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Camille Quiroz

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Veterans Transition Center Self-Care Guide for Case Managers

Camille Quiroz

Veterans Transition Center, Mr. Bobby Merritt

Collaborative Health & Human Services

Department of Health Human Services and Public Policy

California State University Monterey Bay

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Author Note

Camille Quiroz, Department of Health Human Services and Public Policy, California State University Monterey Bay. This research was supported by the Veterans Transition Center. Correspondence concerning this report should be addressed to Camille Quiroz, California State University Monterey Bay, 100 Campus Center, Seaside, CA, 93955. Contact: caquiroz@csumb.edu

Final Capstone Project Title and Abstract**Veterans Transition Center Self-Care Guide for Case Managers****Abstract**

The Veterans Transition Center provides transitional housing for homeless veterans in Monterey County and assists veterans in increasing their self-sufficiency. This project was completed within the Permanent Supportive Housing Program, which provides housing for up to two years. At the macro level, case managers and social workers experience work burnout earlier in their careers due to a lack of mental health support. The VTC currently has no established mental health support system for case managers. This project is an educational intervention designed to increase the case managers' awareness of mental health and the importance of self-care by providing resources in a physical and online guide. It will also include mental health assessment tools for the case managers who develop second hand trauma. Findings include that self-care is embedded in the lives of the case managers in small or large ways. A recommendation for the agency is to create a self-care and mental health workshop to go with the guide.

Keywords: *social work, case management, mental health, awareness*

Agency Information and Partnering Organizations

The Veterans Transition Center (VTC) is a 501(c)(3) non-profit organization that serves the homeless veteran population in Monterey County by supplying housing and other resources for veterans. The mission of the VTC is to “empower veterans to move from crisis to self-sufficiency”. The vision started in 1994 when the Vietnam Veterans of Monterey County purchased Martinez Hall. The program was initiated by the McKinney-Vento Act of 1987, which gave priority housing to veterans, youth, and families (VTC, 2021).

There are four different housing programs within the agency. Emergency Housing (ERS) has a 90-day stay period, during which time the ERS case manager works with the client towards acquiring stable housing. If the resident cannot find housing, they have the opportunity to enter the Grant Per Diem (GPD) program, which provides service-intensive housing, including clinical care and weekly meetings with a case manager. The residents can stay for up to two years while completing their goals. If the client has family, they are able to stay in the units with them. The Permanent Supportive Housing (PSH) program offers permanent support for two years. They are able to stay through the Department of Housing and Urban Development Veterans Assistance for Supportive Housing (HUD-VASH). Finally, the Long Term Offender Reentry Program (LTORP) is for veteran prisoners who are being released from prison, and it provides case management services that go with their parole. The selection process is lengthy and thorough. This capstone project is located within the PSH program.

The VTC partners with other agencies around Monterey and Santa Cruz counties. A few in-county agencies include Veterans Affairs (VA), which provides services for veterans; Housing Urban Development (HUD) provides housing services for low-income people; and the Monterey Salinas Transit (MST), which provides public transportation for Monterey County.

Communities Served: Demographic Profile and Needs Analysis

Demographic Profile

While the VTC primarily serves homeless veterans in Monterey and Santa Cruz counties, they also offer case management services to veterans who are housed locally or who are from other counties. The only requirement is to be a veteran. Discharge status is not taken into consideration in the intake process according to the information my mentor passed on.

The client demographic is predominantly male, with women making up about 0.04% of the population (VTC, 2021). The female demographics do not drastically change because there are only six female beds available at all times. All ethnicities are served; however, the clients are primarily White or African-American. An average of 90% of the population reports being 50 years old and older (VTC, 2021).

Each program has a different number of clients. Permanent Supportive Housing currently houses 16 men and the Grant Per Diem houses 52 men and six women. The LTORRP program is constantly growing; it is currently at 29 men. Emergency Housing varies depending on the need; it can house ten men at any time.

