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**Delaware Passport to Independence:
An Analysis of Programs and
Services Provided
(2003-2005)**

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Executive Summary

The Delaware Department of Health and Social Services, Division of Services for Aging and Adults with Physical Disabilities (the Division) created Delaware Passport to Independence (DPI) to assist eligible nursing home residents to transition to integrated community based settings. DPI consists of four main components;

- Training and outreach,
- Assessment and service planning,
- Case management, and
- Evaluation.

To evaluate the program, the Rutgers Center for State Health Policy (CSHP) designed a multi-level study of caseworkers and clients, developed quantitative and qualitative evaluation tools, and collected longitudinal data from both clients and caseworkers. We obtained client information from assessment workers and case managers in order to profile the types of clients that were likely to transition through DPI and conducted surveys with clients who transitioned as well as clients who were unsuccessful in returning to the community.

Passport Caseworkers and Clients: A Snapshot

This report tracks the work of 8 Passport caseworkers from 3 different service organizations. Caseworkers noted that clients experienced mixed feelings about the program; they were excited at the prospect of transitioning into the community but also frustrated at the length of time it took to complete the transition. Throughout the survey period, the biggest success experienced by caseworkers was finalizing a client's housing and assisting them in moving out of the nursing home. The most commonly cited barrier for caseworkers was securing housing for clients, long waiting lists for Section 8 housing, and an unavailability of affordable, accessible housing.

This report also tracks the experiences of 21 Passport clients, 8 clients who had transitioned out of a nursing home setting with the assistance of a Passport caseworker, and 13 “unsuccessful” clients that as of yet have not been able to transition out of their nursing facility.

The average successful Passport transition client was:

- male,
- between 35 and 50 years old,
- unmarried, and
- had more than a high school degree (i.e. some college, trade school).

In contrast, the average “unsuccessful” Passport client was:

- female,
- between the ages of 50 and 65,
- unmarried, and
- had less than a high school degree.

Over half of transition clients shared that they encountered problems finding a place to go or setting up needed services. When asked what kind of problems, most relayed a lack of affordable, accessible housing in Delaware and frustration over waiting lists for Section 8 housing. Unsuccessful clients expressed similar concerns but still believed that their plans for being discharged from the nursing home were realistic, noting that they are still pursuing those plans although some felt unsure of where to go while others felt not physically ready to move. Overall, clients who were unsuccessful with transitioning were not pleased with their experiences with the Passport Program.

Conclusion

The Passport program was able to meet the goal of transitioning 15 clients from nursing facilities back into the community. Clients and caseworkers faced significant barriers in the planning and execution of transition in terms of housing. Although the program was successful with many clients, even those who transitioned were stressed with the delay in acquiring appropriate housing. Caseworkers voiced that their greatest frustration while working with Passport clients was finding accessible, affordable housing. However, caseworkers received high praise for answering client’s questions and being available when a client needed to speak to them. All transition clients surveyed reported that they were happy with their current living situation.

Should the program continue to use multiple agencies, we recommend that they develop better ways for case managers across these agencies to collaborate and share successful

strategies, or limiting the number of agencies and thereby allowing a caseworker within one agency to better focus on the needs of the program's clients.

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Background

The mission of the Delaware Department of Health and Social Services, Division of Services for Aging and Adults with Physical Disabilities (the Division), is to improve and maintain the quality of life for Delawareans with physical disabilities. To this end, the Division created Delaware Passport to Independence (DPI) with funding from a Nursing Facility Systems Change Grant awarded to the state in 2002. This program assists eligible nursing home residents in their transition to integrated community based settings. DPI consists of four main components; training and outreach, assessment and service planning, case management, and evaluation.

Contracted through the Division, Rutgers Center for State Health Policy (CSHP) designed an evaluation for the DPI project, developed quantitative and qualitative evaluation tools, and collected data from both clients and caseworkers. To better understand the strengths and weaknesses of DPI, our multi-faceted evaluation focused on addressing the following questions:

- Regarding the Clients:
 - What types of clients successfully transitioned?
 - What types of clients were unable to transition?
 - What facilitated a completed transition?
 - What barriers impeded a completed transition?
 - How satisfied are nursing home discharges with the assessment and transition process?
 - What is the quality of life, level of need, and living situation for those who are discharged through DPI?
- Regarding the Program:
 - How has DPI evolved over time?
 - How much does a completed transition cost in terms of average number of hours for a completed transition?
 - What strategies have case managers developed to facilitate transitions, has the program made changes in its procedures or processes, etc.?

