

**EVALUATION
OF THE
COLLABORATIVE ACTION
PROGRAM**

©

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1. EXECUTIVE SUMMARY

The Collaborative Action Program (CAP) was formed in July 1997 by Adelaide Central Mission (ACM), Mental Health Services for Older People (MHSfOP), and the Royal District Nursing Service of SA Inc (RDNS). The aim of the program is to meet the complex needs of older persons with challenging behaviours who suffer from mental health problems or dementia and who live at home. The evaluation of this program has been undertaken by the RDNS Research Unit. This evaluation has been conducted in three phases from 1998-2002. This report details the third phase of the evaluation.

1.1 The aims of the third phase of the evaluation were to:

- Collaborate with CAP agencies to continue to refine the electronic client tracking system developed in the 2000 evaluation project (Koch and Parker 2001).
- Use the electronic client tracking system to profile CAP clients
- Conduct five in-depth client case studies based on the strategy used in the 1999 evaluation.
- Provide an economic evaluation based on the 1999 economic evaluation (Kock, Mark & Mass 1999)

1.2 Refinement of the Client Tracking System

The Client Tracking System has been developed during the second and third phase of the CAP evaluation. It has been operational since May 2002. The CAP coordinator is responsible for the ongoing maintenance of the tracking system. Designed in an Access 97 database it allows importation of client contact data from each of the CAP agencies. Automated reporting procedures enable the CAP coordinator to extract information to profile current and discharged clients and provide information regarding the hours of support provided from each agency.

1.3 Profile of CAP clients

Eighty-three clients received support from CAP sometime during the calendar year 2001. Of these 41 clients received support for the full year. The total support excluding co-ordinator time for these 83 clients is 10,456 hours. Almost half of these support hours were provided by ACM (4,754), MHSfOP provided 2,305 hours, RDNS 2,071 hours and there was 1,325 hours in brokerage. There are however large variations between clients with some using significantly less or more than these averages. The average hours of support for ACM clients is 3.8 hours per week, 2.6 hours for brokerage clients, 2 hours for RDNS clients and 0.64 hours for MHSfOP clients. The higher average hours per week provided by ACM, RDNS and brokerage reflects the 'hands on' nature of the service provided to these clients. In contrast MHSfOP hours are less as they provide a case management or consultant role. It is difficult to compare the results with other client groups receiving care in the community or residential care setting.

1.4 Client case studies

Five client case studies were completed in this phase of the evaluation. These clients were referred to CAP as a result of social isolation related to their mental health conditions. All clients had been receiving support for 19 to 44 months. Three of these clients are from culturally diverse backgrounds. For two of these clients culturally specific workers provide support. All five clients have achieved the goals set at referral to CAP and support now concentrates on maintenance of these goals or expansion beyond the original care goals. The collaborative nature of the program is illustrated by the coordination between the services and the flexibility of the partner agencies to respond to the needs of the client. For all clients careworkers have provided long term support for clients. Clients report their relationships with careworkers have evolved and they feel able to speak openly regarding any issues that arise relating to their mental health problems. One client demonstrated the non-acceptance of being labelled as receiving support from mental health services. However CAP has supported this client for almost four years illustrating he is happy to be classified as a CAP client but not a Mental Health client. Without this support this client would most likely have required institutional care.

1.5 Economic evaluation

During the period 2001, 10,399 hours of CAP services to the total value of \$387,797 were provided to 83 clients. This is comparable to the 1998/99 economic evaluation where 12,152 hours of CAP services to the value of \$403,570 was reported (Koch et al 1999). It would appear based on this information that CAP is able to sustain a client base of at least 80 clients.

1.6 Conclusions

The opportunity to provide evaluation of the Collaborative Action Program since formation five years ago has enabled health professionals involved with CAP as well as other service providers comprehensive information of the processes and outcomes involved in a complex mental health service. This has been a unique opportunity not always afforded other innovative programs. The ongoing use of the client tracking system as CAP continues to expand it's client database will present avenues for comparison of client services and outcomes for current versus previous clients and for clients over a period of time (ie. initial six months versus support and outcomes after a two year period).

The Client Tracking System has the facility to generate information from regular review of CAP clients. This information could be incorporated into further evaluation of CAP as it provides opportunity to describe the achievement of original care goals and changes in care planning. In addition it provides opportunity for clients and carers to rate their satisfaction with CAP. Should further opportunities arise to evaluate CAP, this is an area, which would provide new information not yet reported by the previous evaluations.

The five short case studies in this report illustrate some of the issues that arise for CAP clients. However one off interviews do not achieve a complete perspective. To achieve this prospective longitudinal case studies offer the opportunity to track all aspects of the clients condition. This could include details of in-patient and community mental health visits, changes to support goals, care plans and illustrate the flexibility of CAP to meet the changing needs of its clients.

2. BACKGROUND

The Collaborative Action Program (CAP) was formed in July 1997 by Adelaide Central Mission (ACM), Mental Health Services for Older People (MHSfOP), and the Royal District Nursing Service of SA Inc (RDNS). The aim of the program is to meet the complex needs of older persons with challenging behaviours who suffer from mental health problems or dementia. The evaluation of this program has been undertaken by the RDNS Research Unit. This evaluation has been conducted in three phases from 1998-2002. The first phase was conducted during the first two years of operation. It provided detailed information on the CAP model, profiled clients for this period including sixteen case studies and illustrated economic comparisons with other care options (Koch et al 1999). In the second phase conducted between July 2000 and June 2001 the primary focus was the development and implementation of a client tracking and referral system for shared access between the partner agencies (Koch & Parker 2001). This report describes the third stage of the evaluation conducted from July 2001 to June 2002. However, due to some overlap between the second and third stages of the evaluation the authors will refer to information contained in the previous report (Koch & Parker 2002) when discussing the outcomes of the aims listed below.

3. EVALUATION PLAN

The aims of the third phase of the evaluation were to:

- Collaborate with CAP agencies to continue to refine the electronic client tracking system developed in the 2000 evaluation project.
- Use the electronic client tracking system to profile CAP clients
- Conduct five in-depth client case studies based on the strategy used in the 1999 evaluation.
- Provide an economic evaluation based on the 1999 economic evaluation.

4. REFINEMENT OF THE CLIENT TRACKING SYSTEM

The client tracking system has been operational since May 2002. This was later than the anticipated date set in phase two of the evaluation. However, the extended time spent in development has allowed greater automated reporting mechanisms and therefore opportunity for the service providers to access relevant information easily. This delay has affected the ability to fully evaluate the operational aspects of the database for use in daily practice.

The CAP coordinator has successfully incorporated new clients into the database and is becoming more familiar with the use of the tracking system. One aspect of the tracking system that has not been trialed is the usefulness of the review form and reports. As each clients care is reviewed the CAP coordinator will enter information regarding new goals and expected outcomes and any outcomes already achieved as set by the original assessment and careplan. It is envisaged that once this review function is implemented that further refinement of outcome measures may be possible.