The primary issues the veterans face are homelessness, substance abuse, physical health, and mental health issues. The population of veterans in Monterey County is sizable due to the multiple bases stationed throughout the county, such as the Presidio of Monterey/Defense Language Institute, the Naval Postgraduate School, the Coast Guard Academy, and Fort Hunter Liggett Army Base. Due to the number of military installations, a new VA clinic was built in Marina directly across from the VTC building to serve veterans and active-duty military personnel. The new clinic has become one of VTC's critical assets. Before, the agency would transport their clients to the VA clinic in Palo Alto, an expensive resource. However, now the agency can take the clients to the clinic in Marina, which saves an extensive amount of money and resources on gas and bus transportation (VTC, 2021).

Capstone Project Description & Justification

Project Description and Justification

The project is an educational intervention that includes information on self-care and mental health in a (physical) manual format that is kept in the office to make it accessible to all the case managers, both continuing and new hires. This resource includes topics such as mental health, work burnout, and self-care. It is a living document that allows ongoing additions and adjustments for different self-care and mental health support activities, such as a module for evaluating stress.

The stakeholders are the case managers, the agency, and the clients. The agency and case managers had an interest in this project because the resource includes a plan for establishing a basis for a mental health support system.

The primary purpose is to establish a stable mental health support system for the case managers. The long-term goal is for the information to help the case managers understand the importance of their mental health more.

The agency benefits from establishing a mental health support system. By supporting the case managers and their health, a better quality of services will be given to the clients leading to an improvement in the agency overall.

Problem Model and Analysis

At the VTC, there is no established mental health support system for case managers. This affects the case managers themselves, the clients receiving the care, and the agency dealing with the repercussions of the case managers' acts. The health issue is seen at a macro level, with social workers and case managers experiencing work burnout from lack of mental health support. The cause and effect chain is the same at the macro-level as it is at the micro-level. The clients, the agency, and the workers are the ones that face the consequences.

Since the start of the pandemic, the VTC has seen an influx of cases and more people coming into the office for resource connections. As a result, the number of cases per case manager has increased, creating more stress. There are currently no tools or resources for case managers to refer to during stressful times, such as a client's passing. Within the past six months, there have been two client deaths, with no procedure to follow afterward.

The contributing factors to the problem include lack of mental health assistance and work burnout. The increase in stress affects the agency and the clients. The pressure from the work environment leads to long-term effects on their mental and physical health (Ji et al., 2011). If the case managers are not healthy in all aspects, they cannot successfully assist the community. The consequences of not addressing this problem include higher stress levels in case managers, which leads to illnesses and thus the inability to assist the community successfully.

According to the Oxford University Press (2011), social workers and case managers will experience work burnout earlier in their careers. The early burnout is due to the intensity of the cases they handle in their career lives. A contributing factor to the problem is the lack of resources and support systems for the social workers and case managers. This includes a lack of accommodations when they experience mental health issues.

The case manager's health will worsen by not creating support systems. The lack of support leads case managers to leave their jobs for their health. As a result, the need for case managers, especially in the public sector, will keep increasing. This will also have an impact on the agency because they would constantly be rotating case managers leading to a lack of stability for the clients. There is a one-to-two-month timeline while looking for a replacement, so the other case managers' caseload grows during this time leading to more stress.

Figure 1. Problem Model Template		
CONTRIBUTING FACTORS TO AGENCY PROBLEM	AGENCY-SPECIFIC “MICRO-LEVEL” PROBLEM STATEMENT	CONSEQUENCES TO AGENCY/CLIENTS IF PROBLEM IS NOT ADDRESSED
Case managers are experiencing an overwhelming amount of cases.	There is no established mental health support system for case managers at the VTC.	The case managers will not be able to assist the community successfully.
There are currently no tools/ resources for the case manager’s mental health.		Case managers will experience higher levels of stress in their lives.
There is no procedure in place to follow after a client’s death.		The stress will have long-term effects on their mental and physical health.
CONTRIBUTING FACTORS TO BROADER PROBLEM	BROADER “MACRO-LEVEL” HEALTH OR SOCIAL PROBLEM STATEMENT	CONSEQUENCES TO SOCIETY IF PROBLEM IS NOT ADDRESSED
There is a lack of resources and support systems for the case managers/ social workers (Seth, 2019).	Too many case managers and social workers experience work burnout earlier in their careers due to the heavy caseloads.	Social workers and case managers quit their jobs earlier in their careers than other professionals.
There is a lack of accommodations for case managers with mental health issues (Seth, 2019).		Social workers and case managers are at increased risk for negative mental and physical health impacts.
Social worker caseloads are too high to be reasonably managed (Juda, 2021).		Agencies have difficulty filling social worker and case manager positions.