Methods

In order to evaluate this program, we employed a multi-levelled approach. For the client-level evaluation, we obtained client information from assessment workers and case managers in order to profile the types of clients that were likely to transition through DPI. Additionally, we conducted surveys with clients who transitioned as well as clients who were unsuccessful in returning to the community. Transitioned clients were contacted shortly after their transition to answer the survey and then again approximately 6 months post-transition to track any changes in their living situation. Questions included the assistance they were receiving to carry out activities of daily living (ADL) and Instrumental Activities of Daily Living (IADL), the ability to avoid injury in their current living situation, and the ability to receive needed services. Some clients were deemed “unsuccessful” by caseworkers for our evaluation purposes but were still helped to attempt discharge. “Unsuccessful” status was not defined by the DPI program but rather only for the purposes of our evaluation. CSHP asked the case managers to designate this status at the point when they felt there was currently only a small chance of discharge and had begun to prepare the client that discharge may not occur.

For the program evaluation, we surveyed caseworkers about the factors that facilitated and impeded the transition process as well as the amount of time and effort they expended on DPI clients. Caseworkers submitted bimonthly surveys providing feedback on several issues related to the transition of a client including the reaction of the client and the client’s family to the Passport program and how the nursing home staff and community partners were reacting to the program. Caseworkers also provided feedback on the biggest successes and barriers faced with the program as well as how they addressed these barriers. We also conducted a focus group with key stakeholders to discuss DPI, its development, implementation, and potential impact on the target community.

We initially proposed conducting interviews with clients’ families about the social and financial impact of having their family member return to the community. However, after the project commenced, the original design was modified to exclude interviews with clients’ families. Instead, this information was collected from clients and caseworkers.

Findings

Passport Caseworkers

A total of 8 caseworkers from 3 different service organizations were surveyed over a period of approximately 2 years. Some caseworkers had Passport clients as part of their caseload for a few months while other caseworkers worked with Passport clients for the full two year survey period. Caseworkers submitted bi-weekly time sheets indicating the hours spent with each client. These hours were split into two categories: time spent on housing issues and time spent on all other issues relating to transition. Other issues could include things like transportation to and from a potential housing site, time spent speaking with a Passport client's family, and time spent setting up services for Passport clients once they made the transition back into the community, etc.

Over the two year period, caseworkers spent a total of 1,173 hours with Passport clients, with 564 hours on issues pertaining to housing and 609 hours with Passport clients on all other issues related to transition (see Table 1).

Table 1: Caseworker Hours Spent with Passport Clients, January 2004-December 2005

	Time Spent on Housing	Time Spent on Other Issues Related to Transition
Transition Clients Cumulative Hours	256	416
Unsuccessful Transition Clients Cumulative Hours	308	193
Total Hours	564	609
Average Number of Hours Spent with Transition Clients Only (Every Two Weeks)	1 Hour, 10 Minutes	2 Hours
Average Number of Hours Spent with "unsuccessful" Clients Only (Every Two Weeks)	2 Hours, 35 Minutes	1 Hour, 35 Minutes
Average Number of Hours Spent per Transition Client (11 Clients)	23 Hours, 10 Minutes	37 Hours, 50 Minutes
Average Number of Hours Spent per "unsuccessful" Clients (16 Clients)	19 Hours, 10 Minutes	12 Hours

The average number of hours biweekly that caseworkers spent with Passport clients who eventually made a successful transition into the community was 2 hours, 10 minutes. Caseworkers spent an average of 4 hours and 10 minutes every two weeks with Passport clients who were unable to successfully transition back into the community. The average number of biweekly hours spent on issues related to housing was higher for “unsuccessful” Passport clients (2 hours, 15 minutes) than for Passport clients who transitioned (1 hour, 10 minutes). The number of biweekly hours that caseworkers spent with clients who transitioned on all other issues related to their move (2 hours) was higher than that time spent with Passport clients who did not make the transition (1 hour, 35 minutes). For transition clients, caseworkers logged an average of 61 hours per client; this number represents the average amount of time it takes to transition a client from the first client assessment through transition. For non-transition clients, caseworkers logged an average of 31 hours and 10 minutes per client over the survey period.