4.1 Client contact reports for each agency

Client contact data for ACM workers is available on a monthly basis from ACM. With minor data manipulation (instructions provided to coordinator) this information can be updated each month. Data updates from RDNS and MHSfOP are more complex as described in the previous report (Koch & Parker 2001). Automation of data updates from these services although originally envisaged, relies on complicated procedures that may produce errors during processing. As such instructions regarding the manipulation of data from each service will act as a guide for future importation of this data. These client contacts while a valuable aspect of the tracking system is not a feature that would be used on a daily basis. Rather it is recommended that at the completion of each financial year that this information is sought from RDNS and MHSfOP and reported yearly.

5. PROFILE OF CAP CLIENTS

5.1 Data limitations

The client tracking system has data for clients who were current as of 1st July 2000 or who have been referred to CAP after this date. As of 1st May 2002 the total number of clients entered into the system is 113 (May 2002). Of these 53 were current clients and 60 had been discharged. Due to varying availability of data from each of the three service providers complete client contact details are only available from 1st January 2001 to 31st December 2001. Prior to the 1st January 2001 no easily accessible records are available from ACM. The information presented in this section draws on this data for the calendar year 2001. Detailed information on demographic and clinical characteristics are provided in the report from the second phase evaluation (Koch & Parker 2002) and are therefore not presented again in this report.

5.2 Service use for CAP clients 2001

The client tracking system has information on 83 clients who have contacts during the calendar year 2001. Of these 83 clients, 41 have contacts for this complete period. This indicates that clients received services for this 12 month period. It includes clients who commenced services on or before 1st January 2001. A further 42 clients have contacts for part of this period. For these 42 clients this indicates they were either admitted or discharged during this period or they may have commenced services prior to 2001 (contact data not available) and been discharged during 2001.

Table 1 shows the mix of service provision for 83 clients for the calendar year 2001. One third (34%) of clients receive combined support from ACM and MHSfOP, 19% receive combined support from all three CAP agencies and 19% receive support only from MHSfOP. Table 2 shows the spread of support across the agencies for 41 clients who have complete contacts recorded for the calendar year 2001. There is a similar pattern of service use as in Table 1 with the majority of clients receiving support from a combination of the three agencies. These findings are consistent with those reported previously (Koch & Parker 2002).

Table 1 – Services involved for 83 CAP Clients–01/01/01-31/12/01

Services involved	No of clients	% of clients
ACM/MHSFOP	28	34
ACM/RDNS/MHSFOP	16	19
MHSFOP ONLY	16	19
ACM ONLY	5	6
MHSFOP/RDNS	5	6
MHSFOP/BROKERAGE	4	5
RDNS ONLY	4	5
ACM/MHSFOP/BROKERAGE	3	4
BROKERAGE ONLY	1	1
MHSFOP/RDNS/BROKERAGE	1	1
TOTAL	83	100

Table 2 – Services involved for 41 CAP Clients who received services for the full period –01/01/01-31/12/01

Services involved	No of clients	% of clients
ACM/MHSFOP	18	44
ACM/RDNS/MHSFOP	9	22
MHSFOP ONLY	1	2
ACM ONLY	5	12
MHSFOP/RDNS	2	5
MHSFOP/BROKERAGE	4	10
RDNS ONLY	0	0
ACM/MHSFOP/BROKERAGE	2	5
BROKERAGE ONLY	0	0
MHSFOP/RDNS/BROKERAGE	0	0
TOTAL	41	100

The total support for the 83 clients with contacts recorded for 2001 is 10,456 hours (excludes coordinator hours). Of these hours almost half were provided by ACM (4,754), MHSfOP provided 2,305 hours, RDNS 2,071 hours and there was 1,325 hours in brokerage. Although direct comparison with the evaluation conducted in Stage 1 for clients in the period 1998-1999 is not possible observation of some trends can be seen. In 1998 –1999 for 90 clients who received CAP services the total hours support received (excluding coordinator time) was 11,733. Of these hours almost half were provided by ACM (5,768), 3,515 by brokerage workers, 2,095 by MHSfOP and only a small amount (354) by RDNS (Table 3). These figures seem comparable to the 2001 data for 83 clients where a total of 10,456 hours was used. Similar to the 1998-9 figures ACM hours still account for almost half of the contacts and MHSfOP contact hours is only slightly higher. There are however significant differences in RDNS and brokerage hours. Difference in brokerage hours from 3,515 to 1,325 can probably be accounted by the decrease in the number of brokerage clients from 27% in 1998-9 to 11% in 2001. However, RDNS hours have increased from 354 to 2,071 hours. This increase can only partly be explained by an increase in clients that receive RDNS services (20% vs 30%). Reasons for this discrepancy appear to be the improvement in reporting of CAP data from RDNS in the 2001 sample.

Table 3 – Comparison of support hours 1998-1999 and 2001

AGENCY	HOURS OF SUPPORT BY YEAR	
	1998-1999	2001
ACM	5,768	4,754
MHSfOP	2,095	2,305
RDNS	354	2,071
Brokerage	3,515	1,325
Total support hours (No of Clients)	11,733(90)	10,456 (83)

5.3 Service provision from each agency for clients with complete contact details 2001 (41 clients)

The total hours of support provided for the 41 clients with complete contact information for 2001 was 6,844 hours. Of these hours more than half were from ACM (3,581), 1,186 from MHSFOP, 1,145 from RDNS and 931 hours from brokerage.

Table 4 indicates that the average weekly support provided for a client from all support agencies was 3.8 hours. The maximum weekly support for a client was 11.2 hours. These findings are consistent with those reported previously (Koch & Parker 2002). However, very few clients receive that level of support. The majority of clients receive less than 4 hours support per week.

Table 4 – Weekly support from all agencies for 41 clients

	Hours
Mean	3.8
Median	3.3
Minimum	0.1
Maximum	11.2
Total hours	6,844

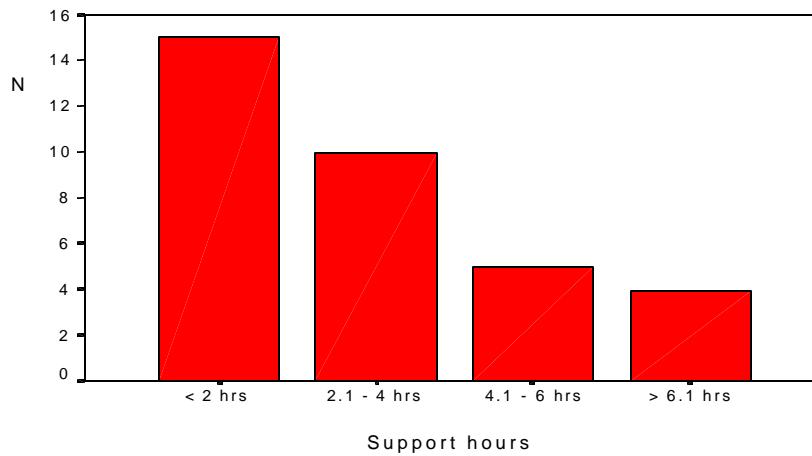
5.4 ACM support

Thirty-four clients received support from ACM. The average support hours were 145 hours for the year or 2.8 hours per week. Total support for these clients for 2001 is 3,581 hours (Table 5). Some clients received greater hours than this however as Figure 1 indicates this is only a small number of clients. These findings are consistent with those reported previously (Koch & Parker 2002).

