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Long term effects of day treatment programs for adults with severe and persistent mental illness: Effectiveness measured in rates of recidivism

Glenna Denise Briney

LONG TERM EFFECTS OF DAY TREATMENT PROGRAMS FOR ADULTS WITH SEVERE AND PERSISTENT MENTAL ILLNESS: EFFECTIVENESS MEASURED IN RATES OF RECIDIVISM

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

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ABSTRACT

This research is a follow-up study to "Day Treatment Programs for Adults with Severe and Persistent Mental Illness: Effectiveness Measured in Rates of Recidivism" by Gatfield (2003). The current study builds on Gatfield's research by measuring the frequency and number of days the rehabilitative day treatment (RDT) subjects were hospitalized in six month intervals for the two years before, during, and two years after they received RDT services. The current study reflects the findings of the previous study where having had RDT services continues to have a significant effect on the rates of recidivism.

ACKNOWLEDGMENTS

I'd like to acknowledge Callie, my cat, for her persistence and dedication to this project. Her constant oversight and unparalleled keyboard skills contributed greatly to its timely completion. Thank you for your tireless efforts. I would also like to acknowledge Tazzie, my puppy, my reducer of stress. Thank you for frequently reminding me of the need to take a walk, to smell the roses (the grass, the trees, the tires, etc.), and to play. Thank you both for your expressions of love and devotion through this challenging time.

DEDICATION

This is dedicated to the one I love.

- The Mamas and the Papas

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CHAPTER ONE

INTRODUCTION

Problem Statement

Due to the current budget problems of the state and the various counties within the state, it is prudent and fiscally responsible for San Bernardino County's Department of Behavioral Health (SBC/DBH) to investigate service modalities in order to have a better understanding of the revenues generated by them. This should be done, not to provide impetus to direct all efforts towards specific programs to the exclusion of others, but to ensure that effective and revenue generating programs continue. To study DBH in its entirety with its numerous programs would be a massive undertaking. It would be more practical to take an individual program and study its ability to generate revenue and its effectiveness in reducing hospital recidivism. The program studied was the recently discontinued Rehabilitative Day Treatment (RDT) program of San Bernardino County's Department of Behavioral Health.

Professionals, within the department and at other agencies have expressed their concern over the discontinuance of adult services that included RDT programs. Their concerns are that the severely and persistently mentally ill are not receiving mental health care that addresses their rehabilitative needs. According to John Sickler, former Clinical Therapist for San Bernardino County, in the May 6, 2004, edition of the San Bernardino Sun, the financial strains in the department led to severe cuts to services for the adult mentally ill population. Four years prior to this article, Sickler could provide any services that he deemed helpful to any mentally ill adult client. Two years ago individual therapy for adults was cut and last year group therapy was cut as well. In the same article, County Administrative Officer, Mark Uffer stated, "Eighty percent of (in-patient psychiatric) patients are returning to the [psychiatric] unit within nine months of being released. So, there is a real problem in this county with keeping the mentally ill from cycling in and out of the hospital." There is also a concern that the administration guiding the department does not realize the long-term value of such a program. This study will

documents and begins to determine the long-term effectiveness of RDT.

The researcher for this study worked as a case manager at the clinic where an RDT program was located. At the time of its closure she had the opportunity to dialogue with many of consumers involved with the program. There was a prevailing sentiment that the closure would adversely affect the severely and persistently mentally ill who would normally be eligible to use these services. Since there are no community based organizations providing similar services, the department's decision to abandon the program left a large gap in services available to this population. In addition, it may be argued that the closure will do harm where social workers (both line workers and administrators) have pledged to do no harm.

Purpose of the Study

The purpose of this study was to compare the long term effectiveness of the rehabilitative day treatment program at San Bernardino County's Department of Mental Health (SBC/DBH), as measured by hospitalizations (frequency and duration) incurred during the two years

prior to participation in the program and the two years following participation.

This approach measured the effectiveness of the treatment. Effectiveness is defined as a lack of or decrease in hospitalizations after treatment. It attempted to compare the hospitalizations before rehabilitative day treatment and after to see if the use of more intensive and expensive services declined. This was examined previously in a prior study completed in 2003. This current study was completed in 2005 and is a follow-up study tracking the long-term effectiveness of the program.

The previous study by Gatfield (2003) looked at consumers in the RDT program and their hospitalization rates (frequency and duration) three months before participation, during participation, and three months after participation. While this study did show a significant decrease in the number of hospitalizations in those who completed the program, it only looked at the short-term effects. The current study is important because it tracks the participants two years later to see if there continues to be a reduction in hospitalizations.

This is the a foundation to begin to determine the long-term effectiveness of the program.

The findings of this study will provide an evidence base for the DBH administration to consider in developing relevant plans for service delivery. The study may perhaps influence the department policy makers to reconsider the closure of this important and effective treatment modality and consider reopening the program.

While this study has significant importance to the County of San Bernardino's Department of Behavioral Health, it is also has significant importance to other counties within California that are examining the viability of RDT programs. These entities, however, have the capability to study the viability of RDT programs. Ultimately, the study is vitally important to those who could benefit the most from RDT services. They typically do not have the means to undertake the research necessary to show the efficacy and fiscal efficiency of historically needed programs. To this end the purpose of this study is to help the disadvantaged receive effectual services appropriate to their recovery.

Significance of the Project for Social Work

This project is significant to social work because there is little current research regarding the effectiveness of rehabilitative day treatment programs providing treatment to the severely and persistently mentally ill. It contributes to the current fund of knowledge regarding services for this specific population. It is crucial to expand this base of data in order to justify and validate the use of effective treatment modalities.

It is imperative that social workers be fiscally responsible; as agents of change there is a need to have current and accurate information so as to select treatment modalities that are both effective and economically feasible. Facing shrinking budgets while attempting to balance the needs of consumers and the concerns of the department, social workers need to identify the most efficient treatments. This is done by studying the impact that RDT services have had on the severely and persistently mentally ill.

The hypothesis of this study is that clients receiving rehabilitative day treatment services will have, over the course of the two years following the RDT

intervention, fewer psychiatric hospitalizations and spend fewer days in the hospital when hospitalization is unavoidable. This hypothesis is partially supported by the research completed by Gatfield in 2003. Those findings were a motivational impetus to engage in the current research project.

In regards to the generalist model, this study represents the evaluation phase of the process. In this phase the intervention is evaluated for effectiveness including but not limited to outcomes, recidivism rates, and consumer satisfaction. The generalist practice approach recognizes that social change can be brought about through planning and policy making. Evaluating the effectiveness of the day treatment programs, using rates of recidivism, allows for competent and consumer conscious program decisions.

CHAPTER TWO

LITERATURE REVIEW

Introduction

It has generally been recognized by society, that it has an obligation to assist those with disabilities by means of supportive services. Yet, historically there are fewer and fewer services available to those debilitated by mental illness. The literature demonstrates that day treatment programs have been at least as effective as inpatient modalities.

Historical Perspective

Historically, mental illness treatment modalities have focused on inpatient psychotherapeutic interventions. In these modalities, the client and their environment were under the direct supervision of the institution. With deinstitutionalization or the shift in care from long-term inpatient care to independent living in the 1970's (Randall, 2001), a change in modalities began to occur. Outpatient treatment programs for this population began providing core treatment based on rehabilitation and case management models at the community level.

Recent fiscal problems in California have caused many local government agencies to re-evaluate programs within mental health departments. The trend is to decrease services ancillary to medication supportive services to adults and implement Hospital Diversion Teams. It is intended that these teams provide crisis intervention and decrease hospitalizations.

There is a distinct difference in these two approaches to long-term mental health treatment. Rehabilitative treatment like RDT provides the opportunity for those with severe and persistent mental health issues to acquire skills essential to increased functionality and stability. In turn, the need for crisis intervention and consequently hospitalization is significantly reduced (Gatfield, 2003). The crisis intervention approach seems to be effective according to members of that team; however no studies have been completed to corroborate those observations. This approach responds to the immediate needs of clients but does not address their long-term needs. It is similar to giving the hungry a fish instead of teaching the hungry to fish and providing access to the tools needed to catch fish.

Effectiveness of Day Treatment

The benefits derived from day treatment are broad. They range from a reduction in hospitalizations to an increase in quality of life for the participants. For clients who are severely and persistently mentally ill, day treatment programs are significantly effective (Husted et al., 2000; Bateman & Fonagy, 1999; Robinson, 1999; Turner et al., 1998). Studies have also shown that participation in day treatment reduces hospitalizations (Husted et al., 2000; Swartz. et al., 1999), that participants experience a significant reduction in psychopathology with increased levels of functioning within the community (Lambert, et al., 1983), and they experience an increase in quality of life (Husted et al., 2000; Turner et al., 1998).

Not all studies showed that day treatment, as a treatment modality, is more effective than inpatient treatment. Research by Horvitz-Lennon et al., (2001) and Bateman & Fonagy, (1999) show the effectiveness of day treatment programs to be just as effective as more intensive inpatient treatment. Significant differences between these treatment programs center on their respective operational costs and the satisfaction of the

consumers, and their families, with the program. Gatfield (2003) cites studies by Taylor (1995) and Guidry et al. (2001), which found that day treatment programs were able to provide comparably effective treatment at a much lower cost. Additionally, she cited a study by Horvitz-Lennon et al. (2001) that did a meta-analysis of 18 studies published from 1957-1997 comparing outcomes of inpatient and outpatient programs. They found that while the outcomes were no different, there was a significant difference in the satisfaction level of the patient and their families. Participants and their families were generally found to be more satisfied with the outpatient programs.

Although the SGC/DBH administration has not initiated a study regarding the effectiveness of their RDT program, they did authorize a study that was completed in June of 2003 by MSW intern, Pamela Gatfield. This study measured the frequency and duration of hospitalizations of consumers at SGC/DBH before, during and after receiving RDT services. A time span of nine months was used. The time span included consumer's frequency and duration of hospitalizations three months prior to their participation, during three months of

participation, and the three months following their participation in RDT services. The result of that study showed that Rehabilitative Day Treatment services had a statistically significant effect in reducing hospitalizations (Gatfield, 2003). The study was short-termed and did not look at the cost of RDT compared to the decrease in hospitalization expenses for this same period. It points, though, to the need to further study in this area. Without conclusive and significant findings appropriate and effective treatment programs will likely continue to decline.

In the Gatfield (2002) study, rates of hospitalization decreased significantly during and after rehabilitative day treatment. Participants living with family members had significantly lower rates of hospitalization compared to those who lived independently. No significance was found between hospital recidivism rates and age, gender, ethnicity, and marital status.

Theories Guiding Conceptualization

Phenomenological, client-centered, and systems theories guided the conceptualization of this study and

preceding study. The psychosocial perspective is a holistic approach that recognizes that each individual has unique abilities, problems and motivations. It works with the client's strengths to develop his/her potential and improve his/her functioning within the community. This perspective also recognizes the systems in which the client operates, considers the person in his/her environment and adapts treatment to address individual consumer needs. It is a perspective that focuses on the consumer's strengths and creates opportunities for the development of the client's potential for personal growth, self-esteem, and self-determination through increased independence.

The phenomenological perspective considers the life experiences and individual perspectives of the individual. Because every individual brings his/her own set of experiences, values, and perceptions, treatment should be tailored to meet his/her unique needs. The determination and prioritization of those needs is best left to the client.

The client-centered approach is similar to the phenomenological perspective because it allows for the client's self-determination. The client-centered approach

takes into account that he/she is genuinely goal directed by nature (Nicholas & Schwartz, 2001). Carl Rogers (1946) points out these characteristic aspects of the approach. 1) The client is responsible for his/her self. 2) The client is motivated towards change. In this way it allows for the empowerment of the client and contributes to his/her buy-in of the therapeutic process.

Systems theories address the impact that organizations, policies, communities, and groups have on individuals. The goal is to improve and enhance social functioning. This study looks at the impact of RDT on the severely and persistently mentally ill individual.