In the beginning of the program (June through August 2004), all caseworkers reported that clients were excited and positive about the Passport program. Over time (Fall 2004), client reactions to the program began to shift. Half of the active caseworkers mentioned that clients were beginning to get frustrated with the program. As one caseworker responded, “All of my clients are very positive about the program, but are frustrated with the lack of appropriate, affordable housing in Delaware.” Another caseworker noted “...my client does not like the program, they promised her an apartment and a lot of help and they made it sound as if things would happen fast. She related to me that she feels that she could do things herself.”

Between January and March of 2005, over half of caseworkers reported that clients were frustrated with the program. One caseworker noted, “Wilmington does not have enough housing for people with disabilities, my clients assumed that Passport was going to provide housing for them.” In the remaining part of 2005 (April-September), all caseworkers reported a mixture of client frustration with the program as well as some clients expressing positive feelings for the program.

Caseworkers reported that client’s families were divided about the Passport program as well. About three quarters of the families had positive feelings about the program and were grateful for the help provided to their loved one. However, about one quarter of families were concerned for their loved one’s safety once out in the community. One caseworker noted, “They want more information... and help for client when they leave nursing home. They want

assurance that their family member will not be left on their own.” Several families felt that their loved one was not prepared to live independently, “...one family feels the program was not sensitive enough to their concerns for the client’s safety after transition...”

Caseworkers reported that nursing home staff was generally supportive of the program. Some staff was impressed with the program and felt that it was a great motivator for clients. Similar to client’s families, a few nursing home staffers expressed concerns about the client’s ability to flourish and care for themselves in the community. One caseworker mentioned that the nursing home staff was over extended with residents making it difficult for them to assist clients in transition. All but one of caseworker indicated that community agencies were positive about the program. Most also noted that community partners were curious about the program and supportive. Several caseworkers, however, did note that there was a lot of confusion at first with community partners figuring out who was responsible for what activities.

Throughout the survey period, the biggest success experienced by caseworkers was in finalizing a client’s housing and assisting them in moving out of the nursing home. Other successes included meeting with family members and nursing home staff to assist them in gaining a better understanding of the program. Caseworkers also mentioned securing household items such as furniture for clients as a success.

The most commonly cited barrier for caseworkers was securing housing for clients, long waiting lists for Section 8 housing, and an unavailability of affordable, accessible housing. Each caseworker mentioned housing as a barrier, creating a theme that appeared at least once each survey period. One caseworker stated that “...if the goal of the program is to keep clients in a nursing home and frustrated, it’s working!” The second most commonly cited barrier was a lack of funds to meet a client’s needs once in the community, such as sustainable funding for personal care once a client was settled. In some cases, this lack of funding affected a client’s ability to make modifications to their existing home for accessibility. Other barriers experienced were managing client’s disappointments with housing and dealing with the declining health of clients and/or uncooperative families.

Many caseworkers felt that there was not much that could be done to break down established housing barriers and client’s lack of funding. Some managed these barriers by urging the client to become their best advocate. Most kept on with “...unending phone calls and

continued searches for housing.” Some caseworkers found that continuing open communication between all parties involved was the best solution to housing and other barriers mentioned.

In July of 2005, CSHP convened a focus group of DPI caseworkers and project stakeholders to retrieve feedback on DPI, discuss trouble shooting and ways to improve the program. The group reviewed a document of aggregate responses from the caseworker surveys submitted up until that point. Most who attended the focus group were not surprised by the responses received from the surveys. One group member mentioned that the surveys relayed a common theme in this project, a lack of affordable, appropriate housing for clients.