Table 5 – ACM Weekly and yearly support for 34 clients

	Total support	Weekly support
	Hours	Hours
Mean	144.8	2.8
Median	112.8	2.2
Minimum	0.5	0
Maximum	464.8	8.9
Total	3,581	

Figure 1 - Weekly support for 34 ACM clients



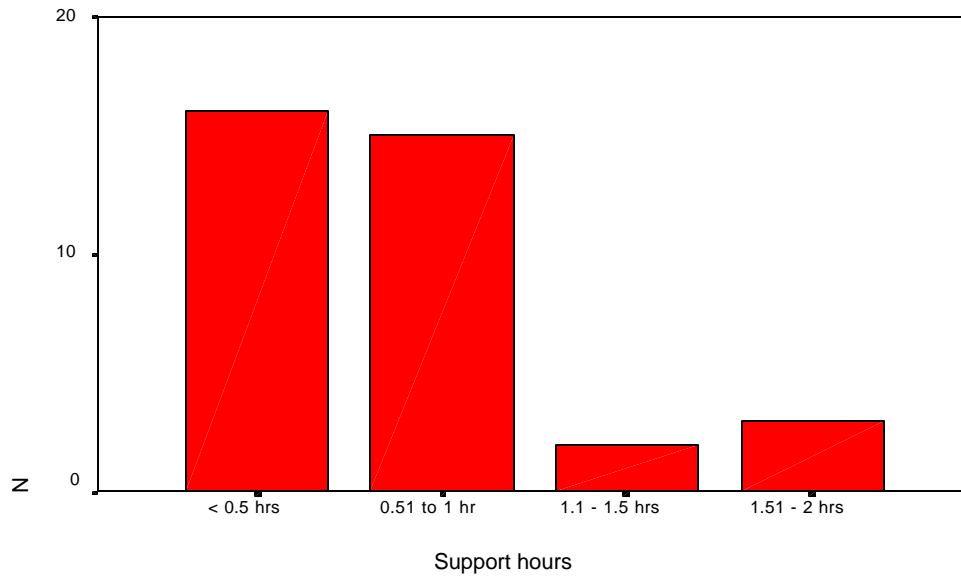
5.5 MHSFOP Support

Thirty six clients received support from MHSfOP. The average support hours were 33 hours for the year or 0.64 hours per week. Total support for these clients for 2001 is 1,186 hours (Table 6). Some clients receive greater hours than this however as Figure 2 indicates this is only a small number of clients. These findings are consistent with those reported previously (Koch & Parker 2002).

Table 6 – MHSfOP Weekly and yearly support for 36 clients

	Total support	Weekly support
	Hours	Hours
Mean	33	0.64
Median	28.7	0.55
Minimum	0.3	0
Maximum	108	2.08
Total	1,186	

Figure 2 – Weekly support for 36 MHSfOP clients



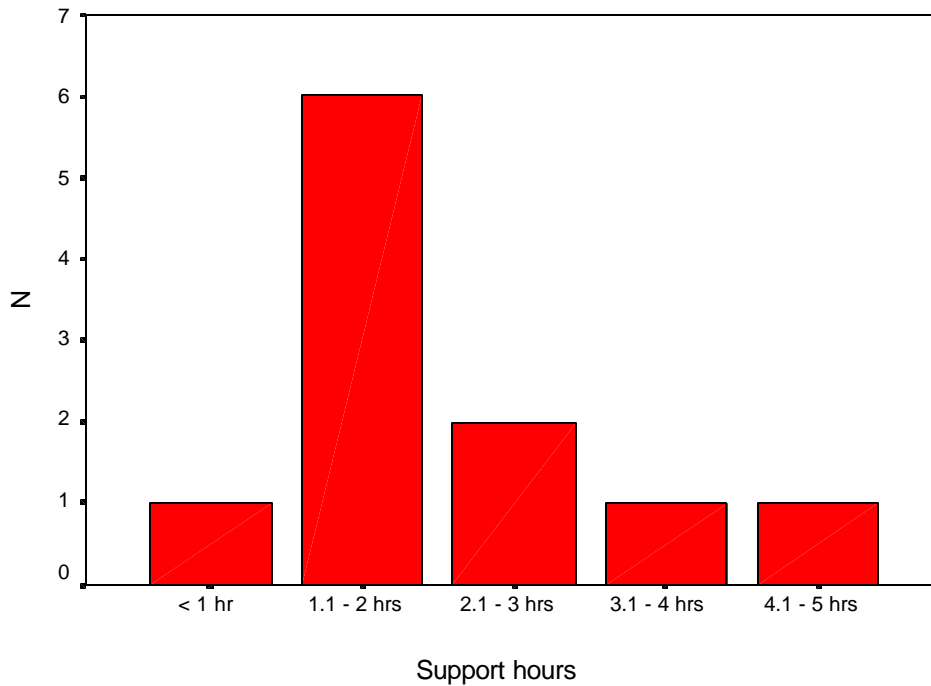
5.6 RDNS Support

Eleven clients received support from RDNS. The average support hours were 104 for the year or 2 hours per week. Total support for these clients for 2001 was 1,145 hours (Table 7). There was a large range in hours provided to clients but as Figure 3 indicates only four clients used higher than the average weekly hours. These findings are consistent with those reported previously (Koch & Parker 2002).

Table 7 – RDNS weekly and yearly support for 11 clients

	Total support	Weekly support
	Hours	Hours
Mean	104.1	2
Median	80	1.5
Minimum	26.3	0.5
Maximum	240.8	4.6
Total	1,145	

Figure 3 – Weekly support for 11 RDNS clients



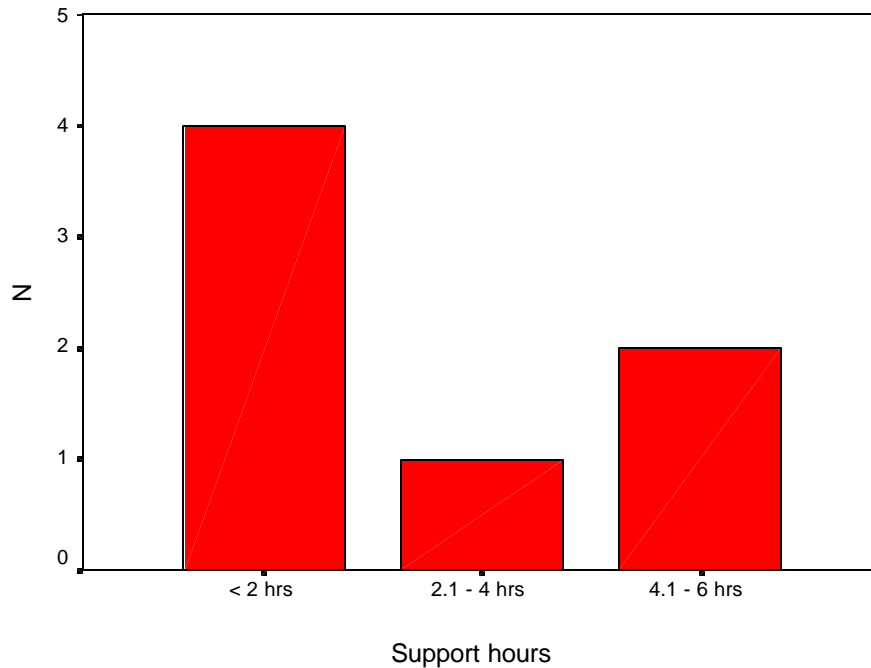
5.7 Brokerage clients

Seven clients were funded as brokerage clients. The average support hours were 133 hours for the year or 2.6 hours per week. Total support for these clients in 2001 was 931 hours (Table 8). There is a large range in support (Figure 4). These figures are lower than previously reported. Brokerage clients for the 6 month period from 1st January 2001 to 31st June 2001 had an average 3.4 hours support (Koch & Parker 2002).