While the stated advantages to agencies are important, the value to the client is more significant. Agencies typically have the ways and means to initiate program studies, and do so as they perceive the need. Often agency agendas lean towards fiscal responsibility, which is appropriate to sustain services. Clients who are impacted by agency program decisions do not have those same or equivalent resources. Should they have the ability to evaluate programs, their interests would be related to benefits of treatment such as reduced recidivism rates. Phenomenological, Client-centered and

Systems theories, guided this study because they focus on interventions that are appropriate for the client. These theories consider client needs, diverse influences impacting their lives, and self-determination. The focus of this research is to address the needs of the client by looking at program outcomes whose interventions are based on client-centered theories.

Summary

Society has over the years gradually reduced supportive and therapeutic services to those dealing with mental health issues. Fiscal pressures have put a strain on all agencies providing services to those clients with severe and persistent mental illness. They have had their services reduced to medication supportive services and crisis intervention. This leaves some question as to whether or not this gap in services is counter productive to the clients' recovery.

The studies cited have looked at day treatment or outpatient services compared to inpatient services and their respective outcomes. They show that day treatment programs are at least as effective as inpatient program,

but generally clients have expressed a higher level of satisfaction with outpatient/day treatment programs.

There is a significant lack of rehabilitative specific research. A literature search for research that has explicitly looked at RDT programs, which incorporate the use of the psychosocial model, as opposed to other day treatment programs that are based on the medical model, was only marginally helpful. Many studies looked at recovery programs for substance abuse, but few studied RDT for the mentally ill. More studies are needed to demonstrate the effectiveness and fiscal soundness of programs like RDT.

CHAPTER THREE

METHODS

Introduction

Important components of the methods of this study include information on the study design, sampling, data collection/instruments, procedures, the protection of human subjects, and how the data are analyzed. The study was intended to augment the current knowledge base on the effectiveness of rehabilitative day treatment (RDT) programs for the mentally ill. As it was a follow up to a prior study, it was designed to follow nearly the same subjects over an extended time frame. In order to decrease dissimilarities, data collection methods, instrumentation, and procedures will be utilized in the same manner as the parent study. The protection and confidentiality of human subjects will be respected throughout the development of this research project. In analyzing the data, quantitative procedures will be utilized to test the hypothesis.

Study Design

This study assessed the long term effectiveness of the rehabilitative day treatment program at San

Bernardino County's Department of Mental Health (SBC/DBH), as measured by hospitalizations (frequency and duration) for the two years prior to participation in the program and the two years following participation. The findings of this study provided an evidence base for the administration to consider. The design of this study was single group, descriptive analysis of case files, with a pretest and a posttest. This design was similar to that of the previous study completed two years earlier (Gatfield, 2003). The cases were their own control group, as the study will compared two equal timeframes before and after receiving RDT services. This design was selected in the original study because there was no comparable set of participants with the same characteristics, which could be used as a control group. In order to strengthen the findings of the 2003 study, it was necessary to draw on data for a similar set of participants. The exact same dataset was not available so extraction method were used that would create a data set that nearly duplicated it.

The hypothesis of this study is that clients receiving rehabilitative day treatment services will have, over the course of the two years following the RDT

intervention, fewer psychiatric hospitalizations and spend fewer days in the hospital when hospitalization is necessary.

Sampling

This purposive sample consisted of case files for a group of 92 adults diagnosed with severe and persistent mental illness who attended RDT programs in the county of San Bernardino during a three-month period from August 1, 2002 through October 31, 2002. Any participants with a primary diagnosis of substance abuse were referred to an appropriate agency and are not included in this sample. The participants ranged from 20 to 67 years of age and have a primary Axis I diagnosis of a mental illness.

Data Collection and Instruments

The data were compiled from county records of client files. Data collected included age, gender, ethnicity, living arrangements and marital status. It will also delineated the frequency and duration of hospitalizations of the subjects over a four-year period measured at six-month intervals. This information will be taken from the county's computerized case records, utilizing their Information Services Department (ISD). ISD technicians

will extracted the research data from the computer database for the researcher. Data was compiled using a collection sheet (Appendix A) based on the collection sheet used in the Gatfield study. It was modified so as to accommodate the extended timeframe. Permission to modify and use Gatfield's instrument was attached as Appendix B.

The dependent variables in this study were frequency and duration of psychiatric hospitalizations. The subject group was a constant. This study, following a similar group of people used in the original study, tracked them over the course of four years (plus the three months subjects spent in RDT).

Independent variables included age, gender, ethnicity, living arrangements (living independently or in a board and care), and marital status. The independent variable of age was interval. The variables of gender, ethnicity, living arrangements, and marital status were nominal. The frequency and duration of psychiatric hospitalizations were ratio variables.

Procedures

Approval was needed from several groups of people, which included SBC/DBH administration, the research advisor at Cal State University of California at San Bernardino (CSUSB), and the Institutional Review Board (IRB) at CSUSB. Client permissions were obtained upon intake into DBH treatment programs. Signed permission forms that are a part of client treatment files, include permission to use their information for administrative purposes. Research is generally accepted as an appropriate form of administrative purposes. The form used for these permissions is The Consent for Outpatient Treatment and was attached as Appendix C.

Data sources to be used to track psychiatric hospitalization in this study were obtained through the Managed Care Inpatient Program computer information system, which provides information on Fee For Service (FFS) users and through the DBH information management software program, SIMON. As in the original study, only hospitalizations within San Bernardino County were considered due to the limitations of available data.

Protection of Human Subjects

To ensure that the process of collecting data for this proposed study sufficiently protects the confidentiality and anonymity of human subjects, the procedures were reviewed by the CSUSB IRB. This board scrutinizes all proposals for college approved research projects. All methods, procedures, and instruments developed for this research met their standards.

Omitting names and identifying information protected the confidentiality and anonymity participants whose case files were used. Random numbers were assigned to each subject and no personal identifiers were available to the researcher. No data was collected directly from human subjects and all personal contact was avoided.

Health Insurance Portability and Accountability ACT(HIPAA) is a federal mandate that regulates the manner in which personal health information may be used. "The HIPAA Privacy Rule establishes the conditions under which protected health information may be used or disclosed by covered entities for research purposes. Research is defined in the Privacy Rule as, "a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to

generalizable knowledge." See CFR 164.501. A covered entity may always use or disclose for research purposes health information which has been de-identified (in accordance with 45 CFR 164.502(d), and 164.514(a)-(c) of the Rule)..."(2003, p. 1). This regulation allows the use of health information in research situations where there is not enough personal information to identify the individual subjects.

Data Analysis

The data in this study were examined in the same manner as in the original study. All data was entered into the SPSS statistical processing software. It was analyzed using descriptive statistics and frequencies to measure central tendency and dispersion. Bivariate analyses (t-tests) were performed to determine which variables significantly influenced the rates of recidivism among the subjects. Quantitative analysis was used to examine the relationship between the independent and dependent variables and cross tabulation analyses was employed to evaluate relations among the variables.

Summary

This study builds upon a study completed in 2003 by Gatfield. As in her study, the effect of RDT on severely and persistently mentally ill adults was studied by measuring the frequency and duration of psychiatric hospitalizations. This study differs in that it encompassed a larger timeframe. It compared the use of psychiatric services two years prior to RDT and the two years following RDT. Like Gatfield's (2003) study, this study utilized a pretest, posttest single group design to control for differences between groups and to more easily recognize the effects of the independent variables. Quantitative analysis demonstrated the strength of the association between independent and dependent variables.

CHAPTER FOUR

RESULTS

Introduction

The dependent variables of frequency and duration of hospitalizations were compared for three time periods to include before, during, and after RDT by bivariate analyses (t-tests). The length of both before and after RDT periods was extended to twenty-four months. The previous study had analyzed data from three months before and after RDT. Cross-tabulation analyses were used to measure associations between the independent variables agency, gender, marital status, ethnicity, living arrangements, and follow-up services and the dependent variables.

Presentation of Findings

Of the 111 participants enrolled, 19 were excluded from the study because they were not in the RDT program for the specific RDT timeframe of the study (June 1, 2002 to August 31, 2002). The study sample of 92 subjects consisted of 56 males and 36 females with a mean age of 39 (sd=). Twenty-eight percent of the subjects attended the RDT program at Ujima Clinic, 25% attended Mesa

Clinic, 17% attended Rancho Clinic, 17% attended CID Clinic, and 7% attended Upland Clinic. The sample was comprised of 43% Caucasians, 15% African Americans, 28% Hispanics, 3% Asian, and 3% other. Of the 92 subjects, 58% lived in situations other than independently; with family, in a room and board, or a board and care, 21% lived independently, 9% lived with family, 2% lived in a board and care, and 1% lived in a room and board facility. Sixty percent of the sample was single, 9% were listed as unknown regarding their martial status, 9% were divorced, 7% were married, 5% were separated, and 2% were widowed.

The frequency of hospitalizations was compared for twenty-four months before, three months during, and twenty-four months post RDT. During the twenty-four months prior to starting RDT, 40% had one or more hospitalizations. During the three-month enrollment period, 13% had one or more hospitalizations. During the twenty-four month period after attendance in the RDT program, 10.9% had one or more hospitalizations. These findings were statistically significant (see Table 1).

Table 1. Comparison of Total Days of Hospitalization Prior, During, and Post Rehabilitative Day Treatment

	Number of Hospitalizations		
	Prior to RDT	During RDT	After RDT
None	55	80	82
One or More	37	12**[1,2]	10*[1,3]
Total	92	92	92

*= $p < 0.05$
*= $p < 0.001$
[1]= t-test for change from previous period
[2]= t= , df= , p=
[3]= t= , df= , p=

The number of days that participants were hospitalized was compared for twenty-four months before, three months during, and twenty-four months post RDT. During the twenty-four months prior to starting RDT, 59.8% had no days in the hospital. During the three-month enrollment period, 87% had no days in the hospital. During the twenty-four month period after attendance in the RDT program, 89.1% had no days in the hospital. During the twenty-four months prior to starting RDT, 39.1% had one to sixty days in the hospital. During the three-month enrollment period, 13% had one to sixty days in the hospital. During the twenty-four month period after attendance in the RDT program, 10.9% had one to

sixty days in the hospital. During the twenty-four months prior to starting RDT, 1.1% had more than sixty days in the hospital. During the three-month enrollment period and the twenty-four month period after attendance in the RDT program there were no participants hospitalized for more than sixty days. These findings were statistically significant (see Table 2).

Table 2. Comparison of Total Days of Hospitalization Prior, During, and Post Rehabilitative Day Treatment

	Total Days of Hospitalization		
	Prior to RDT	During RDT	After RDT
No Days	55	80	82
One to Sixty Days	36	12**[1,2]	10*[1,3]
Over Sixty Days	1	0**[1,2]	0*[1,3]
Total	92	92	92

*= $p < 0.05$
*= $p < 0.001$
[1]= t-test for change from previous period
[2]= t= , df= , p=
[3]= t= , df= , p=

Cross-tabulations verified that there was a 33.3% reduction in days of hospitalizations lasting 1-60 days for participants during RDT (from 36 to 12 participants)

and a 27.7% reduction for participants after RDT (from 36 to 10 participants). Cross-tabulations also showed that the agency attended by the participant was significant where those who attended RDT had fewer hospitalizations during treatment than they had during the twenty-four months prior. The Ujima Clinic had 100% reduction in hospitalizations; the CID Clinic had a 42.8% reduction, Upland Clinic 33.3%, Mesa clinic 30%, and Rancho Clinic 0%.

Living situations were found to be significant with the exception of those who lived in board and care facilities. Those who lived in board and care facilities did not see a reduction in hospitalizations during treatment (n=2) and the number of participants who lived in board and cares who were hospitalized prior to and after RDT remained the same (n=1).

For participants who lived in situations described as "other" 41.4% were hospitalized prior to RDT. 13.8% were hospitalized during RDT, and 8.6% were hospitalized after RDT services. For participants who lived independently 38.1% were hospitalized prior to RDT. 4.8% were hospitalized during RDT, and 9.5% were hospitalized after RDT services. For participants who lived with

family 22.2% were hospitalized prior to RDT. 11.1% were hospitalized during RDT, and 11.1% were hospitalized after RDT services. Of participants who lived in room and board facilities 100% were hospitalized prior to RDT and that participant (n=1) was not hospitalized during or after RDT services.