Caseworkers shared successes and roadblocks encountered as well as best practices in working with DPI clients. Caseworkers discussed the amount of time spent on DPI clients noting that the early stages of working with a client were not as time intensive as later stages including transition. Most caseworkers did not feel that the caseload was too daunting. The group discussed managing client expectations and accommodating clients and families noting that these are at times difficult interactions. Caseworkers discussed that nursing home involvement with DPI clients can, at times, be detrimental to transition because the nursing home has a large influence on the client and the client’s family. As one caseworker noted, the nursing homes are not in the business of transitioning clients out, but rather, bringing people in for care. Finally, caseworkers stressed that the largest barrier faced with client transition was the lack of affordable, appropriate housing in Delaware.

Passport Transition Clients

Client Characteristics

There have been a total of 46 Passport clients that have worked with various caseworkers over the past two years of the program. Of these 46 clients, 16 have successfully transitioned into a home or apartment and have not been readmitted to a nursing facility. One client was readmitted to a nursing home due to health problems after spending several months in the community.

In total, we were able to survey 21 Passport clients, 8 clients who had transitioned out of a nursing home setting with the assistance of a Passport caseworker, and 13 “unsuccessful”

clients that as of yet have not been able to transition out of their nursing facility. Two clients passed away in the nursing home while participating in the program.

Our results show that the average successful Passport transition client was male, between 35 and 50 years old, unmarried, and had an education level that was more than a high school degree, i.e. some college, trade school or other (see Table 2). In addition, the average transition client moved from the nursing home directly to a private home or apartment and was satisfied with their living situation. In contrast, the average “unsuccessful” Passport client was female, between the ages of 50 and 65, unmarried, and had an education level that was less than a high school degree.

Table 2: Passport Client Demographics and Health Indicators

Basic Characteristic	Transitioned Clients (N=8)	“Unsuccessful” Clients (N=13)
Age		
20-35	12.5%	0%
35-50	50.0%	30.7%
50-65	25.0%	53.8%
65+	12.5%	15.3%
Gender ^b		
<i>Female</i>	25.0%	53.8%
<i>Male</i>	75.0%	46.1%
Education Level		
< <i>High School</i>	25.0%	53.8%
<i>High School</i>	37.5%	30.7%
< <i>High School</i>	37.5%	15.3%
Marital Status		
<i>Married</i>	12.5%	7.6%
<i>Not-Married</i>	87.5%	92.3%
Living Situation ^b		
<i>Home/Apt</i>	75.0%	0%
Senior Subsidized Apt	25.0%	0%
<i>Nursing Home</i>	0%	100%
<i>Other</i>	0%	0%

Table 2: Passport Client Demographics and Health Indicators (Continued)

Basic Characteristic	Transitioned Clients (N=8)	“Unsuccessful” Clients (N=13)
Satisfaction w/Situation		
<i>Satisfied</i>	100%	N/A
<i>Somewhat Satisfied</i>	0%	N/A
<i>Not Satisfied</i>	0%	N/A

Transition clients answered a series of survey questions about their ability to function in the community. For instance, we asked about their ability to carry out activities of daily living and if they were receiving the services needed. ADL’s include being able to self-perform bathing, dressing, eating, toileting, and bed mobility. IADL’s include the ability to self-perform meal preparation, housework, laundry, getting around the home, managing finances, managing medications, telephone use, shopping, and transportation use. On average, transitioned clients self-performed 4 ADLs and 5.1 IADLs (see Table 3). The clients contacted for a follow up interview self-performed 2.1 ADLs and 3.5 IADLs.

Table 3: Average Number of Activities of Daily Living and Instrumental Activities of Daily Living that were self-performed for Transition clients

ADLs, First Survey (N=7)	4
IADLs, First Survey (N=7)	5.1
ADLs, Second Survey (N=3)	2.1
IADLs, Second Survey (N=3)	3.5

Approximately half of transitioned clients reported that they have the help and services they need to continue to live in the community. Of the clients who reported a lack of services, the most common reason given was the need for more assistance with IADLs such as food preparation on the weekends, light housework, and transportation. All transitioned clients indicated that they had the help and services they needed to avoid injury in the community.