Table 8 – Brokerage weekly and yearly support for 7 clients

	Total support Hours	Weekly support Hours
Mean	133	2.6
Median	92	1.8
Minimum	19.8	0.4
Maximum	303	5.8
Total	931	

Figure 4 – Weekly support for 7 Brokerage clients



5.8 Summary of client profiles

These service provision details provide information on the average hours of support a CAP client may require. There are however large variations between clients with some using significantly less or more than these averages. The higher average hours per week provided by ACM, RDNS and brokerage reflects the 'hands on' nature of the service provided to these clients. In contrast MHSfOP hours are less as they provide a case management or consultant role. It is difficult to compare the results with other client groups receiving care in the community or residential care setting. Limited information on the demographic and service use of Community Aged Care Packages (CACP) is available. An evaluation of the NSW/ACT CACPs conducted in 1999 indicates clients receive an average of 6.8 hours per week but this also has a large range from 2.25 to 10.43 hours. This client group while similar in living arrangements and NESB to the CAP client group did not specifically have a mental health diagnosis, only 28% had dementia. No information on the existence of other psychiatric diagnosis was available (NSW Department Health & Aged Care 1999).

6. CLIENT CASE STUDIES

In phase one of the evaluation sixteen client case studies were conducted, drawing information from interviews with the client, carer (where appropriate), and health service personnel. In this phase of the evaluation five client case studies were completed.

6.1 Recruitment of client and/or carer participants

The clients of CAP have mental health conditions, which may inhibit their ability to interact with people, particularly those who are not known to them. Five case studies were conducted which was possible within the timeframe of this stage of the evaluation. This represents approximately 10% of the current client group. The selection of clients for inclusion in these case studies therefore could not be achieved by random sampling and may not represent all the characteristics of the client population.

As part of the ongoing consumer feedback mechanism of CAP regular consumer meetings are held. As one of these meetings coincided with the commencement of the case study phase of the evaluation the researcher attended the meeting and approached clients and their carers for participation in individual interviews. Five clients and one carer were approached, and provided with an information sheet (Appendix 1). All agreed for the researcher to come to their private address for an interview. For two clients from a NESB the assistance of an interpreter was sought. Written consent was obtained from all clients and carers (Appendix 2).

6.2 Interviews with clients and carers

Interviews were semi-structured and conducted in the clients own home. Interview questions concerned current services received, satisfaction with these services and impact of CAP on their lives (Appendix 3).

Interviews were tape recorded for all but one client. The researcher replayed tapes and made extensive notes to ensure all relevant information was extracted. For the interview that was not tape recorder the researcher made extensive notes as soon as possible after the interview had been completed.

6.3 Recruitment of other participants

In addition to clients and carers other service providers such as the CAP coordinator, RDNS clinical nurse consultant, ACM coordinators and careworkers were also contacted for information relevant to the evaluation. These informal conversations were not tape recorded. Information discussed was recorded as field notes.

6.4 Document analysis

Relevant documentation concerning each client was also consulted. This including information extracted from the client tracking system, care plans and assessments.

6.5 Data analysis

Each client case study was constructed reviewing the information from the multiple sources available.

6.6 Demographic and support details of case study participants

Tables 9 and 10 provide demographic and support details for clients participating in the case studies. Four of the clients were referred because of social isolation and one to maintain independence to remain at home. All clients had been on CAP for over one year with the average time 142 weeks. All clients received support from ACM, four from MHSfOP and one from RDNS. Three clients had an ICD Mental Health classification of a Mood affective disorder, one client had an Anxiety disorder and one client a Psychological adjustment disorder. Three of the five clients' have European cultural backgrounds. This reflects the cultural diversity of the CAP client group (Koch and Parker 2002).

Table 9 - Demographic details of clients participating in case studies

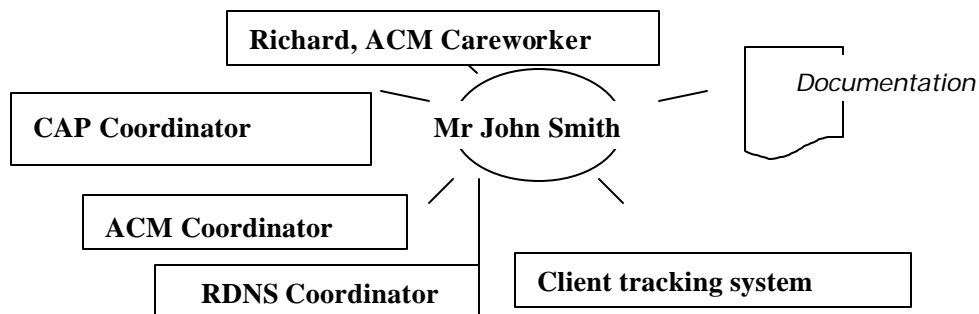
No	Name	Age	Marital Status	Living Arrangements	Nationality	ICD Mental Health Classification
1	John	68	Divorced	Alone	Australian	Psychological adjustment disorder
2	Maria	63	Widowed	Alone	Italian	Mood affective disorder
3	Jack	68	Married	With Spouse	Australian	Anxiety disorder
4	Antonia	70	Widowed	With Sons	Italian	Mood affective disorder
5	Bruno	79	Married	With Spouse	German	Mood affective disorder

Table 10 – Service and support details for clients participating in case studies

No	Reason for referral to CAP	Time on CAP	Average weekly support hours by agency		
			ACM	RDNS	MHSfOP
1	Maintain independence at home	178 weeks	6.9	3.2	1.1
2	Socially isolated and lacking confidence in going out	132 weeks	2.1	0	0.9
3	Social isolation related to panic attacks	79 weeks	1.6	0	1.1
4	Socially isolated	163 weeks	2.8	0	0
5	Socially isolated	156 weeks	0.9	0	0.9

7. CASE STUDY NUMBER ONE

7.1 Participants of the study



7.2 Background

Mr John Smith is a 68 year old divorced man with behavioural problems secondary to dementia, short-term memory loss. His personality style is not always cooperative or compliant particularly in regards to medication. He has a history of falls and back pain for which he requires a S8 medication for management. He has no contact or support from his family.