As in the previous study, trends were observed for most of the associations examined although they were not found to be statistically significant. Age, gender, ethnicity, marital status, and follow-up services did not significantly influence the outcomes for those participants who attended RDT. A reduction in hospitalizations was observed in these associations from prior to RDT services to hospitalizations during and after the treatment period. This reduction in hospitalizations was seen in the previous study as well. The participants who lived with family continued to have significantly lower rates of hospitalizations during and after participating in an RDT program, as identified in the prior study by Gatfield (2002) (χ^2= 11.820, df=1, p= 0.001).

Summary

In this study the living situation of the participants and rate of hospitalizations continued to show statistical significance as it did in the previous study. Persons living with family had significantly lower rates of hospitalizations when compared with those living independently, mirroring the previous study. The agency where the participant attended day treatment was also statistically significant with the Ujima Clinic participants having no hospitalizations during RDT services. Rates of hospitalization during and after RDT services continued from the previous study to this one to have significantly decreased. Age, gender, ethnicity, marital status, and follow-up services did not influence the rate of hospitalizations.

CHAPTER FIVE

DISCUSSION

Introduction

Rehabilitative Day Treatment services were shown to have a statistically significant effect in reducing hospitalizations. Additionally, persons who lived with family were found to have fewer hospitalizations than those who lived independently.

Discussion

This study supported the hypothesis that clients receiving rehabilitative day treatment services will have, in the long term, fewer psychiatric hospitalizations and spend fewer days in the hospital when a hospitalization is unavoidable. The reduction in frequency and duration of hospitalizations were found to be statistically significant in all periods measured. These findings also support the prior Gatfield (2002) study, which found that rehabilitative day treatment was significantly effective in the short-term reduction of hospitalization recidivism rates, as well as other previous studies in which day treatment programs were found to be effective in helping persons with severe and

persistent mental illness. Not only did hospitalizations decrease significantly during the RDT enrollment period when compared to pre RDT, the number of days spent in the hospital also decreased. This supports the concept that clients attending RDT have increased levels of functioning, resulting in decreased hospitalizations.

After the RDT program, there was a significant decrease in hospitalizations when compared to the enrollment period and hospitalization rates were still significantly lower than the pre-enrollment period. The decrease in hospitalizations post RDT could also be seen as a persistent lasting effect of the program over the course of twenty-four months. This strengthens the premise that RDT services have a continuing effect on dropping hospitalization rates among the severely and persistently mentally ill.

As in the Gatfield (2002) study, persons who lived with family were found to have significantly fewer hospitalizations than persons who lived independently. Married persons were also shown to have fewer hospitalizations than those not married, however, this trend could not be tested for statistical significance due to the small sample size. These findings support the

idea that family members play an important role in providing clients with social support and emotional encouragement.

The role of ethnicity was found to be not statistically significant. As in the prior Gatfield (2002) study, the results of this study indicated no significant differences in the way that Caucasians and minority populations were affected by RDT services. All groups were shown to have equally positive outcomes.

Limitations

This was a follow-up study used to measure the long-term effectiveness of RDT services. Due to its relatively small sample size, there were problems in obtaining meaningful analysis and several categories were collapsed to allow for statistical testing. Studying several different RDT episode timeframes would increase the sample size and allow meaningful analysis of these various categories. Some clinics enrolled more participants with no prior hospitalizations than others. As the study used itself as its own control group, it could not account for the effectiveness of RDT in

preventing hospitalizations where there were none prior to RDT services.

While living situation categories were found to have a significant association with the decrease in participant hospitalization, it is hard to draw conclusions from this finding. Living situations can change quickly and often and the reporting of this information may not be reliable. Clearer and more meaningful results could also be obtained by conducting ongoing research while RDT programs are operational.

Recommendations for Social Work Practice, Policy and Research

This study was a follow-up study designed to enhance a prior study showing the short term effectiveness of RDT services. It did this by measuring the effectiveness of RDT services determined by rates of recidivism. This study demonstrated the immediate and long-term effectiveness of rehabilitative day treatment programs within the County of San Bernardino, Department of Behavioral Health.

RDT programs should continue to be researched as an outpatient treatment modality for persons with severe and persistent mental illness. This research is needed to

assist those with mental illness receive the treatment needed to provide a stabile supportive environment and the skills needed to increase their level of functioning in order to live least restrictively in their community.

Social policy should continue to build up and develop the outpatient services available to this vulnerable population. As the Recovery Model is being implemented widely throughout the state of California and the nation, providing RDT for the severely, persistently mentally ill clients in the community would enhance the principles of this model. The Recovery Model suggests that clients take part in their own treatment from therapy to medication regimes. Providing more services allows clients to implement self-determination congruent with the Recovery Model as they choose the therapies that are right for them. The Ujima Clinic showed that preventative measures allowed for decreased hospitalizations including lower rates of recidivism. Social workers and policy-makers should advocate for the renewal of RDT programs in order to better serve the mentally ill in our communities.

Conclusions

Rehabilitative day treatment services were found to be effective, in both the short and long term, in reducing hospitalizations and the number of days spent in the hospital among persons who have a severe and persistent mental illness. Statistically significant decline in hospitalization rates were found in the enrollment and post-enrollment periods. Additionally, two other factors were found to have significantly reduced the frequency and duration of hospitalizations. These were living with family and the clinic where RDT services were obtained. The RDT program has immediate and long-term effectiveness in decreasing hospitalizations among persons with severe and persistent mental illness.

APPENDIX A

DATA COLLECTION INSTRUMENT

Data Collection

Case Number _____ I.D. Number _____

Agency: 1. CID _____ 2. Rancho ____ 3. Upland _____ 4. Mesa _____ 5. Ujima _____

Gender: 1. Male _____ 2. Female _____ Age _____

Ethnicity: 1. Cauc ___ 2. AA ____ 3. Hisp ___ 4.Asian ___ 5. Namer ____ 6. Other ___

Living Arrangements: 1. Independent ____ 2. Board & Care ___ 3. Room & Board ___
4. Family ___ 5. Other ___

Marital Status: 1. Single ____ 2. Married ___ 3. Divorced ____ 4. Widowed ___
5. Separated ___

24 mos before Tx: Hospitalizations _____ Days in Hosp _____

19 mos before Tx: Hospitalizations _____ Days in Hosp _____

12 mos before Tx: Hospitalizations _____ Days in Hosp _____

6 mos before Tx: Hospitalizations _____ Days in Hosp _____

Hospitalizations (During Tx) _____ Days in Hosp (During Tx) _____

6 mos after Tx: Hospitalizations _____ Days in Hosp _____

12 mos after Tx: Hospitalizations _____ Days in Hosp _____

18 mos after Tx: Hospitalizations _____ Days in Hosp _____

24 mos after Tx: Hospitalizations _____ Days in Hosp _____

Follow up services:

1. None _____ 2. Meds only_____ 3. Case Mgt_____ 4. Therapy_____ 5. > one_____

APPENDIX B

CONSENT TO USE DATA COLLECTION INSTRUMENT

I hereby give my consent to Glenna Briney to use/modify my data collection instrument in her research project at California State University San Bernardino.

Pam Gatfield

4-1-05

Pam Gatfield

Date

APPENDIX C

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH APPLICATION FOR PROJECT APPROVAL

DBH Research Application
Review and Approval Tracking Form

Project Title: **Long Term Effects of Day Treatment Participation for SPMI**

Researcher: **Glenna Brinney** Tracking No. 2005-02

Brief Description: A previous study at SBC-DBH suggested that SPMI adult clients who participate in outpatient day treatment programs may have fewer hospitalizations than similar clients who do not. However, the original study (Gatfield, 2003) was necessarily limited by time effects since the department's habilitative day treatment programs had been only recently discontinued. The proposed research will extend the post-treatment time period significantly, to provide a clearer picture of the effects of habilitative day treatment participation for SPMI clients.

Research Review Committee Findings

Chair	*Date*	*Signature*	*Recommendation*	
Keith S Harris, Ph.D.	3/23/05	Keith S Harris	☒ Approval	☐ Disapproval

COMMITTEE FINDINGS AND COMMENTS

- Researcher is a current DBH employee in a master's program in social work at CSUSB
- Proposal has met the requirements of California State University's Social Work program as a Master's Thesis
- Proposal has a faculty sponsor, Dr. McCasliin
- Research will not involve any contact with clients, but will rely exclusively on archived data
- Client PHI will be de-identified for use by researcher, and the research dataset will not leave DBH control
- There are no apparent or potential risks to clients or to client PHI
- Results of research could be beneficial to DBH for program planning purposes
- RECOMMENDATION: APPROVAL TO PROCEED WITH DEPARTMENTAL OVERSIGHT

Regional Manager	*Date*	*Signature*	*Recommendation*	
[No regions are affected]		n/a	☐ Approval	☐ Disapproval
			☐ Approval	☐ Disapproval
			☐ Approval	☐ Disapproval
			☐ Approval	☐ Disapproval

Deputy	*Date*	*Signature*	*Recommendation*	
Ralph Ortiz, Ph.D.	4/5/05	Ralph Ortiz Ph.D., MFT	☒ Approval	☐ Disapproval
			☐ Approval	☐ Disapproval

Authorization to perform the research specified in Research Application

Approving Authority	*Date*	*Signature*	*Determination*	
Carol Hughes Assistant Director, DBH	4-12-05	Carol Y Hughes	☑ Approved	☐ Disapproved

APPENDIX D

CONSENT FOR OUTPATIENT TREATMENT

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH / MENTAL HEALTH PLAN
CONSENT FOR OUTPATIENT TREATMENT

1. Outpatient services may include assessment; diagnosis; crisis intervention; individual, group, or family therapy; medication; day treatment services; training in daily living and social skills; prevocational training; and/or case management services. Outpatient services are provided by qualified professional staff members of the Department/Plan. (You may also be financially responsible for treatment planning and consultation activities which may take place without you being present.)

2. Outpatient treatment may consist of contacts between qualified professionals and clients, focusing on the presenting problem and associated feelings, possible causes of the problem and previous attempts to cope with it, and possible alternative courses of action and their consequences. The frequency and type of treatment will be planned by you and the treatment staff.

3. Consent for the use of psychotropic medications, if they are recommended by our staff, will be on another form.

4. You are expected to benefit from treatment, but there is no guarantee that you will. Maximum benefits will occur with regular attendance, but you may feel temporarily worse while in treatment.

5. You will be expected to pay (or authorize payment of) all or some part of the costs of treatment received. The amount you pay is dependent upon your ability to pay based on your income and family size. If legal action is initiated to collect your bill, you will be responsible for paying all reasonable attorney fees and court costs in addition to any judgment rendered against you.

6. Failure to keep your appointments or to follow treatment recommendations may result in your treatment being discontinued. If you cannot keep your appointment, you are expected to notify the clinic.

7. All information and records obtained in the course of treatment shall remain confidential and will not be released without your written consent except under the following conditions:

a. As specified in the HIPAA Notice of Privacy Practices which you were given;
b. You are a non-emancipated minor, ward of the court, or an LPS conservatee (in which case another person such as your parent or guardian, the court, or your conservator, can obtain all information about you here);
c. Summary data about all clients is reported to the Calif. Dept. of Mental Health, as required by them for research and tracking purposes (which includes your name and identifying information);
d. Under certain circumstances as set forth in Welfare and Institutions Code Sections 5328, which you may read upon request.

If the HIPAA confidentiality guidelines and State law are different, we will apply the one that provides your protected health information with greater protection.

8. You have the right to accept, refuse, or stop treatment at any time.

9. For the duration of treatment, I authorize San Bernardino County Department of Behavioral Health to apply for and to receive payment of medical benefits from any and all health insurance plans by which I am covered, including Medicare and related public payor programs.

