of it. This is something that new hires need to become familiar with right away since these types of situations happen quickly, often, and unexpectedly at VTC.

Not only do VTC clients' mental illness and substance abuse get in the way of staff being able to reduce barriers, the high cost of housing in California does as well. According to Bush (2019), author for The Defense Post, it was found that California has 3 times the amount of homeless veterans (10,836) compared to Florida (2,543) in 2018. California is a popular state to live in and is experiencing a shortage of affordable housing. Housing vouchers, provided by hud-vash, supplement VTC clients income in order to afford their rent, but many are still experiencing issues to qualify for housing. It has become known at the organization that many landlords are pricing their rent slightly above to avoid renting to a person that's using housing vouchers. This makes matters even more challenging for the organization on top of what they already have to deal with.

Consequences

Not being able to resolve issues that develop at the organization in a timely manner causes many of the clients to return to living back on the streets. Many return to living near train tracks, parks, abandoned homes, under bridges and more (Cimini, 2019). Oftentimes, situations that develop at VTC amongst clients are out of the organizations control. They are not always able to control their clients behavior, but they are able to control the situations that develop. Controlling a development with a collaborative effort where everyone has equal knowledge of how to do so can help to prevent clients from going back to places they were before.

Funding for the organization increased over the years, but the funding for services is not always guaranteed. The amount of funding for VTC to provide for their clients can change at any time. Providing services for the homeless population in California has become increasingly expensive. Har (2021) states that California has spent over \$13 billion in the last 3 years on it's increasing homelessness problem. In order for non-profit organizations such as VTC to maintain and gain funding, they need to prove that their services are effective. This can be difficult when leadership is spending more time with new hires on resolving issues amongst clients than on providing services.

The money that organizations receive to combat homelessness does not seem to be enough to resolve the problem. According to CBSLA staff (2020), "The state saw a sharp 16% increase in homelessness in 2019 compared to 2018" (para. 4). This includes single men/women, couples, families, people with disabilities, elderly, and those with substance abuse problems. This number continues to increase in California. It will most likely increase once the COVID-19 pandemic comes to pass. VTC clients and other homeless people in the state/nation

have been housed in hotels or motels temporarily to keep them safe from the coronavirus, but there is only so much money to keep them in there. Once the funds and laws protecting the homeless and vulnerable population during the pandemic go away, there is a high possibility that they will be out on the streets living in uninhabitable homeless encampments again.

Problem Model

Contributing Factors	Problem	Consequences
Mental illness	Reducing Barriers with Staff and Clients at the Veterans Transition Center of Monterey County	Live in uninhabitable places
Substance abuse		High cost to care for homeless
High cost of housing in California		Increasing homelessness in California

Capstone Project Description and Justification

Capstone Project

Creating written policies and procedures for the organization would address the over involvement of leadership in reducing issues, with newly hired staff, that develop amongst clients . The policies and procedures will guide staff on the necessary steps to address issues with clients that have a mental health crises and become problematic due to substance use. The policies and procedures will guide staff on what to do when issues develop and how to handle them.

Project Purpose

The purpose for this project is for newly hired staff (case managers & volunteers) to be able to quickly become knowledgeable on how to resolve issues that develop amongst clients. They will be able to quickly work independently, provide effective and quality service, and work

collaboratively in addressing issues with clients in a timely manner. This will help prevent the possibility of clients becoming homeless again and wasting resources.

Project Justification

Having a clear and concise policy of how to address mental health and substance use disorders in a cohesive unit while following rules and regulation at VTC can make all the difference. SAMHSA has found that a “comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources” (SAMHSA, 2020, para. 4). The VTC staff is the network that is on the first line of defense. Many times they are the first ones to identify mental health and substance use issues in a VTC client. A written clear guidance on resolving issues amongst clients in various departments will allow the organization to work as a cohesive unit and be more effective as a whole.

Project Implementation

The project will be implemented by collaborating with staff to gather information on how to handle mental health and/or substance use issues amongst clients. I will meet with each program coordinator to figure out if each program has their own procedure in handling these issues, collect the program agreement for each one and any other documents that are used, review each agreement to learn of existing procedures on them, and create a procedural document.

Assessment Plan

Effectiveness for my project will be measured by how well the staff follows the procedures to address mental health and/or substance use issues. Staff will be asked about the process they followed when addressing these issues. Their response will determine if they followed the procedures or not.

Expected Outcomes

My project will provide a clear expectation of what is required of staff during a mental health and substance use issue. It will also minimize the amount of questions asked by new hiring staff which would have been disruptive to daily operations, current staff will be updated on any new protocols, and high quality service will be provided every time. All staff will be on the same page on the right way to handle mental health and/or substance use issues and increase the level of client trust towards VTC.

Project Results

It was challenging figuring out a way to begin the project. The project had to be changed into a research assignment on how each department/program resolves issues that develop with clients showing signs of mental health and substance use issues. Five experienced case managers were interviewed and asked about their experiences with clients that had mental health issues and substance use disorders. Each employee was able to provide a detailed experience and provided the best strategies that worked or did not work to resolve situations that involved major depressive symptoms, psychosis, suicidal ideation, and threatening behavior. After conducting the research, it was found that individuals experiencing major depressive symptoms and suicidal ideation respond well to case managers that ask about how they are feeling. There

were different approaches used by the case managers to check in on a client's emotions and each approach was met with a willingness to cooperate. Case managers were able to respond to their clients needs by getting refills on their medication or calling 911 due to thoughts of self-harm.