7.3 Reason for referral to CAP

John has difficulty managing to live independently but is determined to stay in his own home. Personality factors and an underlying dementia make him resistive at times. John was referred to CAP to see if appropriate supports could enable him to remain at home and not enter institutional care. He has problems with budgeting, preparing meals and cleaning.

7.4 CAP care plan

RDNS were asked to provide medication supervision, specifically administering the S8 medication from the locked box. An ACM careworker is to assist with practical and social supports and the MHSfOP social worker will provide case coordination including monitoring and reviewing issues of mental and physical health.

7.5 Current CAP services

Adelaide Central Mission provides an average of 6.9 hours of practical and social supports each week spread over four days. This time provides opportunity for social contact and outings. Richard has been his careworker for 18 months and has established a routine that John is happy with. This includes shopping, banking, cleaning, accompanying John each week to his General Practitioner and encouragement with an appropriate diet. The ACM careworker also liaises with the local Chemist to have medication refilled in a locked box for use by RDNS. Another careworker from ACM accompanies John to a group activity each week which is paid for by ACM. RDNS provide an average of 3.2 hours per week. This allows a daily visit to administer his S8 medication from a locked

box. MHSfOP provide an average of 1.1 hours of case coordinator from a Social Worker who visits John weekly either at his home or at a community clinic.

7.6 Informal supports

John has no family support. He previously had support from a council volunteer who may still visit occasionally as a friend. He has a difficult relationship with his neighbour.

7.7 Other Formal supports

The local council will offer cleaning services occasionally.

7.8 Satisfaction with CAP services

John was content with the services he receives particularly the social support from ACM. He predominantly sees Richard from ACM but is also happy with support from other ACM careworkers. ACM currently financially assist him to attend a social group to pursue a leisure activity. He would like to try and extent his level of social interaction but is limited by financial constraints. He is happy to have RDNS visit each day to administer his medication although expressed some annoyance if there were relieving nurses and they visited later than normally. He denied the use of MHSfOP and became upset when the interviewer suggested that he had support from these services. Clearly however he is happy for the MHSfOP case coordinator to visit but does not like to be identified as a mental health client. John has attended some of the Consumer groups organised by CAP and has enjoyed these and is willing to continue this participation.

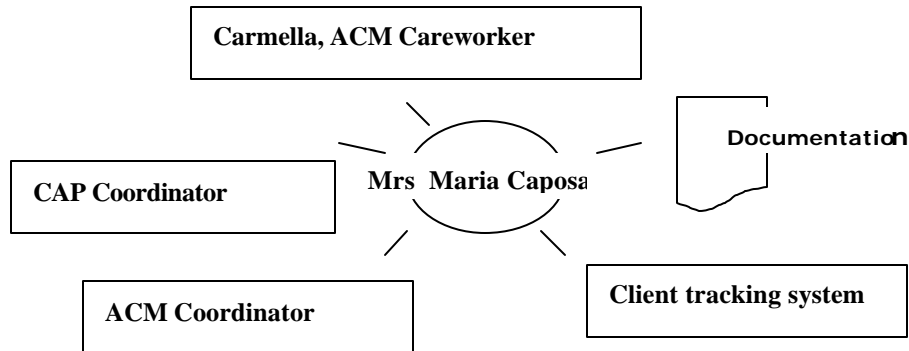
The interviewer asked John what would happen if he were not involved in CAP. He indicated that he would not be able to go out as he would not be able to afford it and it would mean he would just stay at home. CAP service providers concurred with this situation.

7.9 Impact of CAP on the client

John has been a client of CAP for over three years. While he has had some episodes which have required hospitalisation he has successfully managed to stay in the community and not require institutional care. Each week he attends a regular social function which he enjoys and would like to participate more in similar activities with a wider age group of people. Regular monitoring of his medication by RDNS ensures good control of his medical problems. Discussion with Richard his ACM careworker indicated that he had seen a dramatic improvement in John over the 18 months he had provided support. Initially John was reluctant to attend social activities and had also been restricted by his poor mobility and the need to use a walking frame. John now walks independently. John regularly attends special social functions at ACM integrating with clients of other ACM programs. Discussions with CAP service providers indicated that John may be able to assist with some consumer led group activities if they are available in the future.

8. CASE STUDY NUMBER TWO

8.1 Participants of the study



8.2 Background

Mrs Maria Caposa is a 63 year old widowed Italian woman who lives alone but has supportive family, friends and neighbours. She has depression and was referred to CAP following admission to an inpatient mental health unit. Initially she was agitated, restless and had lost weight. Although Maria can speak and understand English she finds having Italian workers easier.

8.3 Reason for referral to CAP

Maria had been admitted to an in patient mental health service with psychotic depression. On return home she made a slight recovery but is anxious and fearful of being alone. She was referred to CAP for assistance in gaining some confidence in social interaction and reintegrating into the community.

8.4 CAP care plan

The goal of the care plan is to build confidence and motivation to join community activities. This is to be achieved by first building rapport with Carmella an ACM worker, to go out with the worker somewhere in the local area and join an Italian ladies group, initially with Carmella and then if able by herself.

8.5 Current CAP services

Adelaide Central Mission provides approximately 2.1 hours of support each week with Carmella who is an Italian speaking worker. This time provides an opportunity for Maria to go shopping, pay bills, and prepare for other activities that may involve her family during the week. MHSfOP provides case management with an Italian speaking worker of approximately 0.9 hours per week. This provides the opportunity for Maria to speak with a mental health worker about any problems she is experiencing. If required this occurs weekly or if Maria is feeling well a regular monthly visit is maintained.

8.6 Informal supports

Maria has three sons and eight grandchildren who are very supportive although they do not live with her. She has regular contact, with one son in particular. She also has supportive neighbours and friends who she sees regularly. Maria attends a local prayer group once a week.

8.7 Formal supports

Until recently Maria was independently attending an Italian womanise group run by the local health centre. She had enjoyed this interaction as they had guest speakers, or sometimes went out for lunch or dinner. Recently the person who had been convening the group had changed and she had not attended the group since then and was not sure that she would continue.

8.8 Satisfaction with CAP services

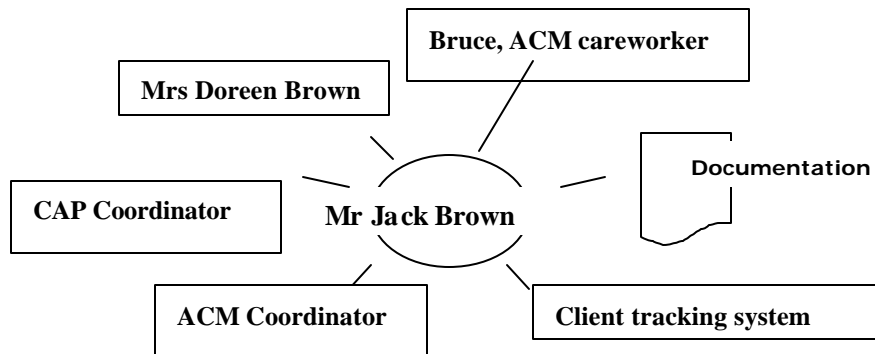
Maria is very satisfied with the support she receives from Carmella and the MHSfOP case manager and appreciates that they are able to speak Italian. She said she would be very sad if this could not continue. Maria has attended the CAP Consumer groups and enjoys this opportunity for socialisation.