10. This form informs Medi-Cal eligible individuals (including parents or guardians of Medi-Cal eligible children/adolescents) that: Acceptance and participation in the mental health system is voluntary and is not a prerequisite for access to other community services. Individuals retain the right to access other Medi-Cal reimbursable services and have the right to request a change of provider, staff person, therapist, coordinator, and/or case manager to the extent permitted by law.

I have read the above, and I agree to accept treatment, and I further agree to all conditions set forth herein. I acknowledge that I have received a copy of this agreement.

Client_____

Witness_____

Parent/Guardian/Conservator_____

Date_____

306X 8-03 white D34\txcons

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
CPRIOR * CDURING	92	100.0%	0	.0%	92	100.0%
CPRIOR * CPOST	92	100.0%	0	.0%	92	100.0%

CPRIOR * CDURING

Crosstab

Count

		CDURING		Total
		.00	1.00	
CPRIOR	1.00	29	8	37
	.00	51	4	55
Total		80	12	92

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.015[b]	1	.045		
Continuity Correction[a]	2.850	1	.091		
Likelihood Ratio	3.943	1	.047		
Fisher's Exact Test				.060	.047
Linear-by-Linear Association	3.972	1	.046		
N of Valid Cases	92				

a. Computed only for a 2x2 table

b. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.83.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.209			.045
	Cramer's V	.209			.045
Interval by Interval	Pearson's R	.209	.103	2.027	.046[c]
Ordinal by Ordinal	Spearman Correlation	.209	.103	2.027	.046[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

CPRIOR * CPOST

Crosstab

Count

		CPOST			Total
		.00	1.00	8.00	
CPRIOR	1.00	31	6		37
	.00	51	3	1	55
Total		82	9	1	92

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.490[a]	2	.175
Likelihood Ratio	3.789	2	.150
Linear-by-Linear Association	.041	1	.839
N of Valid Cases	92		

a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is .40.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.195			.175
	Cramer's V	.195			.175
Interval by Interval	Pearson's R	-.021	.081	-.202	.840[c]
Ordinal by Ordinal	Spearman Correlation	.136	.106	1.304	.196[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
CPRIORD * CDRINGD	92	100.0%	0	.0%	92	100.0%
CPRIORD * CPOSTD	92	100.0%	0	.0%	92	100.0%

CPRIORD * CDRINGD

Crosstab

			CDRINGD		Total
			.00	1.00	
CPRIORD	2.00	Count	1	0	1
		Expected Count	.9	.1	1.0
	1.00	Count	28	8	36
		Expected Count	31.3	4.7	36.0
	.00	Count	51	4	55
		Expected Count	47.8	7.2	55.0
Total		Count	80	12	92
		Expected Count	80.0	12.0	92.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.439[a]	2	.109
Likelihood Ratio	4.438	2	.109
Linear-by-Linear Association	3.324	1	.068
N of Valid Cases	92		

a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is .13.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.220			.109
	Cramer's V	.220			.109
Interval by Interval	Pearson's R	.191	.101	1.847	.068[c]
Ordinal by Ordinal	Spearman Correlation	.202	.102	1.961	.053[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

CPRIORD * CPOSTD

Crosstab

			CPOSTD		Total
			.00	1.00	
CPRIORD	2.00	Count	1	0	1
		Expected Count	.9	.1	1.0
	1.00	Count	30	6	36
		Expected Count	32.1	3.9	36.0
	.00	Count	51	4	55
		Expected Count	49.0	6.0	55.0
Total		Count	82	10	92
		Expected Count	82.0	10.0	92.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.105[a]	2	.349
Likelihood Ratio	2.145	2	.342
Linear-by-Linear Association	1.468	1	.226
N of Valid Cases	92		

a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is .11.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.151			.349
	Cramer's V	.151			.349
Interval by Interval	Pearson's R	.127	.102	1.215	.228[c]
Ordinal by Ordinal	Spearman Correlation	.136	.104	1.300	.197[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.151			.349
	Cramer's V	.151			.349
Interval by Interval	Pearson's R	.127	.102	1.215	.228[c]
Ordinal by Ordinal	Spearman Correlation	.136	.104	1.300	.197[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
LIVING * PRIOR	92	100.0%	0	.0%	92	100.0%
LIVING * PRIORD	92	100.0%	0	.0%	92	100.0%
LIVING * DURING	92	100.0%	0	.0%	92	100.0%
LIVING * DURINGD	92	100.0%	0	.0%	92	100.0%
LIVING * POST	92	100.0%	0	.0%	92	100.0%
LIVING * POSTD	92	100.0%	0	.0%	92	100.0%
AGENCY * PRIOR	92	100.0%	0	.0%	92	100.0%
AGENCY * PRIORD	92	100.0%	0	.0%	92	100.0%
AGENCY * DURING	92	100.0%	0	.0%	92	100.0%
AGENCY * DURINGD	92	100.0%	0	.0%	92	100.0%
AGENCY * POST	92	100.0%	0	.0%	92	100.0%
AGENCY * POSTD	92	100.0%	0	.0%	92	100.0%

LIVING * PRIOR

Crosstab

			PRIOR						
			.00	1.00	2.00	3.00	4.00	5.00	Total
LIVING	6.00	Count		1					1
		% within LIVING		100.0%					100.0%
		% within PRIOR		5.0%					1.1%
		% of Total		1.1%					1.1%
	Other	Count	33	14	9	1		1	58
		% within LIVING	56.9%	24.1%	15.5%	1.7%		1.7%	100.0%
		% within PRIOR	60.0%	70.0%	90.0%	25.0%		50.0%	63.0%
		% of Total	35.9%	15.2%	9.8%	1.1%		1.1%	63.0%
	Family	Count	7	1		1			9
		% within LIVING	77.8%	11.1%		11.1%			100.0%
		% within PRIOR	12.7%	5.0%		25.0%			9.8%
		% of Total	7.6%	1.1%		1.1%			9.8%
	Room and Board	Count	1						1
		% within LIVING	100.0%						100.0%
		% within PRIOR	1.8%						1.1%
		% of Total	1.1%						1.1%
	Board and Care	Count		1				1	2
		% within LIVING		50.0%				50.0%	100.0%
		% within PRIOR		5.0%				50.0%	2.2%
		% of Total		1.1%				1.1%	2.2%
	Independent	Count	14	3	1	2	1		21
		% within LIVING	66.7%	14.3%	4.8%	9.5%	4.8%		100.0%
		% within PRIOR	25.5%	15.0%	10.0%	50.0%	100.0%		22.8%
		% of Total	15.2%	3.3%	1.1%	2.2%	1.1%		22.8%
Total		Count	55	20	10	4	1	2	92
		% within LIVING	59.8%	21.7%	10.9%	4.3%	1.1%	2.2%	100.0%
		% within PRIOR	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	59.8%	21.7%	10.9%	4.3%	1.1%	2.2%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	39.520[a]	25	.033
Likelihood Ratio	24.968	25	.464
Linear-by-Linear Association	.263	1	.608
N of Valid Cases	92		

a. 31 cells (86.1%) have expected count less than 5. The minimum expected count is .01.

Symmetric Measures

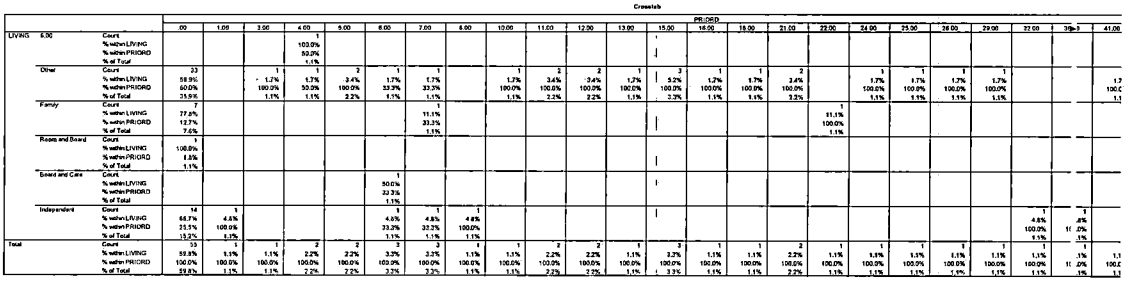
		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.655			.033
	Cramer's V	.293			.033
Interval by Interval	Pearson's R	-.054	.113	-.510	.611[c]
Ordinal by Ordinal	Spearman Correlation	.066	.107	.626	.533[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

LIVING * PRIORD



Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	148.334[a]	130	.130
Likelihood Ratio	65.948	130	1.000
Linear-by-Linear Association	.001	1	.970
N of Valid Cases	92		

a. 159 cells (98.1%) have expected count less than 5. The minimum expected count is .01.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	1.270			.130
	Cramer's V	.568			.130
Interval by Interval	Pearson's R	-.004	.109	-.038	.970[c]
Ordinal by Ordinal	Spearman Correlation	.092	.103	.877	.383[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

LIVING * DURING

Crosstab

			DURING			
			.00	1.00	2.00	Total
LIVING	6.00	Count	1			1
		% within LIVING	100.0%			100.0%
		% within DURING	1.3%			1.1%
		% of Total	1.1%			1.1%
	Other	Count	50	6	2	58
		% within LIVING	86.2%	10.3%	3.4%	100.0%
		% within DURING	62.5%	66.7%	66.7%	63.0%
		% of Total	54.3%	6.5%	2.2%	63.0%
	Family	Count	8	1		9
		% within LIVING	88.9%	11.1%		100.0%
		% within DURING	10.0%	11.1%		9.8%
		% of Total	8.7%	1.1%		9.8%
	Room and Board	Count	1			1
		% within LIVING	100.0%			100.0%
		% within DURING	1.3%			1.1%
		% of Total	1.1%			1.1%
	Board and Care	Count		1	1	2
		% within LIVING		50.0%	50.0%	100.0%
		% within DURING		11.1%	33.3%	2.2%
		% of Total		1.1%	1.1%	2.2%
	Independent	Count	20	1		21
		% within LIVING	95.2%	4.8%		100.0%
		% within DURING	25.0%	11.1%		22.8%
		% of Total	21.7%	1.1%		22.8%
Total		Count	80	9	3	92
		% within LIVING	87.0%	9.8%	3.3%	100.0%
		% within DURING	100.0%	100.0%	100.0%	100.0%
		% of Total	87.0%	9.8%	3.3%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	20.478[a]	10	.025
Likelihood Ratio	12.116	10	.277
Linear-by-Linear Association	.100	1	.751
N of Valid Cases	92		

a. 14 cells (77.8%) have expected count less than 5. The minimum expected count is .03.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.472			.025
	Cramer's V	.334			.025
Interval by Interval	Pearson's R	.033	.091	.315	.753[c]
Ordinal by Ordinal	Spearman Correlation	.038	.093	.364	.716[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

LIVING * DURINGD

Crosstab

			DURINGD									Total
			.00	1.00	3.00	4.00	6.00	7.00	9.00	20.00	23.00	
LIVING	6.00	Count	1									1
		% within LIVING	100.0%									100.0%
		% within DURINGD	1.3%									1.1%
		% of Total	1.1%									1.1%
	Other	Count	50		2	3	1	1	1			58
		% within LIVING	86.2%		3.4%	5.2%	1.7%	1.7%	1.7%			100.0%
		% within DURINGD	62.5%		100.0%	100.0%	100.0%	100.0%	50.0%			63.0%
		% of Total	54.3%		2.2%	3.3%	1.1%	1.1%	1.1%			63.0%
	Family	Count	8							1		9
		% within LIVING	88.9%							11.1%		100.0%
		% within DURINGD	10.0%							100.0%		9.8%
		% of Total	8.7%							1.1%		9.8%
	Room and Board	Count	1									1
		% within LIVING	100.0%									100.0%
		% within DURINGD	1.3%									1.1%
		% of Total	1.1%									1.1%
	Board and Care	Count							1		1	2
		% within LIVING							50.0%		50.0%	100.0%
		% within DURINGD							50.0%		100.0%	2.2%
		% of Total							1.1%		1.1%	2.2%
	Independent	Count	20	1								21
		% within LIVING	95.2%	4.8%								100.0%
		% within DURINGD	25.0%	100.0%								22.8%
		% of Total	21.7%	1.1%								22.8%
Total		Count	80	1	2	3	1	1	2	1	1	92
		% within LIVING	87.0%	1.1%	2.2%	3.3%	1.1%	1.1%	2.2%	1.1%	1.1%	100.0%
		% within DURINGD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	87.0%	1.1%	2.2%	3.3%	1.1%	1.1%	2.2%	1.1%	1.1%	100.0%