All of the clients described their general health as good, very good, or excellent. Only one client had a negative health episode (such as an emergency room visit or other hospitalization)

since their transition. This client was hospitalized twice, once for a broken toe and once for liver problems. The client did not return to the nursing home. However, we were informed that one client who did not participate in the survey did return to a nursing home after several months in the community due to health related set backs.

All transitioned clients reported being satisfied with their living situation. On a scale of 0 to 10, with 0 being not satisfied and 10 being very satisfied, each client rated their satisfaction as an 8 or above. Three transition clients did mention specific issues that could make their living situation better, the most common answer being more income to pay bills and rent as well as to hire more services for IADLs given the limited hours currently provided by Medicare.

Quality of Life

Once clients did return to the community, slightly more than half of transition clients surveyed indicated that they are unable to see or visit with family as often as they would like. When asked why, the most common response was that family lived too far away to visit. All but one transition client indicated that this was a somewhat to very important issue for them. In contrast, all but two clients indicated that they were able to visit or see friends as often as they like and that this was very important to them.

Most transitioned clients noted that there were activities that they can now do that they were unable to perform in the nursing home. These activities include being more independent with feeding and dressing, having more privacy, sleeping in a regular bed and sleeping in late, as well as getting out in public and taking walks. Slightly less than half of all transition clients mentioned that there were activities that they could do in the nursing home that they cannot living in the community such as going on organized trips and shopping outings as well as having assistance at the push of a button, if needed.

The Transition Experience

When a transition client had made the decision to leave the nursing home, they reported positive reactions from the nursing home staff. Clients relayed that the most common reaction of nursing home staff was to be very helpful in the transition. One client reported that the nursing home staff was sad to see her go. No clients reported having a negative experience with nursing home staff during their transition.

Similar to the concerns of Passport caseworkers, over half of all transition clients reported that they encountered problems finding a place to go or setting up needed services. When asked what kind of problems, most relayed a lack of affordable, accessible housing in Delaware and frustration over waiting lists for Section 8 housing. One client shared that waiting for housing in Delaware dragged on so long that “...when I received a housing offer in New Jersey before my Section 8 came though I took it despite my reservations of moving out of state, away from my doctors.”

Most transition clients were able to move out of the nursing home within one to two months of starting to work with a Passport caseworker. Three clients indicated that their wait time for transition was over two months. Clients were asked to provide explanation, if their transition lasted more than three weeks. Most responded that housing was the main issue that held up transition, including the unavailability of housing and the wait for housing to be modified for accessibility. Half of the clients felt that the time spent waiting to transition was stressful and frustrating while the other half reported that the process was not too difficult.

Transition clients also answered a series of questions about their experiences working with the Passport Program. Most clients remembered getting counseling (85.7%), with many clients feeling the counselors were fairly helpful in providing information. Additionally, counselors were rated highly for being emotionally supportive (9.0) and in speaking with the NH (9.2). Overall, the program was rated a 7.1 out of a possible 10.

Table 4: Average Score for Transition Client Satisfaction

	0 =Unsatisfied 10=Extremely Satisfied
How helpful was the counseling regarding the decision to leave the NH?	8.3
How helpful was the counseling regarding your options for where you might live?	7.0
How helpful was this counseling regarding what services you would need after you left the NH and how you could get them?	7.8
How helpful were the written materials provided?	8.3
How helpful was the caseworker in talking to your family (or friends)	7.2

about leaving the NH?	
How helpful was the caseworker in speaking with NH staff about you leaving?	9.2
How emotionally supportive was the caseworker at the time you actually moved?	9.0
How satisfied would you say you were with the Passport program?	7.1

“Unsuccessful” Clients

Clients who were unable to transition from the nursing home to a community setting were also interviewed about their experience with the program and the quality of life in the nursing home. Slightly over half of the 13 “unsuccessful” clients indicated that they were able to do things that made their life enjoyable in their current living situation. Those who did not feel able to enjoy their life in the nursing home indicated that they would like to see more volunteer opportunities in the facility and better opportunities for no impact exercise, more privacy to sleep through the night, assistive technology to aid in mobility, and more physical therapy than they are currently receiving.