Project Implementation Plan and Scope of Work

Project Implementation Plan

An educational intervention was implemented for self-care guidelines and mental health awareness for case managers within the organization to assist after mentally draining events that might occur in their personal lives and work lives. The educational intervention consisted of a binder that included different resources for the case managers to access and complete after a traumatic experience or if they are experiencing work burnout. A binder was the best implementation method for the project because it can be used for new case managers and in-office references. Information can be added or discarded as newer information comes in. Agencies often have guidelines written down for easy access for their workers.

In the newly revised NASW Code of Ethics (2021), an emphasis on professional and personal self-care was brought on due to the Covid-19 pandemic. The organization, much like others, has been experiencing new situations monthly since the start of the pandemic, so it is essential for the case managers to remember they must practice self-care.

Case managers gave input on the resources and modules. They were also the testers for the project. Mr. Merritt guided me and assisted me with the process. Mr. Merritt and the agency's program director reviewed the educational intervention for long-term implementation at the agency.

Scope of Work and Timeline

There were five phases in completing the capstone project. The first was selecting the project and submitting a draft implementation plan by the end of December. The second phase continued throughout the winter break to stay on track with the established timeline. The third phase focused on implementing the project components. The fourth phase focused on assessing the project's final products and the success of the intervention. The fifth phase focused on the final presentations and reporting at the end of the project period.

Table 1. Scope of Work					
Phases		Activities		Deliverables	Timeline
1	Select capstone project	1.1	Discuss capstone project ideas with mentor and agency staff	Generate a list of capstone project ideas.	Sept 2020
		1.2	Discuss capstone project ideas with mentor and agency staff	Submit a list of ideas and select a final project option to mentor for review/approval	Oct 2020
2	Plan project	2.1	Begin research on the type of project and implementation methods	Submit draft ideas for project type and activities to mentor for input.	Third week of Dec. 2021
		2.2	Develop preliminary first steps for implementing the project	Submit a draft implementation plan to mentor for approval.	End of Dec. 2021
3	Implement project	3.1	Start first draft of the project	Develop first draft of the educational intervention	Last week Feb. 2022
		3.2	Implement the final version of the project	Present the final version of the educational intervention to mentor.	Last week of Mar. 2022
		3.3	Analyze binder	Present questionnaires to case managers for completion about the educational intervention.	Last Week of Mar. 2022
4	Assess project	4.1	Analyze effectiveness of project	Present a questionnaire to readers of the educational intervention to assess the overall project.	Last Week of April 2022
5	Report on project findings	5.1	Prepare capstone presentation in the selected format	Present at Dress Rehearsal for grading.	April 2022
		5.2	Final preparation for Capstone Festival	Final Capstone Festival presentation!	May 2022
		5.3	Complete reporting requirements	Final agency and capstone reports.	May 2022

Project Assessment Plan**Project Description**

The Veterans Transition Center Self-Care Guide is an educational intervention designed to increase awareness of mental health and the importance of self-care in case managers at the Veterans Transition Center (VTC) to reduce work burnout.

The micro-level problem addressed by the project is the lack of a mental health support system within the agency.

Expected Outcomes

The main deliverable was a binder that is kept in the office (and an online version) that will contain resources and activities for mental health awareness and self-care for the case managers. The project was completed in the last week of April.

The short-term outcome was to increase awareness of the importance of self-care among case managers at the VTC. While the intermediate outcome was for the case managers to develop healthier mental health habits. The long-term desired outcome is to decrease the number of social workers that experience work burnout early in their career.