Crosstab

			DURINGD									Total
			.00	1.00	3.00	4.00	6.00	7.00	9.00	20.00	23.00	
LIVING	6.00	Count	1									1
		% within LIVING	100.0%									100.0%
		% within DURINGD	1.3%									1.1%
		% of Total	1.1%									1.1%
	Other	Count	50		2	3	1	1	1			58
		% within LIVING	86.2%		3.4%	5.2%	1.7%	1.7%	1.7%			100.0%
		% within DURINGD	62.5%		100.0%	100.0%	100.0%	100.0%	50.0%			63.0%
		% of Total	54.3%		2.2%	3.3%	1.1%	1.1%	1.1%			63.0%
	Family	Count	8							1		9
		% within LIVING	88.9%							11.1%		100.0%
		% within DURINGD	10.0%							100.0%		9.8%
		% of Total	8.7%							1.1%		9.8%
	Room and Board	Count	1									1
		% within LIVING	100.0%									100.0%
		% within DURINGD	1.3%									1.1%
		% of Total	1.1%									1.1%
	Board and Care	Count							1		1	2
		% within LIVING							50.0%		50.0%	100.0%
		% within DURINGD							50.0%		100.0%	2.2%
		% of Total							1.1%		1.1%	2.2%
	Independent	Count	20	1								21
		% within LIVING	95.2%	4.8%								100.0%
		% within DURINGD	25.0%	100.0%								22.8%
		% of Total	21.7%	1.1%								22.8%
Total		Count	80	1	2	3	1	1	2	1	1	92
		% within LIVING	87.0%	1.1%	2.2%	3.3%	1.1%	1.1%	2.2%	1.1%	1.1%	100.0%
		% within DURINGD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	87.0%	1.1%	2.2%	3.3%	1.1%	1.1%	2.2%	1.1%	1.1%	100.0%

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.964			.000
	Cramer's V	.431			.000
Interval by Interval	Pearson's R	-.035	.085	-.329	.743[c]
Ordinal by Ordinal	Spearman Correlation	.032	.093	.301	.764[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

LIVING * POST

Crosstab

			POST				
			.00	1.00	2.00	8.00	Total
LIVING	6.00	Count	1				1
		% within LIVING	100.0%				100.0%
		% within POST	1.2%				1.1%
		% of Total	1.1%				1.1%
	Other	Count	53	4		1	58
		% within LIVING	91.4%	6.9%		1.7%	100.0%
		% within POST	64.6%	50.0%		100.0%	63.0%
		% of Total	57.6%	4.3%		1.1%	63.0%
	Family	Count	8	1			9
		% within LIVING	88.9%	11.1%			100.0%
		% within POST	9.8%	12.5%			9.8%
		% of Total	8.7%	1.1%			9.8%
	Room and Board	Count		1			1
		% within LIVING		100.0%			100.0%
		% within POST		12.5%			1.1%
		% of Total		1.1%			1.1%
	Board and Care	Count	1	1			2
		% within LIVING	50.0%	50.0%			100.0%
		% within POST	1.2%	12.5%			2.2%
		% of Total	1.1%	1.1%			2.2%
	Independent	Count	19	1	1		21
		% within LIVING	90.5%	4.8%	4.8%		100.0%
		% within POST	23.2%	12.5%	100.0%		22.8%
		% of Total	20.7%	1.1%	1.1%		22.8%
Total		Count	82	8	1	1	92
		% within LIVING	89.1%	8.7%	1.1%	1.1%	100.0%
		% within POST	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	89.1%	8.7%	1.1%	1.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.500[a]	15	.192
Likelihood Ratio	11.933	15	.684
Linear-by-Linear Association	.012	1	.913
N of Valid Cases	92		

a. 20 cells (83.3%) have expected count less than 5. The minimum expected count is .01.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.460			.192
	Cramer's V	.266			.192
Interval by Interval	Pearson's R	.011	.076	.108	.914[c]
Ordinal by Ordinal	Spearman Correlation	-.085	.103	-.807	.422[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

LIVING * POSTD

Crosstab

			POSTD										
			.00	1.00	2.00	3.00	4.00	6.00	13.00	18.00	39.00	57.00	Total
LIVING	6.00	Count	1										1
		% within LIVING	100.0%										100.0%
		% within POSTD	1.2%										1.1%
		% of Total	1.1%										1.1%
	Other	Count	53		1		1		1	1		1	58
		% within LIVING	91.4%		1.7%		1.7%		1.7%	1.7%		1.7%	100.0%
		% within POSTD	64.6%		100.0%		100.0%		100.0%	100.0%		100.0%	63.0%
		% of Total	57.6%		1.1%		1.1%		1.1%	1.1%		1.1%	63.0%
	Family	Count	8					1					9
		% within LIVING	88.9%					11.1%					100.0%
		% within POSTD	9.8%					100.0%					9.8%
		% of Total	8.7%					1.1%					9.8%
	Room and Board	Count		1									1
		% within LIVING		100.0%									100.0%
		% within POSTD		50.0%									1.1%
		% of Total		1.1%									1.1%
	Board and Care	Count	1			1							2
		% within LIVING	50.0%			50.0%							100.0%
		% within POSTD	1.2%			100.0%							2.2%
		% of Total	1.1%			1.1%							2.2%
	Independent	Count	19	1							1		21
		% within LIVING	90.5%	4.8%							4.8%		100.0%
		% within POSTD	23.2%	50.0%							100.0%		22.8%
		% of Total	20.7%	1.1%							1.1%		22.8%
Total		Count	82	2	1	1	1	1	1	1	1	1	92
		% within LIVING	89.1%	2.2%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	100.0%
		% within POSTD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	89.1%	2.2%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	108.010[a]	45	.000
Likelihood Ratio	31.341	45	.939
Linear-by-Linear Association	.029	1	.865
N of Valid Cases	92		

a. 57 cells (95.0%) have expected count less than 5. The minimum expected count is .01.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	1.084			.000
	Cramer's V	.485			.000
Interval by Interval	Pearson's R	-.018	.113	-.169	.866[c]
Ordinal by Ordinal	Spearman Correlation	-.077	.102	-.730	.468[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

AGENCY * PRIOR

Crosstab

			PRIOR						
			.00	1.00	2.00	3.00	4.00	5.00	Total
AGENCY	Ujima	Count	14	6	4		1	1	26
		% within AGENCY	53.8%	23.1%	15.4%		3.8%	3.8%	100.0%
		% within PRIOR	25.5%	30.0%	40.0%		100.0%	50.0%	28.3%
		% of Total	15.2%	6.5%	4.3%		1.1%	1.1%	28.3%
	Mesa	Count	15	4	2	4			25
		% within AGENCY	60.0%	16.0%	8.0%	16.0%			100.0%
		% within PRIOR	27.3%	20.0%	20.0%	100.0%			27.2%
		% of Total	16.3%	4.3%	2.2%	4.3%			27.2%
	Upland	Count	4	3					7
		% within AGENCY	57.1%	42.9%					100.0%
		% within PRIOR	7.3%	15.0%					7.6%
		% of Total	4.3%	3.3%					7.6%
	Rancho	Count	12	2	3				17
		% within AGENCY	70.6%	11.8%	17.6%				100.0%
		% within PRIOR	21.8%	10.0%	30.0%				18.5%
		% of Total	13.0%	2.2%	3.3%				18.5%
	CID	Count	10	5	1			1	17
		% within AGENCY	58.8%	29.4%	5.9%			5.9%	100.0%
		% within PRIOR	18.2%	25.0%	10.0%			50.0%	18.5%
		% of Total	10.9%	5.4%	1.1%			1.1%	18.5%
Total		Count	55	20	10	4	1	2	92
		% within AGENCY	59.8%	21.7%	10.9%	4.3%	1.1%	2.2%	100.0%
		% within PRIOR	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	59.8%	21.7%	10.9%	4.3%	1.1%	2.2%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.850[a]	20	.349
Likelihood Ratio	22.702	20	.304
Linear-by-Linear Association	.905	1	.342
N of Valid Cases	92		

a. 24 cells (80.0%) have expected count less than 5. The minimum expected count is .08.

Symmetric Measures

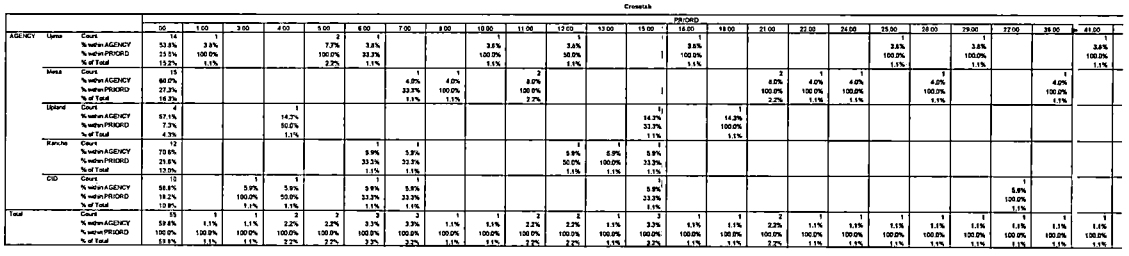
		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.487			.349
	Cramer's V	.244			.349
Interval by Interval	Pearson's R	.100	.111	.951	.344[c]
Ordinal by Ordinal	Spearman Correlation	.092	.103	.874	.385[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

AGENCY * PRIORD



Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	98.154[a]	104	.643
Likelihood Ratio	87.531	104	.877
Linear-by-Linear Association	1.879	1	.170
N of Valid Cases	92		

a. 131 cells (97.0%) have expected count less than 5. The minimum expected count is .08.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	1.033			.643
	Cramer's V	.516			.643
Interval by Interval	Pearson's R	.144	.105	1.378	.172[c]
Ordinal by Ordinal	Spearman Correlation	.099	.104	.947	.346[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

AGENCY * DURING

Crosstab

			DURING			
			.00	1.00	2.00	Total
AGENCY	Ujima	Count	26			26
		% within AGENCY	100.0%			100.0%
		% within DURING	32.5%			28.3%
		% of Total	28.3%			28.3%
	Mesa	Count	22	3		25
		% within AGENCY	88.0%	12.0%		100.0%
		% within DURING	27.5%	33.3%		27.2%
		% of Total	23.9%	3.3%		27.2%
	Upland	Count	6		1	7
		% within AGENCY	85.7%		14.3%	100.0%
		% within DURING	7.5%		33.3%	7.6%
		% of Total	6.5%		1.1%	7.6%
	Rancho	Count	12	5		17
		% within AGENCY	70.6%	29.4%		100.0%
		% within DURING	15.0%	55.6%		18.5%
		% of Total	13.0%	5.4%		18.5%
	CID	Count	14	1	2	17
		% within AGENCY	82.4%	5.9%	11.8%	100.0%
		% within DURING	17.5%	11.1%	66.7%	18.5%
		% of Total	15.2%	1.1%	2.2%	18.5%
Total		Count	80	9	3	92
		% within AGENCY	87.0%	9.8%	3.3%	100.0%
		% within DURING	100.0%	100.0%	100.0%	100.0%
		% of Total	87.0%	9.8%	3.3%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.989[a]	8	.010
Likelihood Ratio	20.395	8	.009
Linear-by-Linear Association	6.259	1	.012
N of Valid Cases	92		

a. 10 cells (66.7%) have expected count less than 5. The minimum expected count is .23.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.466			.010
	Cramer's V	.330			.010
Interval by Interval	Pearson's R	-.262	.084	-2.578	.012[c]
Ordinal by Ordinal	Spearman Correlation	-.256	.078	-2.516	.014[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