8.9 Impact of CAP on the client

Maria has been a CAP client for over two years. During this time her depression has improved and she shows no signs of agitation or restlessness. Carmella noted a change in Maria's willingness to leave the house and while initially she would suggest what they would do in their time together, Maria now takes this role. She had a period about 12 months ago when she became depressed and did not want to do anything. During this time the MHSfOP careworker would come weekly to talk with her and Carmella would spend her time with her at home. She slowly improved and was until recently successfully attending an Italian ladies group by herself which she enjoyed. With a recent change in group coordinator she has stopped attending the group but has other opportunities now for socialisation. Maria indicated that she did not feel the new coordinator was as aware of the needs of the group members. She goes for a long walk each day around her local neighbourhood and has established good support from her local neighbours. She appreciates the opportunity to speak regularly with an Italian speaking Mental Health worker. Maria attends the CAP consumer groups and enjoys these functions. She is willing to continue this participation. CAP has been successful in that since she has been on the program she has not had any readmissions to an inpatient mental health unit. She attends for a three month appointment but with the ongoing regular contact with a MHSfOP worker and social support from Carmella she is able to participate in family and social activities. At this point in time Maria is able maintain good social function. However as indicated 12 months ago Maria may have an exacerbation of her depression even with CAP support. CAP service providers are able to adjust to this and offer support accordingly. Should Maria be discharged from CAP to mainstream services this flexibility and expertise may not be available.

9. CASE STUDY NUMBER THREE

9.1 Participants of the study



9.2 Background

Mr Jack Brown is a 68 year old married man who lives with his wife Doreen. He has Depression. He had been a client of the Community Integration Project which had been reasonably successful in reducing his panic attacks and presentations to Accident and Emergency. At the time of referral to CAP he was still insisting that his wife accompany him on his social outings with a careworker. His wife is very supportive but would prefer the time Jack spends with the careworker to be time for her own respite.

9.3 Reason for referral to CAP

Jack has been referred to CAP for continued support for socialisation and reduction of panic attacks and presentation to Accident and Emergency.

9.4 CAP care plan

The goal of care is for regular social support visits by an ACM careworker to provide respite for his wife. The careworker will try and encourage participation in activities that Jack is willing to do eg: playing pool.

9.5 Current CAP services

Adelaide Central Mission provides approximately 1.6 hours of support per week for socialisation MHSfOP provides approximately 1.1 hour of support per week. Jack has a program for reducing his panic attacks which has been put together for him by his MHSfOP case coordinator.

9.6 Informal supports

Jack has a supportive family, particularly his daughter who lives approximately 11/2 hours away. He also has ongoing casual contact with a previous carer from a service provided when they lived out of metropolitan Adelaide.

9.7 Formal supports

Jack has an overnight stay at an inpatient mental health unit every fortnight. This provides respite for his wife and provides Jack an opportunity to be reviewed by the mental health team. This strategy has reduced the number of panic attacks that Jack has had and he has not had a full admission for about 3 months. There is some discussion about reducing the frequency of his overnight stay to every three weeks or even once a month.

9.8 Satisfaction with CAP services

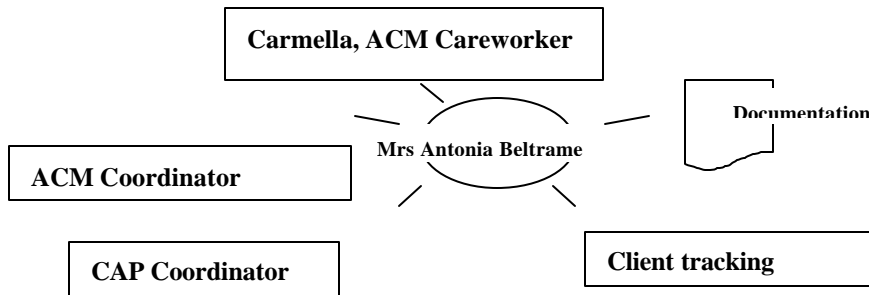
Jack and his wife Doreen are very happy with the CAP services. They have developed a close relationship with the ACM careworker and feel able to call on him in an emergency situation. Jack and Bruce have established a trusting relationship and Jack is able to be honest and open about how he is feeling to Bruce. Doreen also feels confident with Bruce's ability to assist her when she feels her husband is becoming unwell. Jack and Doreen have been unhappy with some of the crisis mental health services (not related to CAP). They have participated in some of the other activities offered by ACM particularly day outings. Although they have tried to participate in other community activities as they do not have their own transport it is difficult to attend these. They commented specifically that when ACM organises an activity they ensure that transport is available. This is very important for them. Both Jack and Doreen would be devastated if they did not have the support from CAP. They regularly attend the CAP Consumer groups and look forward to continued participation in these.

9.9 Impact of CAP on the client

When Jack was first referred to CAP he wanted to spend the ACM careworker to either stay with him at his house or if they were to go out for his wife to accompany them. Jack has been receiving CAP services for a year and a half. He is now happy to attend a local pool club with the careworker without the company of his wife or other social activities. His wife is pleased that this provides her with a few hours respite each week. Jack and his wife report that he has had a reduction in the number of panic attacks and admissions to a mental health unit other than the regular overnight stays once a fortnight. Jack has continued to improve to the point where the frequency of these may be reduced as well. Discussion with CAP service providers indicates that Jack's mental health condition may change quite quickly. The ongoing support of a careworker that is intuitive to the early signs of Jack's anxiety related behaviour provides opportunity to minimise the effect of this and his wife finds this an enormous relief. The ongoing support from CAP service providers offers both Jack and Doreen great comfort.

10. CASE STUDY NUMBER FOUR

10.1 Participants of the study



10.2 Background

Mrs Antonia Beltrame is a 70 year old widowed Italian woman who has Depression with psychotic symptoms. She lives with her two stepsons and has some difficulty with English and requires an Italian speaking worker. When she was initially referred to CAP her husband (now deceased) was a resident in a near by nursing home. Her only social activity was visiting the nursing home twice a day. She had become isolated due to her depression and visual and tactile hallucinations and had some non-compliance with medication.

10.3 Reason for referral to CAP

Antonia had become very socially isolated due to her depression and hallucinations. She was unmotivated to do housework and did not eat if her stepsons were not home as she was frightened by her hallucinations. She does not have the hallucinations when she has other people around her.

10.4 CAP care plan

The goal of care is to assist Antonia to integrate into the community and increase her range of social contacts. She has expressed a wish to attend a local Italian group.

10.5 Current CAP services

Adelaide Central Mission provides approximately 2.8 hours per week. Antonia directs the careworker in what she wants to do. This may include visiting the cemetery where her husband's grave is or going shopping and having lunch somewhere.

10.6 Informal supports

Antonia currently lives with her two stepsons who provide support around the house. They also provide opportunities for social interaction as other family members come to the house.