More than half of the “unsuccessful” clients noted that they were unable to visit with family as often as they would like. All clients mentioned that this was somewhat or very important to them. The most common reason noted for this lack of contact with family was that their family lived out of state. Almost all “unsuccessful” clients mentioned that they are unable to visit with friends as often as they would like, most noting that they are unable to get out of the nursing home to visit with friends.

A little over half of clients felt their family and friends were supportive of their attempts to transition out of the nursing home. However, one client noted that “[my] family was not supportive of my decision to transition but I told them that it was my life and I had to do what was right for me.” All but one client indicated that family/friend support was somewhat or very important to them.

“Unsuccessful” clients were also asked about their experience with the Passport program and about their expectations of the program. Almost all “unsuccessful” clients indicated that

their plans for being discharged from the nursing home were realistic, one client stating that, "...if I can get the right kind of help, I believe that I can be discharged." A few clients noted that their current health status keeps them from being discharged from the nursing home. More than half of "unsuccessful" clients said they were not disappointed that the Passport program has been unable to help them. However, over half of all "unsuccessful" clients said that the process of transition has been moderately to extremely stressful. Several clients mentioned that their stress is based on living in the nursing home due to expenses, and dissatisfaction with staff and care provided. Almost all "unsuccessful" clients noted that they are still pursuing plans to leave the nursing home although some felt unsure of where to go while others felt not physically ready to move.

These clients also answered a series of questions about their experiences working with the Passport Program. Most clients remembered getting counseling (84.6%) and felt the time spent with their caseworker was sufficient (77.8%). Although most clients felt the caseworkers were helpful in answering questions, the scores for ability to see the caseworker, availability of information on housing and services, and overall satisfaction with the program were fairly low (less than 5 on a 0-10 point scale.)

Table 5: Average Score for "Unsuccessful" Transition Client Satisfaction

	0 =Unsatisfied 10=Extremely Satisfied
How often were you able to see your caseworker?	4.0
How hard was it to get in touch with your caseworker?	7.1
How helpful were the written materials provided?	6.8
How helpful was the caseworker in answering your questions?	9.5
How much did your caseworker ask you to do toward making plans to move?	3.2
How available was information on your housing options and on services to assist you in living independently?	4.5
How satisfied would you say you were with the Passport program?	4.7

Conclusions

The Passport program was able to meet the goal of transitioning 15 clients from nursing facilities back into the community. Clients and caseworkers faced significant barriers in the planning and execution of transition in terms of housing. Caseworkers voiced that their greatest frustration while working with Passport clients was finding accessible, affordable housing. Although the program was successful with many clients, even those who transitioned were stressed with the delay in acquiring appropriate housing. However, caseworkers also stressed that the greatest success of this program was seeing a client successfully placed and thriving in the community.

While the population of clients was too small to compare those clients who transitioned to those who were “unsuccessful,” there were clear differences in terms of gender, age, and education level. Most transition clients were males who had more than a high school education and were between the ages of 35 and 50. Overall, transition clients were pleased with their experiences with the Passport Program. They found the program helpful, received positive feedback from their nursing home regarding transition, and have been able to successfully support themselves once placed in the community. Each client rated their health as good or excellent and none reported a negative health incident since returning to the community. All transition clients surveyed reported that they were happy with their current living situation.

Overall, clients who were unsuccessful with transitioning were not pleased with their experiences with the Passport Program. However, caseworkers received high praise for answering client’s questions and being available when a client needed to speak to them. Most clients who were unsuccessful with transitioning were females who had less than a high school education and were between the ages of 50 and 65. Each non-transition client interviewed reported that they are still pursuing plans to leave the nursing home in the future.

While the social service agencies for the DPI program all participated in the program, there were differences in the activity level of the caseworkers. As our focus group with case managers showed, case managers develop their own strategies and community networks. Also, some agencies had very few DPI clients. Should the program continue to use multiple agencies, we recommend that they develop better ways for case managers across these agencies to

collaborate and share successful strategies, or limit the number of agencies and thereby allow caseworkers within one agency to better focus on the needs of the program's clients.