AGENCY * DURINGD

Crosstab

			DURINGD									Total
			.00	1.00	3.00	4.00	6.00	7.00	9.00	20.00	23.00	
AGENCY	Ujima	Count	26									26
		% within AGENCY	100.0%									100.0%
		% within DURINGD	32.5%									28.3%
		% of Total	28.3%									28.3%
	Mesa	Count	22		1	2						25
		% within AGENCY	88.0%		4.0%	8.0%						100.0%
		% within DURINGD	27.5%		50.0%	66.7%						27.2%
		% of Total	23.9%		1.1%	2.2%						27.2%
	Upland	Count	6						1			7
		% within AGENCY	85.7%						14.3%			100.0%
		% within DURINGD	7.5%						50.0%			7.6%
		% of Total	6.5%						1.1%			7.6%
	Rancho	Count	12	1	1		1	1		1		17
		% within AGENCY	70.6%	5.9%	5.9%		5.9%	5.9%		5.9%		100.0%
		% within DURINGD	15.0%	100.0%	50.0%		100.0%	100.0%		100.0%		18.5%
		% of Total	13.0%	1.1%	1.1%		1.1%	1.1%		1.1%		18.5%
	CID	Count	14			1			1		1	17
		% within AGENCY	82.4%			5.9%			5.9%		5.9%	100.0%
		% within DURINGD	17.5%			33.3%			50.0%		100.0%	18.5%
		% of Total	15.2%			1.1%			1.1%		1.1%	18.5%
Total		Count	80	1	2	3	1	1	2	1	1	92
		% within AGENCY	87.0%	1.1%	2.2%	3.3%	1.1%	1.1%	2.2%	1.1%	1.1%	100.0%
		% within DURINGD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	87.0%	1.1%	2.2%	3.3%	1.1%	1.1%	2.2%	1.1%	1.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	36.671[a]	32	.261
Likelihood Ratio	31.714	32	.481
Linear-by-Linear Association	5.920	1	.015
N of Valid Cases	92		

a. 40 cells (88.9%) have expected count less than 5. The minimum expected count is .08.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.631			.261
	Cramer's V	.316			.261
Interval by Interval	Pearson's R	-.255	.067	-2.502	.014[c]
Ordinal by Ordinal	Spearman Correlation	-.258	.077	-2.535	.013[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

AGENCY * POST

Crosstab

			POST				
			.00	1.00	2.00	8.00	Total
AGENCY	Ujima	Count	24	1	1		26
		% within AGENCY	92.3%	3.8%	3.8%		100.0%
		% within POST	29.3%	12.5%	100.0%		28.3%
		% of Total	26.1%	1.1%	1.1%		28.3%
	Mesa	Count	21	4			25
		% within AGENCY	84.0%	16.0%			100.0%
		% within POST	25.6%	50.0%			27.2%
		% of Total	22.8%	4.3%			27.2%
	Upland	Count	7				7
		% within AGENCY	100.0%				100.0%
		% within POST	8.5%				7.6%
		% of Total	7.6%				7.6%
	Rancho	Count	15	1		1	17
		% within AGENCY	88.2%	5.9%		5.9%	100.0%
		% within POST	18.3%	12.5%		100.0%	18.5%
		% of Total	16.3%	1.1%		1.1%	18.5%
	CID	Count	15	2			17
		% within AGENCY	88.2%	11.8%			100.0%
		% within POST	18.3%	25.0%			18.5%
		% of Total	16.3%	2.2%			18.5%
Total		Count	82	8	1	1	92
		% within AGENCY	89.1%	8.7%	1.1%	1.1%	100.0%
		% within POST	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	89.1%	8.7%	1.1%	1.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.334[a]	12	.587
Likelihood Ratio	9.775	12	.636
Linear-by-Linear Association	.397	1	.528
N of Valid Cases	92		

a. 15 cells (75.0%) have expected count less than 5. The minimum expected count is .08.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.335			.587
	Cramer's V	.193			.587
Interval by Interval	Pearson's R	-.066	.070	-.628	.531[c]
Ordinal by Ordinal	Spearman Correlation	-.025	.100	-.241	.810[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

AGENCY * POSTD

Crosstab

			POSTD										
			.00	1.00	2.00	3.00	4.00	6.00	13.00	18.00	39.00	57.00	Total
AGENCY	Ujima	Count	24				1				1		26
		% within AGENCY	92.3%				3.8%				3.8%		100.0%
		% within POSTD	29.3%				100.0%				100.0%		28.3%
		% of Total	26.1%				1.1%				1.1%		28.3%
	Mesa	Count	21	2	1				1				25
		% within AGENCY	84.0%	8.0%	4.0%				4.0%				100.0%
		% within POSTD	25.6%	100.0%	100.0%				100.0%				27.2%
		% of Total	22.8%	2.2%	1.1%				1.1%				27.2%
	Upland	Count	7										7
		% within AGENCY	100.0%										100.0%
		% within POSTD	8.5%										7.6%
		% of Total	7.6%										7.6%
	Rancho	Count	15					1				1	17
		% within AGENCY	88.2%					5.9%				5.9%	100.0%
		% within POSTD	18.3%					100.0%				100.0%	18.5%
		% of Total	16.3%					1.1%				1.1%	18.5%
	CID	Count	15			1				1			17
		% within AGENCY	88.2%			5.9%				5.9%			100.0%
		% within POSTD	18.3%			100.0%				100.0%			18.5%
		% of Total	16.3%			1.1%				1.1%			18.5%
Total		Count	82	2	1	1	1	1	1	1	1	1	92
		% within AGENCY	89.1%	2.2%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	100.0%
		% within POSTD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	89.1%	2.2%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	33.643[a]	36	.581
Likelihood Ratio	29.183	36	.782
Linear-by-Linear Association	.157	1	.692
N of Valid Cases	92		

a. 45 cells (90.0%) have expected count less than 5. The minimum expected count is .08.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.605			.581
	Cramer's V	.302			.581
Interval by Interval	Pearson's R	-.042	.099	-.395	.694[c]
Ordinal by Ordinal	Spearman Correlation	-.030	.102	-.287	.775[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
LIVING * PRIOR	92	100.0%	0	.0%	92	100.0%
LIVING * PRIORD	92	100.0%	0	.0%	92	100.0%
LIVING * DURING	92	100.0%	0	.0%	92	100.0%
LIVING * DURINGD	92	100.0%	0	.0%	92	100.0%
LIVING * POST	92	100.0%	0	.0%	92	100.0%
LIVING * POSTD	92	100.0%	0	.0%	92	100.0%
AGENCY * PRIOR	92	100.0%	0	.0%	92	100.0%
AGENCY * PRIORD	92	100.0%	0	.0%	92	100.0%
AGENCY * DURING	92	100.0%	0	.0%	92	100.0%
AGENCY * DURINGD	92	100.0%	0	.0%	92	100.0%
AGENCY * POST	92	100.0%	0	.0%	92	100.0%
AGENCY * POSTD	92	100.0%	0	.0%	92	100.0%

LIVING * PRIOR

Crosstab

			PRIOR						
			.00	1.00	2.00	3.00	4.00	5.00	Total
LIVING	6.00	Count		1					1
		% within LIVING		100.0%					100.0%
		% within PRIOR		5.0%					1.1%
		% of Total		1.1%					1.1%
	Other	Count	33	14	9	1		1	58
		% within LIVING	56.9%	24.1%	15.5%	1.7%		1.7%	100.0%
		% within PRIOR	60.0%	70.0%	90.0%	25.0%		50.0%	63.0%
		% of Total	35.9%	15.2%	9.8%	1.1%		1.1%	63.0%
	Family	Count	7	1		1			9
		% within LIVING	77.8%	11.1%		11.1%			100.0%
		% within PRIOR	12.7%	5.0%		25.0%			9.8%
		% of Total	7.6%	1.1%		1.1%			9.8%
	Room and Board	Count	1						1
		% within LIVING	100.0%						100.0%
		% within PRIOR	1.8%						1.1%
		% of Total	1.1%						1.1%
	Board and Care	Count		1				1	2
		% within LIVING		50.0%				50.0%	100.0%
		% within PRIOR		5.0%				50.0%	2.2%
		% of Total		1.1%				1.1%	2.2%
	Independent	Count	14	3	1	2	1		21
		% within LIVING	66.7%	14.3%	4.8%	9.5%	4.8%		100.0%
		% within PRIOR	25.5%	15.0%	10.0%	50.0%	100.0%		22.8%
		% of Total	15.2%	3.3%	1.1%	2.2%	1.1%		22.8%
Total		Count	55	20	10	4	1	2	92
		% within LIVING	59.8%	21.7%	10.9%	4.3%	1.1%	2.2%	100.0%
		% within PRIOR	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	59.8%	21.7%	10.9%	4.3%	1.1%	2.2%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	39.520[a]	25	.033
Likelihood Ratio	24.968	25	.464
Linear-by-Linear Association	.263	1	.608
N of Valid Cases	92		

a. 31 cells (86.1%) have expected count less than 5. The minimum expected count is .01.

Symmetric Measures

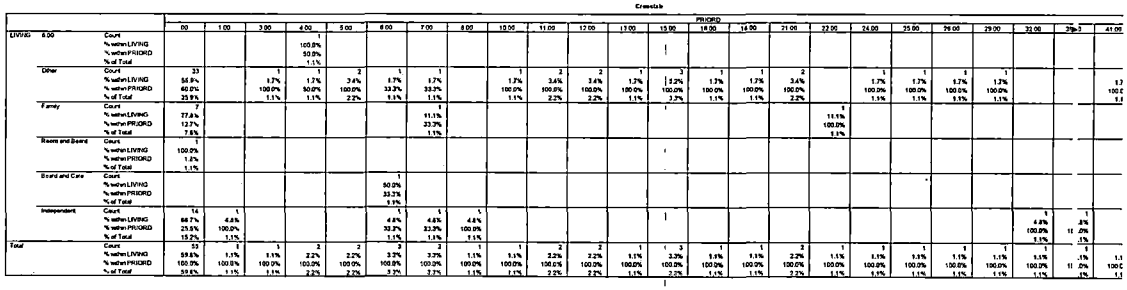
		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.655			.033
	Cramer's V	.293			.033
Interval by Interval	Pearson's R	-.054	.113	-.510	.611[c]
Ordinal by Ordinal	Spearman Correlation	.066	.107	.626	.533[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

LIVING * PRIORD



Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	148.334[a]	130	.130
Likelihood Ratio	65.948	130	1.000
Linear-by-Linear Association	.001	1	.970
N of Valid Cases	92		

a. 159 cells (98.1%) have expected count less than 5. The minimum expected count is .01.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	1.270			.130
	Cramer's V	.568			.130
Interval by Interval	Pearson's R	-.004	.109	-.038	.970[c]
Ordinal by Ordinal	Spearman Correlation	.092	.103	.877	.383[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

LIVING * DURING

Crosstab

			DURING			
			.00	1.00	2.00	Total
LIVING	6.00	Count	1			1
		% within LIVING	100.0%			100.0%
		% within DURING	1.3%			1.1%
		% of Total	1.1%			1.1%
	Other	Count	50	6	2	58
		% within LIVING	86.2%	10.3%	3.4%	100.0%
		% within DURING	62.5%	66.7%	66.7%	63.0%
		% of Total	54.3%	6.5%	2.2%	63.0%
	Family	Count	8	1		9
		% within LIVING	88.9%	11.1%		100.0%
		% within DURING	10.0%	11.1%		9.8%
		% of Total	8.7%	1.1%		9.8%
	Room and Board	Count	1			1
		% within LIVING	100.0%			100.0%
		% within DURING	1.3%			1.1%
		% of Total	1.1%			1.1%
	Board and Care	Count		1	1	2
		% within LIVING		50.0%	50.0%	100.0%
		% within DURING		11.1%	33.3%	2.2%
		% of Total		1.1%	1.1%	2.2%
	Independent	Count	20	1		21
		% within LIVING	95.2%	4.8%		100.0%
		% within DURING	25.0%	11.1%		22.8%
		% of Total	21.7%	1.1%		22.8%
Total		Count	80	9	3	92
		% within LIVING	87.0%	9.8%	3.3%	100.0%
		% within DURING	100.0%	100.0%	100.0%	100.0%
		% of Total	87.0%	9.8%	3.3%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	20.478[a]	10	.025
Likelihood Ratio	12.116	10	.277
Linear-by-Linear Association	.100	1	.751
N of Valid Cases	92		

a. 14 cells (77.8%) have expected count less than 5. The minimum expected count is .03.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.472			.025
	Cramer's V	.334			.025
Interval by Interval	Pearson's R	.033	.091	.315	.753[c]
Ordinal by Ordinal	Spearman Correlation	.038	.093	.364	.716[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