10.7 Formal supports

Once a week she attends an Italian group. She independently catches a bus to and from this group. She enjoys attending this group.

10.8 Satisfaction with CAP services

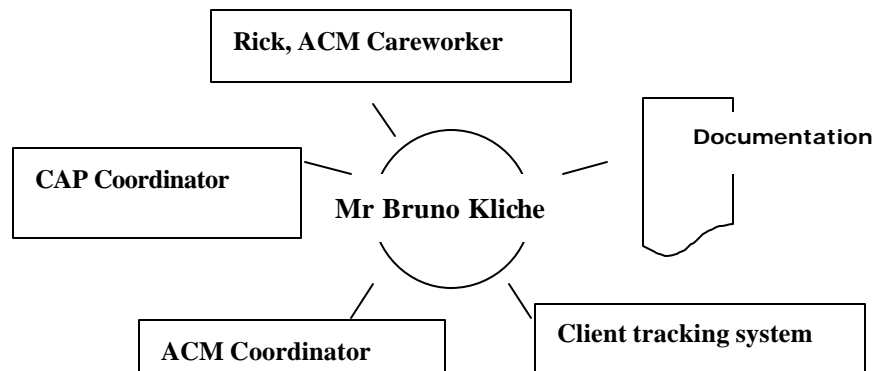
Antonia is very satisfied with the support she receives from CAP. She enjoys her time with Carmella as she is Italian speaking. She would be unhappy if she could not continue this support. She says it provides her opportunities to do things that her family would not want to do, and more importantly she chooses how they will spend the time together.

10.9 Impact of CAP on the client

Antonia was socially isolated before commencing CAP services, was non-compliant with medication and suffered hallucinations. Despite the death of her husband during the year and half that she has been on CAP she readily participates in social activities both with the careworker and also by independently attending an Italian group. Travelling interstate has been possible this year to visit family and she is presently planning an overseas trip to see other family members. She enjoys spending time in her garden and with her animals.

11. CASE STUDY NUMBER FIVE

11.1 Participants of the study



11.2 Background

Mr Bruno Kliche is a 79 year old man of German descent. Although married and living with his wife they have an estranged relationship and he sometimes finds it difficult to cope with her behaviour. He has depression and has expressed suicidal ideation in the past.

11.3 Reason for referral to CAP

Bruno was referred to CAP after wife had been admitted to hospital and a social worker became involved in their tense marital situation. He was very isolated describing himself at the time as a hermit. He was willing to have the opportunity to leave the house for social activities and respite from his wife.

11.4 CAP care plan

To provide company and respite from wife. Careworkers has a god to build rapport and take him for drives and outings as he is able.

11.5 Current CAP services

Adelaide Central Mission carewoker provides approximately 0.9 hours per week. MHSfOP provide approximately 0.9 hours of support per week.

11.6 Informal supports

Bruno has a difficult relationship with his wife. He has also isolated himself over the last 20 years and has no friends because of this.

11.7 Formal supports

Has RDNS if he needs this for some of his ongoing vascular problems. Not required at present. Bruno attends lectures at the Alzheimers Association organised by MHSfOP. Last year he attended 4 or 5 workshop days. Bruno also uses the community bus each week to go to the local shopping centre. He has purchased a gopher for this activity as his walking distance is limited by vascular disease.

11.8 Satisfaction with CAP services

Bruno is very pleased with the CAP services he received. He has developed a good relationship with the ACM careworker and feels he can tell his problems to him and these will be responded to in an appropriate way. Bruno emphasised that although there is an age difference between him and the worker they have similar interests and it is nice to spend time with someone young and full of life. Recently the Mental Health worker dealt with some administrative problems that he had which he would not have been able to deal with. He enjoys the ongoing support they provide particularly any scheduled information days. He also enjoys attending the CAP consumer groups.

11.9 Impact of CAP on the client

Prior to CAP Bruno had considered suicide and described himself as a hermit for almost 20 years. He now looks forward to his regular outings and has purchased a gopher so that he can independently do his shopping. He would welcome more support for other social outings. While his relationship with his wife has not improved the opportunity for outside social contact makes coping with this situation easier. Bruno does not have suicidal thoughts anymore. Bruno has been receiving CAP support for three years.

12. SUMMARY OF CLIENT CASE STUDIES

Five client case studies were completed in this phase of the evaluation. These case studies supplement the 16 conducted in the first phase of the evaluation. These five clients were referred to CAP as a result of social isolation related to their mental health conditions. All clients had been receiving support for 19 to 44 months. Three of these clients are from culturally diverse backgrounds. For two of these clients culturally specific workers provide support. All five clients have achieved the goals set at referral to CAP and support now concentrates on maintenance of these goals or expansion beyond the original care goals. The collaborative nature of the program is illustrated by the coordination between the services and the flexibility of the partner agencies to respond to the needs of the client. For all clients careworkers have provided long term support for clients. Clients report their relationships with careworkers have evolved and they feel able to speak openly regarding any issues that arise relating to their mental health problems. One client demonstrated the non-acceptance of being labelled as receiving support from mental health services. However CAP has supported this client for almost four years illustrating he is happy to be classified as a CAP client but not a Mental Health client. Without this support this client would most likely have required institutional care.

13. ECONOMIC EVALUATION

13.1 Costs for CAP clients 2001

Figures extracted from the client tracking system which provide the yearly total hours provided per client for each agency will be used for costing purposes. In addition costs of coordinator hours from each service and other data pertaining to operational costs will also be included.

Coordinator hours

Initially CAP was funded for 1 FTE project officer based at MHSfOP. This level of support was required in the early stages of the program to assist with the establishment of the new service and in particular building of relationship between the partner and other external agencies. As the program has now been in operation for five years this position has been decreased to 0.6 FTE (incumbent a social worker). From ACM 1 FTE equivalent coordination time is allocated. This position is divided between the Team Leader for CAP (experienced in aged care programme management) and a senior careworker specifically assigned to CAP. RDNS receive an allocation to release a mental health trained clinical nurse consultant 0.2 FTE (Table 11).

Table 11 – Hours worked for all CAP clients 2001

Workers	Hours
Coordinators – 1.8 FTE	3,556
ACM care workers	3,581
RDNS nurses	1,145
MHSfOP	1186
Brokered care workers	931
Total hours	10,399

Costing details

Table 12 provides an estimation of the costs of CAP for the calendar year 2001. These costs are based on an aggregation of data from actual hours of support for the 83 clients of CAP during the calendar year 2001. ACM costs are approximately \$142,135 which provided supported for 52 of the 83 clients in 2001. MHSfOP costs, which included brokerage, are approximately \$168,694. MHSfOP including brokerage provided support for 74 of the 83 clients during 2001. RDNS client costs are approximately \$76,968 which provided support for 26 clients. Total costs including evaluation are approximately \$387,797.