Short term outcome <i>(expected as a result of the capstone project)</i>	Intermediate outcome	Long-term outcome/Impact
Increase awareness of the importance of self-care among case managers	Develop better mental health habits	Decrease work burnout within the social work/case manager field

The case managers' increase in knowledge was used to assess the outcome measure of the project with questionnaires that were completed after the review of the educational intervention. The questionnaire was conducted in physical qualitative form, and evaluated the effectiveness of the overall project. The data collected from the developed questionnaires was to determine the effectiveness of the overall project. There were no concerns with the assessment portion of the project.

Data Collection and Analysis

To assess the outcome of the short-term goal, physical questionnaires that collected qualitative data were given to the case managers after the review of the educational intervention.

Two different questionnaires were created, one for the case managers and one for my mentor. The case manager's version focused on their knowledge of the content and mental health awareness. Since Mr. Merritt was my mentor at the agency and oversaw the project, his questionnaire focused on the assessment of the overall project.

The case manager staff is limited. As a result, longer timelines to complete the questionnaire were given. There were a total of seven questionnaires collected.

Conclusion

There were no foreseeable issues with the assessment plan at the moment.

Findings, Assessment Results, Recommendations, Conclusions**Findings**

After reviewing the findings from the project, it is evident that the educational intervention was successful based on the feedback that was received. Four of the five questionnaires stated that they included self-care into their lives, while one stated that they knew very little about the subject. Four out of the five of the case managers stated they were either going to continue self-care. The fifth case manager stated he will embed self-care into his routine.

Assessment Results

The feedback ranged from very knowledgeable to semi knowledgeable. All case managers had self-care embedded in their lives; some needed a refresher, and others passed on their knowledge. The capstone project has increased the knowledge and awareness of the importance of mental health and self-care awareness. This is the first step in addressing the micro problem at the agency.

Recommendations

The next step would be expanding on educational intervention. A workshop focusing on mental health and self-care would allow for a more in-depth and interactive experience. Ideally, the workshop would occur every six months to check in with the case manager's mental health. If issues arise during these workshops, then addressing them would be the next step.

Conclusion

The capstone project and the overall time spent at the agency significantly contributed to my professional development. With the capstone project, I increased my knowledge of the importance of taking care of one's mental health among social workers and case managers. Social workers and other health and human service providers witness and experience traumatic experiences with their clients (Salloum et al., 2015). Self-care and mental health support within the agency can assist case managers and social workers in

their difficult emotional experiences. Throughout my career, I hope to carry this awareness to avoid early work burnout and have the ability to continue to assist marginalized communities.

With the different activities I completed within the agency, I acquired a deeper understanding of health and human services and developed my professional skills such as time management, inter-office communication, and decision making. I was able to see first-hand how the different services are connected and work together to provide the full service needed. One of my main goals was to develop my professional skills, including client interaction and case management. The time spent at the agency assisted me with my growth in these areas.

Ten years from now, I hope to have embedded self-care into my routine due to the knowledge acquired from this project. The knowledge and skills acquired from the three-semester internship and project are significant. Future CHHS interns should take advantage of the learning experience and immerse themselves fully into the experience.

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Appendix

Appendix A

Mentor Questionnaire

1. What was your initial reaction to the concept of the project?
2. Do you believe it is important to have mental health support within the agency?
3. Did the project increase your knowledge about the importance of your mental health? If not, why so?
4. What are your overall thoughts on the project idea? Explain.

Appendix B

Case Manager Questionnaire

1. Prior to reading the self-care binder did you have knowledge about the high rates of early work burnout in managers/social workers?
2. What information or stress methods from the self-care binder interested you?
3. Would you use any of the stress managing methods during the span of your career?
4. What stress managing methods do you currently use? (healthy or unhealthy)
5. Prior to reading the self-care binder did you care for your mental health in a healthy way? Please provide an example.
6. After reading the self-care binder will you incorporate stress methods into your daily life? Why or why not?

7. Any comments/ suggestions regarding the content?