LIVING * DURINGD

Crosstab

			DURINGD									
			.00	1.00	3.00	4.00	6.00	7.00	9.00	20.00	23.00	Total
LIVING	6.00	Count	1									1
		% within LIVING	100.0%									100.0%
		% within DURINGD	1.3%									1.1%
		% of Total	1.1%									1.1%
	Other	Count	50		2	3	1	1	1			58
		% within LIVING	86.2%		3.4%	5.2%	1.7%	1.7%	1.7%			100.0%
		% within DURINGD	62.5%		100.0%	100.0%	100.0%	100.0%	50.0%			63.0%
		% of Total	54.3%		2.2%	3.3%	1.1%	1.1%	1.1%			63.0%
	Family	Count	8							1		9
		% within LIVING	88.9%							11.1%		100.0%
		% within DURINGD	10.0%							100.0%		9.8%
		% of Total	8.7%							1.1%		9.8%
	Room and Board	Count	1									1
		% within LIVING	100.0%									100.0%
		% within DURINGD	1.3%									1.1%
		% of Total	1.1%									1.1%
	Board and Care	Count							1		1	2
		% within LIVING							50.0%		50.0%	100.0%
		% within DURINGD							50.0%		100.0%	2.2%
		% of Total							1.1%		1.1%	2.2%
	Independent	Count	20	1								21
		% within LIVING	95.2%	4.8%								100.0%
		% within DURINGD	25.0%	100.0%								22.8%
		% of Total	21.7%	1.1%								22.8%
Total		Count	80	1	2	3	1	1	2	1	1	92
		% within LIVING	87.0%	1.1%	2.2%	3.3%	1.1%	1.1%	2.2%	1.1%	1.1%	100.0%
		% within DURINGD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	87.0%	1.1%	2.2%	3.3%	1.1%	1.1%	2.2%	1.1%	1.1%	100.0%

Crosstab

			DURINGD									Total
			.00	1.00	3.00	4.00	6.00	7.00	9.00	20.00	23.00	
LIVING	6.00	Count	1									1
		% within LIVING	100.0%									100.0%
		% within DURINGD	1.3%									1.1%
		% of Total	1.1%									1.1%
	Other	Count	50		2	3	1	1	1			58
		% within LIVING	86.2%		3.4%	5.2%	1.7%	1.7%	1.7%			100.0%
		% within DURINGD	62.5%		100.0%	100.0%	100.0%	100.0%	50.0%			63.0%
		% of Total	54.3%		2.2%	3.3%	1.1%	1.1%	1.1%			63.0%
	Family	Count	8							1		9
		% within LIVING	88.9%							11.1%		100.0%
		% within DURINGD	10.0%							100.0%		9.8%
		% of Total	8.7%							1.1%		9.8%
	Room and Board	Count	1									1
		% within LIVING	100.0%									100.0%
		% within DURINGD	1.3%									1.1%
		% of Total	1.1%									1.1%
	Board and Care	Count							1		1	2
		% within LIVING							50.0%		50.0%	100.0%
		% within DURINGD							50.0%		100.0%	2.2%
		% of Total							1.1%		1.1%	2.2%
	Independent	Count	20	1								21
		% within LIVING	95.2%	4.8%								100.0%
		% within DURINGD	25.0%	100.0%								22.8%
		% of Total	21.7%	1.1%								22.8%
Total		Count	80	1	2	3	1	1	2	1	1	92
		% within LIVING	87.0%	1.1%	2.2%	3.3%	1.1%	1.1%	2.2%	1.1%	1.1%	100.0%
		% within DURINGD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	87.0%	1.1%	2.2%	3.3%	1.1%	1.1%	2.2%	1.1%	1.1%	100.0%

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.964			.000
	Cramer's V	.431			.000
Interval by Interval	Pearson's R	-.035	.085	-.329	.743[c]
Ordinal by Ordinal	Spearman Correlation	.032	.093	.301	.764[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

LIVING * POST

Crosstab

			POST				
			.00	1.00	2.00	8.00	Total
LIVING	6.00	Count	1				1
		% within LIVING	100.0%				100.0%
		% within POST	1.2%				1.1%
		% of Total	1.1%				1.1%
	Other	Count	53	4		1	58
		% within LIVING	91.4%	6.9%		1.7%	100.0%
		% within POST	64.6%	50.0%		100.0%	63.0%
		% of Total	57.6%	4.3%		1.1%	63.0%
	Family	Count	8	1			9
		% within LIVING	88.9%	11.1%			100.0%
		% within POST	9.8%	12.5%			9.8%
		% of Total	8.7%	1.1%			9.8%
	Room and Board	Count		1			1
		% within LIVING		100.0%			100.0%
		% within POST		12.5%			1.1%
		% of Total		1.1%			1.1%
	Board and Care	Count	1	1			2
		% within LIVING	50.0%	50.0%			100.0%
		% within POST	1.2%	12.5%			2.2%
		% of Total	1.1%	1.1%			2.2%
	Independent	Count	19	1	1		21
		% within LIVING	90.5%	4.8%	4.8%		100.0%
		% within POST	23.2%	12.5%	100.0%		22.8%
		% of Total	20.7%	1.1%	1.1%		22.8%
Total		Count	82	8	1	1	92
		% within LIVING	89.1%	8.7%	1.1%	1.1%	100.0%
		% within POST	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	89.1%	8.7%	1.1%	1.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.500[a]	15	.192
Likelihood Ratio	11.933	15	.684
Linear-by-Linear Association	.012	1	.913
N of Valid Cases	92		

a. 20 cells (83.3%) have expected count less than 5. The minimum expected count is .01.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.460			.192
	Cramer's V	.266			.192
Interval by Interval	Pearson's R	.011	.076	.108	.914[c]
Ordinal by Ordinal	Spearman Correlation	-.085	.103	-.807	.422[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

LIVING * POSTD

Crosstab

			POSTD										
			.00	1.00	2.00	3.00	4.00	6.00	13.00	18.00	39.00	57.00	Total
LIVING	6.00	Count	1										1
		% within LIVING	100.0%										100.0%
		% within POSTD	1.2%										1.1%
		% of Total	1.1%										1.1%
	Other	Count	53		1		1		1	1		1	58
		% within LIVING	91.4%		1.7%		1.7%		1.7%	1.7%		1.7%	100.0%
		% within POSTD	64.6%		100.0%		100.0%		100.0%	100.0%		100.0%	63.0%
		% of Total	57.6%		1.1%		1.1%		1.1%	1.1%		1.1%	63.0%
	Family	Count	8					1					9
		% within LIVING	88.9%					11.1%					100.0%
		% within POSTD	9.8%					100.0%					9.8%
		% of Total	8.7%					1.1%					9.8%
	Room and Board	Count		1									1
		% within LIVING		100.0%									100.0%
		% within POSTD		50.0%									1.1%
		% of Total		1.1%									1.1%
	Board and Care	Count	1			1							2
		% within LIVING	50.0%			50.0%							100.0%
		% within POSTD	1.2%			100.0%							2.2%
		% of Total	1.1%			1.1%							2.2%
	Independent	Count	19	1							1		21
		% within LIVING	90.5%	4.8%							4.8%		100.0%
		% within POSTD	23.2%	50.0%							100.0%		22.8%
		% of Total	20.7%	1.1%							1.1%		22.8%
Total		Count	82	2	1	1	1	1	1	1	1	1	92
		% within LIVING	89.1%	2.2%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	100.0%
		% within POSTD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	89.1%	2.2%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	108.010[a]	45	.000
Likelihood Ratio	31.341	45	.939
Linear-by-Linear Association	.029	1	.865
N of Valid Cases	92		

a. 57 cells (95.0%) have expected count less than 5. The minimum expected count is .01.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	1.084			.000
	Cramer's V	.485			.000
Interval by Interval	Pearson's R	-.018	.113	-.169	.866[c]
Ordinal by Ordinal	Spearman Correlation	-.077	.102	-.730	.468[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

AGENCY * PRIOR

Crosstab

			PRIOR						Total
			.00	1.00	2.00	3.00	4.00	5.00	
AGENCY	Ujima	Count	14	6	4		1	1	26
		% within AGENCY	53.8%	23.1%	15.4%		3.8%	3.8%	100.0%
		% within PRIOR	25.5%	30.0%	40.0%		100.0%	50.0%	28.3%
		% of Total	15.2%	6.5%	4.3%		1.1%	1.1%	28.3%
	Mesa	Count	15	4	2	4			25
		% within AGENCY	60.0%	16.0%	8.0%	16.0%			100.0%
		% within PRIOR	27.3%	20.0%	20.0%	100.0%			27.2%
		% of Total	16.3%	4.3%	2.2%	4.3%			27.2%
	Upland	Count	4	3					7
		% within AGENCY	57.1%	42.9%					100.0%
		% within PRIOR	7.3%	15.0%					7.6%
		% of Total	4.3%	3.3%					7.6%
	Rancho	Count	12	2	3				17
		% within AGENCY	70.6%	11.8%	17.6%				100.0%
		% within PRIOR	21.8%	10.0%	30.0%				18.5%
		% of Total	13.0%	2.2%	3.3%				18.5%
	CID	Count	10	5	1			1	17
		% within AGENCY	58.8%	29.4%	5.9%			5.9%	100.0%
		% within PRIOR	18.2%	25.0%	10.0%			50.0%	18.5%
		% of Total	10.9%	5.4%	1.1%			1.1%	18.5%
Total		Count	55	20	10	4	1	2	92
		% within AGENCY	59.8%	21.7%	10.9%	4.3%	1.1%	2.2%	100.0%
		% within PRIOR	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	59.8%	21.7%	10.9%	4.3%	1.1%	2.2%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.850[a]	20	.349
Likelihood Ratio	22.702	20	.304
Linear-by-Linear Association	.905	1	.342
N of Valid Cases	92		

a. 24 cells (80.0%) have expected count less than 5. The minimum expected count is .08.