Table 12 – Estimation of CAP costs for 00/01

	ACM			MHSfOP				RDNS				CAP
	Care Workers	Coord 1 FTE	Total	Brokered	Workers	Coord 0.6	Total	Eval.	Nurses	Coord 0.2	Total	Total
Salary	75,968 (1)	25,871 (3)	101,839	51,784	73,010 (5)	39,279 (6)	164,073	10,000	53,815 (8)	11,884 (9)	75,699	341,611
Travel	28,648 (2)	11,648 (4)	40,296			3,807	3,807			1,269 (10)	1,269	45,372
Other costs						814	814					814
Agency Totals			142,135				168,694				76,968	387,797

Adelaide Central Mission

- (1) ACM C/workers based on average salary of \$15.98/hr includes on costs but not travel
- (2) ACM Careworker travel estimated based on 20km for each hour support (3,581HRS) = 71,620KMS @ 40KM = \$28,648
- (3) ACM Coordinator (0.5 based on \$17.01 – SACS (2), 0.5 – based on SACS 5 \$22.21/hr)
- (4) ACM Coordinator travel costs based on 400kms/week = 20,800km @ 56c/km = \$11,648

Mental Health Services for Older People (includes Brokerage)

- (5) MHSFOP workers based on average salary (50,000) includes 22% on costs
- (6) MHSFOP coordinator – POS2 (53,206) X 0.6 = 31,923 includes 22% on costs
- (7) Other costs – functions/promotions/conferences/general administration

Royal District Nursing Service Costs (includes Evaluation)

- (8) RDNS nurses costs includes travel/on costs based on \$47/hr
- (9) RDNS coordinator – RN3BC (59,423) X 0.2 = 11,884
- (10) RDNS coordinator travel based on MHSFOP coordinator travel.

13.2 Summary of main economic findings

The analysis presented is an estimation only of the costs of providing CAP services. Exact costing for some areas of the program are difficult to capture particularly infrastructure costs for each agency. However, the analysis provides some indication of approximate cost. It indicates that during the period 2001, 10,399 hours of CAP services to the total value of \$387,797 were provided to 83 clients. This is comparable to the 1998/99 economic evaluation where 12,152 hours of CAP services to the value of \$403,570 was reported (Koch et al 1999). It would appear based on this information that CAP is able to sustain a client base of at least 80 clients. The exact sustainable number of clients that can be maintained is however highly dependent on the needs of individuals within the program and in instances where there are clients with complex needs requiring a high number of support hours this figure may need review.

14. CONCLUSIONS

The opportunity to provide evaluation of the Collaborative Action Program since formation five years ago has enabled health professionals involved with CAP as well as other service providers comprehensive information of the processes and outcomes involved in a complex mental health service. This has been a unique opportunity not always afforded other innovative programs. The ongoing use of the client tracking system as CAP continues to expand it's client database will present avenues for comparison of client services and outcomes for current versus previous clients and for clients over a period of time (ie. initial six months versus support and outcomes after a two year period).

The Client Tracking System has the facility to generate information from regular review of CAP clients. This information could be incorporated into further evaluation of CAP as it provides opportunity to describe the achievement of original care goals and changes in care planning. In addition it provides opportunity for clients and carers to rate their satisfaction with CAP. Should further opportunities arise to evaluate CAP, this is an area, which would provide new information not yet reported by the previous evaluations.

The five short case studies in this report illustrate some of the issues that arise for CAP clients. However one off interviews do not achieve a complete perspective. To achieve this prospective longitudinal case studies offer the opportunity to track all aspects of the clients condition. This could include details of in-patient and community mental health visits, changes to support goals, care plans and illustrate the flexibility of CAP to meet the changing needs of its clients.

REFERENCES

Community Aged Care Packages A Profile of New South Wales and ACT. NSW State Office Department of Health and Aged Care. November 1999.

Koch T, Marks J & Moss J 1999 Evaluation of the Collaborative Action Program. Royal District Nursing Service.

Koch T & Parker D 2001 Evaluation of the Collaborative Action Program. Royal District Nursing Service.

APPENDIX 1



Evaluation of the Collaborative Action Project:

Dear

This letter is to introduce Debbie Parker a research assistant within RDNS. She will produce an ID card which carries her photograph as proof of identify.

Debbie is conducting an evaluation of the Collaborative Action Project. This evaluation provides an opportunity for consumers to give feedback and report their experience of the service, so that this feedback can form part of the ongoing improvement and evolution of the service.

I would be most grateful if you could spare the time to assist in this project by granting Debbie an interview to give your feedback on the service you are receiving. This interview will take no more than one hour and only the one interview is necessary. The interviews are informal and are for the purpose of discussing your experience of the service and anything else you may wish to share regarding this service. Participation or non-participation in this study will not affect the services you currently receive.

Debbie will explain that any information provided will be treated in the strictest confidence and none of the participants will be individually identifiable in the resulting report. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Since Debbie intends to make a tape recording of the interview she will seek your consent on the attached form, to record the interview, to use the recording in preparing the report on condition that your name or identity is not revealed and the recording will not be made available to any other person.

This study has been approved by the RDNS Ethics Committee. Any enquires you may have concerning this project should be directed to the Chairperson who can be contacted on 8206 0066 or me at the address above.

Thank you for your assistance.
Yours faithfully

Professor Tina Koch
RDNS Chair in Domiciliary Nursing

APPENDIX 2



On the understanding that my identity will not be divulged, I,

being over the age of 18 years give my permission to RDNS to record and use this interview as discussed with the researcher, recorded on /06/02 by Debbie Parker for research and publication in the project evaluation of the Collaborative Action Project.

I note that to maintain confidentiality of this interview, the tape/transcript will not be available to other persons and will be securely stored as a statutory and ethical requirement.

I do/do not wish to be advised of any requests to publish this interview or part of this interview in a place other than the project report.

Signature:

Address:

Date:

Interviewer:

APPENDIX 3

SEMI-STRUCTURED INTERVIEW SCHEDULE FOR CLIENTS

1. What are the current services that you receive?
2. Are you satisfied with the care workers that you have been involved with in this support?
3. In what/which ways does the support from these services make a difference to your life?
4. Is there any support that you would like but don't currently receive?
5. What other support do you have from family, friends, neighbours etc?
6. If possible can you compare the services you have now to those before you were involved in the Collaborative Action Program?

SEMI-STRUCTURED INTERVIEW SCHEDULE FOR CARERS

1. What are the current services that either you or your relative (insert appropriate relationship) receive?
2. Are you satisfied with the care workers that have been involved through the Collaborative Action Program?
3. How does the support from the Collaborative Action Program and other services make a difference to your life and the life of your relative/friend?
4. Is there any support that you or your relative would like but don't currently receive?
5. What other support do you have from family, friends, neighbours etc?
6. How would you describe the differences between the services you and your relative have now to those before you were involved in the Collaborative Action Program?

SEMI-STRUCTURED INTERVIEW SCHEDULE FOR SERVICE PROVIDERS

1. What is your involvement with clients of the Collaborative Action Program?
2. What is your specific involvement with this client and/or carer?
3. From your perspective, what impact has the Collaborative Action Program had on the life of this client and/or carer?

4. Are there any services or assistance that this client and/or carer require but are not provided by your agency or another agency? If so why do you think this deficiency exists?
5. What other comments regarding the Collaborative Action Program would you like to make?