A common occurrence between clients experiencing psychosis and threatening behavior is that law enforcement is most likely to be involved. This is due to the unpredictable nature of the situation. Education and training on how to work with clients experiencing psychosis symptoms and showing threatening behavior helped the case managers immensely. It was found that there are times where escalated situations are able to be de-escalated and managed by skilled professionals and there are times when law enforcement must be involved. Situations that were able to be de-escalated were when a client was projecting their anger/emotions upon another veteran or staff member. Situations where law enforcement needed to be involved is when clients were completely uncooperative due to hallucinations or delusions to ensure the safety of everyone.

Conclusion & Recommendations

The results of the interviews confirmed that case management strategies are extremely important when working with clientele that have mental health and substance use issues. Each interviewee mentioned that they have to use their foundational case management skills or adopt new ones to effectively provide services to VTC clients. Also, working with clients that are showing signs and symptoms of mental health and substance use issues is on a daily basis at VTC.

Their skills have worked on many occasions to successfully intervene the reasons for mental health issues. A common pattern found during the interviews is that case managers

quickly refer to their clients folder when noticing signs and symptoms. They look to see if they have ever been prescribed psychiatric medication or diagnosed with some type of mental health disorder. This helps them to determine the way to approach the situation. The most common approach used was to discuss the use of their psychiatric medication. Most of the clients stopped using their psychiatric medication for various reasons. A couple were that they didn't have any more refills on their prescription or they did not like the side effects. Case managers were able to effectively acquire prescriptions for these individuals so that they can address their mental health needs.

The interviews showed that knowledge and training for VTC case managers is extremely important. Especially, when there are clients that can be unpredictable, volatile, and have suicidal ideation. There seems to be a high turnover rate of case managers and not very many new hires are experienced. The ones that were interviewed had several years of experience and can be extremely helpful with new hire training.

Personal Reflection

The personal and professional growth I experienced is that the homeless veterans receiving services at VTC cannot become self-sufficient until they address their mental health needs and substance use issues. They have to be willing to make changes, but find it too difficult in doing so. A way that the case managers I interviewed help clients by making the changes is by helping them gain insight and awareness on their personal issues. This helps to empower them with skills necessary in becoming self-sufficient.

The strengths and successes of my project is that I was able to find commonalities in case management practices that I could provide the VTC. There could be more findings if there is

more research done on every employee willing to participate. Finding employee participation at VTC was not a problem, but finding the time to do so was.

The limitations and challenges to my project design was figuring out the idea. My original idea was to create a policy and procedures manual addressing mental health and substance use issues. I was excited about the idea, but it became too difficult to get started. I had to modify my idea by beginning with researching the topics with interviews of staff members.

The way that my project relates to the social issue of homelessness is by how solutions can be found. Research methods like interviews can help to uncover contributions and consequences to issues. My project relates to the broad issue of homelessness by the way that case managers can help by reducing barriers for the homeless population and changing their circumstances.

Something that can be done to address homelessness in the nation is by expanding programs like VTC. There are already many homeless shelters that are working towards this social problem, but lack resources. They need more funding to create more housing, higher staff, and provide training for quality care.

I think that it would be beneficial for future capstone students at VTC to brainstorm project ideas right away. They should meet with the employees and ask them to help brainstorm. The staff at VTC is more than willing to help interns in any way that they can. The ones that have the most experience provide the most information to formulate ideas.

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Appendix A

Scope of Work

<i>Activities</i>	<i>Deliverables</i>	<i>Timeline/Deadlines</i>	<i>Supporting Staff</i>
Interview case managers	Summarize their responses onto a google document		Danny, Kristin, Dan, Bill, Tara
Analyze responses to find patterns within case management practices	Gather findings		Cynthia
Create a document with collected finding	Document created of recommended strategies for best case management practices at VTC		Cynthia

Recommended Case Management Strategies with VTC Clients Experiencing Mental Health and Substance Use Symptoms

**Below are a few strategies recommended by six VTC case managers who encounter clients with mental health and substance use symptoms on a daily basis. The experienced case managers recommend using education, training, and role playing scenarios to be most effective with VTC clients.*

Review client's profiles to find mental health diagnosis and prescribed medication history:

A client's profile is a great source to refer to when they are unable to be cooperative during appointments and programming. Lack of cooperation can be due to a client not taking their psychiatric medication. Having a discussion with the client regarding their medication and assisting them in renewing their prescription may help to resolve the lack of cooperation.

Use de-escalation techniques with aggressive, threatening, hostile, and violent behavior:

There are times when a client will enter an appointment with a case manager in an angered state, get into a violent altercation with another client, and approach staff in an aggressive manner. These are times when de-escalation techniques are necessary. De-escalation techniques learned during training will teach how to break up a fight with a calm and respectful tone, never to touch an escalated person, listen to a person's issue without judgment, have an exit strategy, call for assistance, and more.

Suicidal ideation and behavior in clients:

Many clients at VTC have low-self esteem. At times this leads them into a depression that can often be visible. They can appear down, not make eye contact, speak in short words, slouch in a chair during a case management appointment, have poor hygiene, and increase substance use to self medicate. Some clients such as this will have Suicidal Ideation (SI) documented in their profile. This needs to be addressed by checking in with them on how they are feeling. Creating a safety plan and conducting wellness checks whenever necessary. During a crisis, call 911.

Call law enforcement when clients are experiencing a break with reality:

Clients can be unpredictable when showing signs of not knowing who they are, where they are at, and the time of day. If showing signs of delusions, hallucination, harm to themselves or others, then immediately call 911. Do not attempt to handle the situation alone or take them to the hospital yourself. This is for the safety of everyone involved.

Seek the help of a program manager and case management supervisor when needed:

The program manager and case management supervisor help address issues that cannot be resolved by a case manager alone. Their assistance may be needed when clients avoid or refuse programming. Intervention strategies will often be used to address these types of issues, but can ultimately end up in the client's dismissal from VTC for not cooperating with programs.