Symmetric Measures

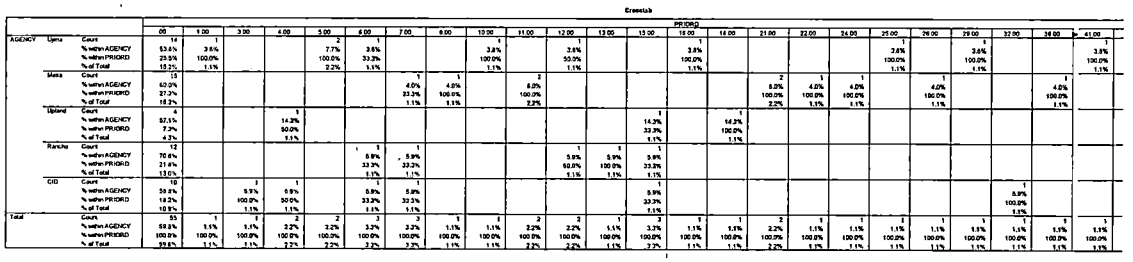
		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.487			.349
	Cramer's V	.244			.349
Interval by Interval	Pearson's R	.100	.111	.951	.344[c]
Ordinal by Ordinal	Spearman Correlation	.092	.103	.874	.385[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

AGENCY * PRIORD



Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	98.154[a]	104	.643
Likelihood Ratio	87.531	104	.877
Linear-by-Linear Association	1.879	1	.170
N of Valid Cases	92		

a. 131 cells (97.0%) have expected count less than 5. The minimum expected count is .08.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	1.033			.643
	Cramer's V	.516			.643
Interval by Interval	Pearson's R	.144	.105	1.378	.172[c]
Ordinal by Ordinal	Spearman Correlation	.099	.104	.947	.346[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

AGENCY * DURING

Crosstab

			DURING			
			.00	1.00	2.00	Total
AGENCY	Ujima	Count	26			26
		% within AGENCY	100.0%			100.0%
		% within DURING	32.5%			28.3%
		% of Total	28.3%			28.3%
	Mesa	Count	22	3		25
		% within AGENCY	88.0%	12.0%		100.0%
		% within DURING	27.5%	33.3%		27.2%
		% of Total	23.9%	3.3%		27.2%
	Upland	Count	6		1	7
		% within AGENCY	85.7%		14.3%	100.0%
		% within DURING	7.5%		33.3%	7.6%
		% of Total	6.5%		1.1%	7.6%
	Rancho	Count	12	5		17
		% within AGENCY	70.6%	29.4%		100.0%
		% within DURING	15.0%	55.6%		18.5%
		% of Total	13.0%	5.4%		18.5%
	CID	Count	14	1	2	17
		% within AGENCY	82.4%	5.9%	11.8%	100.0%
		% within DURING	17.5%	11.1%	66.7%	18.5%
		% of Total	15.2%	1.1%	2.2%	18.5%
Total		Count	80	9	3	92
		% within AGENCY	87.0%	9.8%	3.3%	100.0%
		% within DURING	100.0%	100.0%	100.0%	100.0%
		% of Total	87.0%	9.8%	3.3%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.989[a]	8	.010
Likelihood Ratio	20.395	8	.009
Linear-by-Linear Association	6.259	1	.012
N of Valid Cases	92		

a. 10 cells (66.7%) have expected count less than 5. The minimum expected count is .23.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.466			.010
	Cramer's V	.330			.010
Interval by Interval	Pearson's R	-.262	.084	-2.578	.012[c]
Ordinal by Ordinal	Spearman Correlation	-.256	.078	-2.516	.014[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

AGENCY * DURINGD

Crosstab

			DURINGD									Total
			.00	1.00	3.00	4.00	6.00	7.00	9.00	20.00	23.00	
AGENCY	Ujima	Count	26									26
		% within AGENCY	100.0%									100.0%
		% within DURINGD	32.5%									28.3%
		% of Total	28.3%									28.3%
	Mesa	Count	22		1	2						25
		% within AGENCY	88.0%		4.0%	8.0%						100.0%
		% within DURINGD	27.5%		50.0%	66.7%						27.2%
		% of Total	23.9%		1.1%	2.2%						27.2%
	Upland	Count	6						1			7
		% within AGENCY	85.7%						14.3%			100.0%
		% within DURINGD	7.5%						50.0%			7.6%
		% of Total	6.5%						1.1%			7.6%
	Rancho	Count	12	1	1		1	1		1		17
		% within AGENCY	70.6%	5.9%	5.9%		5.9%	5.9%		5.9%		100.0%
		% within DURINGD	15.0%	100.0%	50.0%		100.0%	100.0%		100.0%		18.5%
		% of Total	13.0%	1.1%	1.1%		1.1%	1.1%		1.1%		18.5%
	CID	Count	14			1			1		1	17
		% within AGENCY	82.4%			5.9%			5.9%		5.9%	100.0%
		% within DURINGD	17.5%			33.3%			50.0%		100.0%	18.5%
		% of Total	15.2%			1.1%			1.1%		1.1%	18.5%
Total		Count	80	1	2	3	1	1	2	1	1	92
		% within AGENCY	87.0%	1.1%	2.2%	3.3%	1.1%	1.1%	2.2%	1.1%	1.1%	100.0%
		% within DURINGD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	87.0%	1.1%	2.2%	3.3%	1.1%	1.1%	2.2%	1.1%	1.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	36.671[a]	32	.261
Likelihood Ratio	31.714	32	.481
Linear-by-Linear Association	5.920	1	.015
N of Valid Cases	92		

a. 40 cells (88.9%) have expected count less than 5. The minimum expected count is .08.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.631			.261
	Cramer's V	.316			.261
Interval by Interval	Pearson's R	-.255	.067	-2.502	.014[c]
Ordinal by Ordinal	Spearman Correlation	-.258	.077	-2.535	.013[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

AGENCY * POST

Crosstab

			POST				
			.00	1.00	2.00	8.00	Total
AGENCY	Ujima	Count	24	1	1		26
		% within AGENCY	92.3%	3.8%	3.8%		100.0%
		% within POST	29.3%	12.5%	100.0%		28.3%
		% of Total	26.1%	1.1%	1.1%		28.3%
	Mesa	Count	21	4			25
		% within AGENCY	84.0%	16.0%			100.0%
		% within POST	25.6%	50.0%			27.2%
		% of Total	22.8%	4.3%			27.2%
	Upland	Count	7				7
		% within AGENCY	100.0%				100.0%
		% within POST	8.5%				7.6%
		% of Total	7.6%				7.6%
	Rancho	Count	15	1		1	17
		% within AGENCY	88.2%	5.9%		5.9%	100.0%
		% within POST	18.3%	12.5%		100.0%	18.5%
		% of Total	16.3%	1.1%		1.1%	18.5%
	CID	Count	15	2			17
		% within AGENCY	88.2%	11.8%			100.0%
		% within POST	18.3%	25.0%			18.5%
		% of Total	16.3%	2.2%			18.5%
Total		Count	82	8	1	1	92
		% within AGENCY	89.1%	8.7%	1.1%	1.1%	100.0%
		% within POST	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	89.1%	8.7%	1.1%	1.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.334[a]	12	.587
Likelihood Ratio	9.775	12	.636
Linear-by-Linear Association	.397	1	.528
N of Valid Cases	92		

a. 15 cells (75.0%) have expected count less than 5. The minimum expected count is .08.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.335			.587
	Cramer's V	.193			.587
Interval by Interval	Pearson's R	-.066	.070	-.628	.531[c]
Ordinal by Ordinal	Spearman Correlation	-.025	.100	-.241	.810[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

AGENCY * POSTD

Crosstab

			POSTD										
			.00	1.00	2.00	3.00	4.00	6.00	13.00	18.00	39.00	57.00	Total
AGENCY	Ujima	Count	24				1				1		26
		% within AGENCY	92.3%				3.8%				3.8%		100.0%
		% within POSTD	29.3%				100.0%				100.0%		28.3%
		% of Total	26.1%				1.1%				1.1%		28.3%
	Mesa	Count	21	2	1				1				25
		% within AGENCY	84.0%	8.0%	4.0%				4.0%				100.0%
		% within POSTD	25.6%	100.0%	100.0%				100.0%				27.2%
		% of Total	22.8%	2.2%	1.1%				1.1%				27.2%
	Upland	Count	7										7
		% within AGENCY	100.0%										100.0%
		% within POSTD	8.5%										7.6%
		% of Total	7.6%										7.6%
	Rancho	Count	15					1				1	17
		% within AGENCY	88.2%					5.9%				5.9%	100.0%
		% within POSTD	18.3%					100.0%				100.0%	18.5%
		% of Total	16.3%					1.1%				1.1%	18.5%
	CID	Count	15			1				1			17
		% within AGENCY	88.2%			5.9%				5.9%			100.0%
		% within POSTD	18.3%			100.0%				100.0%			18.5%
		% of Total	16.3%			1.1%				1.1%			18.5%
Total		Count	82	2	1	1	1	1	1	1	1	1	92
		% within AGENCY	89.1%	2.2%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	100.0%
		% within POSTD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	89.1%	2.2%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	33.643[a]	36	.581
Likelihood Ratio	29.183	36	.782
Linear-by-Linear Association	.157	1	.692
N of Valid Cases	92		

a. 45 cells (90.0%) have expected count less than 5. The minimum expected count is .08.

Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.605			.581
	Cramer's V	.302			.581
Interval by Interval	Pearson's R	-.042	.099	-.395	.694[c]
Ordinal by Ordinal	Spearman Correlation	-.030	.102	-.287	.775[c]
N of Valid Cases		92			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

REFERENCES

Anthony, W., & Blanch, A. (1989). Research on community support services: What have we learned. Psychosocial Rehabilitative Journal, 12 (3) 55-81.

Bateman, A., & Fonagy, P. (1999). Effectiveness of partial psychiatric hospitalization in the treatment of borderline personality disorder: A randomized control trial. American Journal of Psychiatry, 156 (10), 1563-1569.

Gatfield, P. (2003). Day treatment programs for adults with severe and persistent mental illness: Effectiveness measured in rates of recidivism. A project presented to the faculty of California State University, San Bernardino, CA

Granello, D., Granello, P., & Lee, F. (1999). Measuring treatment outcomes and client satisfaction in a partial psychiatric hospital program, Journal of Behavioral Health Services & Research, 26 (1), 50-64.

Guidry, L. S., Winstead, D. K., Levine, M., & Eicke, F. J. (1979). Evaluation of day treatment center effectiveness. Journal of Clinical Psychiatry, 40 (5), 221-224.

Horvitz-Lennon, M., Normand, S. T., Gaccione, P., & Frank, R. (2001). Partial versus full psychiatric hospitalization for adults in psychiatric distress: A systematic review of the published literature (1957-1997). American Journal of Psychiatry, 158 (5) 676-685

Husted, J., Wentler, S., Allen, G., & Longenhenery, D. (2000). The effectiveness of community support programs in rural Minnesota: A ten year longitudinal study. Psychiatric Rehabilitation Journal, 24 (1) 676-685.

Kupers, T. (1996). Consultation to residential psychosocial rehabilitation agencies. Community Mental Health Journal, 32 (4), 403-413.

La Comare, P. C. (1975). The day treatment center: A community alternative to state hospitalization. Psychiatric Annals, 5 (5), 178-183.

Lambert, M., Christiansen, E., & De Julio, S. (1983). The assessment of psychotherapy outcomes. New York: John Wiley & Sons Inc.

Marshall, C., & Deinmier, J. (1990). Psychosocial rehabilitation as treatment in partial care settings: Service delivery for adults with chronic mental illness. Journal of Rehabilitation, 56 (2), 27-31.

Mayden, R.W., & Nieves, J. (2000). Social work speaks: National Association of Social Workers Policy Statements 2000-20003 (5th ed.). Washington, DC: NASW Press.

OCR Guidance explaining significant aspects of the privacy rule. (2003, April 3). Retrieved June 7, 2004, from http//www.hhs.gov/ocr/hipaa/privacy.html

Randall, K. (2001). An interdisciplinary look at deinstitutionalization of the mentally ill. Social Science Journal, 38 (3), 367-381.

Rogers, C. (1946). Significant aspects of client-centered therapy. American Psychologist,1, 415-422.

Robinson, K. (2001). Expanding a continuum of care: Outcomes of a partial day treatment program. (Report No H133B9002). Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services. National Institute on Disability and Rehabilitation Research (ED/OSERS) Washington, D.C.

Soloman, P. & Marcenko, M. (1992). Families of adults with severe mental illness: Their satisfaction with inpatient and d outpatient treatment. Psychosocial Rehabilitation Journal, 16 (1), 121-135.

Stroul, B. (1989). Community support systems for persons with long-term mental illness: A conceptual framework. Psychosocial Rehabilitation Journal, 12 (3), 9-26.

Talbot, J. A. (1985). Community care for the chronically mentally ill. Psychiatric Clinics of North America, 8 (3), 437-448.

Taylor, K. (1995). All in a day's treatment. Hospitals & Health Networks, 69 (7), 65-67.

Turner, M., Korman, M., Lumpkin, M., & Hughes, C. (1998). Mental health Consumers as transitional aids: A Bridge from the hospital to the community. Journal of Rehabilitation, 64 (4), 35-40.

Wells, A. (2004, May 6). Behavioral health chief quits. San Bernardino Sun. sec. B. p. 1.