Evaluation of the Utah Supported Employment Transformation Project (U-SETP) Project

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Background and Introduction

In a given year, 18% of U.S. adults have a diagnosed mental illness and four percent are classified as having a serious mental illness (SMI). A person's mental illness is considered SMI if the disorder significantly impedes functioning in one or more major life areas (Center for Behavioral Health Statistics and Quality [CBHSQ], 2015). People with SMI have greater difficulty maintaining housing and employment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016). Luciano and Meara (2014) report that as severity of mental illness increases, employment decreases. Employment rates for persons with SMI are substantially lower than for the general workforce (Mechanic, Bilder, & McAlpine, 2002), even though many want to work (Hatfield, Huxley, & Mohamad, 1992; Kinoshita et al., 2013; Solar, 2015). The relationship between mental illness and unemployment may be reciprocal: that is, mental illness may foster difficulty finding and maintaining employment, and unemployment may exacerbate mental illness (Jefferis et al., 2011). Data suggest about 25,000 Utahns are both unemployed and have a mental illness, which is comparable to other states per capita (CBHSQ, 2014).

Supported employment (SE) is a type of vocational rehabilitation that involves helping people with SMI apply for and maintain competitive, paid employment (Bond, 1992; Kinoshita et al., 2013). This contrasts with traditional vocational rehabilitation programs that emphasize pre-employment training. Rather, the goal in SE is to help people find work quickly, providing intensive support once they are employed (Kinoshita et al., 2013). The Individual Placement and Support (IPS) model is a well-delineated, evidence-based form of SE. In addition to helping consumers finding employment rapidly, key components of IPS include tailored services to consumers' preferences for employment, collaboration with mental health providers, benefits counseling, and individualized support (Bond, 1998; Kinoshita et al., 2013). Across studies, IPS has been found more effective for persons suffering from SMI than traditional vocational models. More specifically, participants in IPS models exhibit fewer days to employment, higher rates of employment, increased job tenure, more total hours worked, and higher total wages (Bond, Campbell, & Drake, 2012; Kinoshita et al., 2013; Marshall et al., 2014).

Participation in IPS is more than twice as likely to result in employment compared to other vocational approaches, and its impact remains over an extended period of time (Modini et al., 2016). In addition, IPS is effective for persons with various psychiatric maladies. Campbell, Bond, and Drake (2011) note, "IPS produces better competitive employment outcomes for persons with SMI than alternative vocational programs regardless of background demographic, clinical, and employment characteristics" (p. 370).
Beginning in 2014, the State of Utah received funding via a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to administer the Utah Supported Employment Transformation Project (U-SETP). Prior to that, types of vocational services to adults with SMI and co-occurring SUDs varied across the state and were administered inconsistently through various channels, government entities, and funding streams, resulting in a fragmented service delivery model. Because of this, a primary goal of U-SETP is the development of a supported employment coordinating committee (SECC) that will implement a sustainable plan to expand SE services throughout Utah. This project is first

being piloted via two local mental health authorities—WHS Human Services and SWBH Behavioral Health Center—under the supervision of DHS/DSAMH, with the goal of expanding it statewide. DHS/DSAMH has requested UCJC to assist in data collection, analysis, and reporting to evaluate, develop, and further implement the program.

The U-SETP program will provide SE/IPS to individuals with mental illness and co-occurring mental health and substance use conditions. The project's initial goal was to serve 50 individuals across two communities in the first year, and an additional 100 in each of the following four years, totaling 450 individuals in five years. Those initial goals were met and have been surpassed; to date the project has provided services to 970 individuals.

Study Procedures

The current quarterly report provides an overview of consumer characteristics, services, and outcomes, since project inception. Analyses in the current report are based on the following data sources:

- Center for Mental Health Services National Outcome Measures (NOMs) Consumer-level Measures for Discretionary Programs Providing Direct Services to Adults (self-report)
- Utah Department of Health, Division of Substance Abuse and Mental Health (DSAMH), behavioral health treatment records[1]
- Utah Administrative Office of the Courts (AOC), court filing and disposition records for district and justice courts
- Department of Public Safety, Bureau of Criminal Investigation (BCI), statewide arrest records

Results from administrative data sources are integrated alongside NOMs self-report data. Table headings as well as narrative descriptions clarify the data source.

Results

This annual report describes the U-SETP program since its inception through September 30, 2018.

Administrative Reporting

During the current reporting quarter, 117 NOMs assessments were created in SPARS (Table 1). The majority were either baseline (n=55) or discharge (n=38) assessments. Assessments are coded as active unless and until a second baseline assessment is entered

[1] Eight hundred and thirty four consumer records were matched in DHS data (86%) of consumers. 382 consumers from WHS (78%) and 452 consumers from SWBH (94%) had treatment records identified in DHS data. The figures reflect available information as of September 30, 2018; as such, they differ from NOMs assessments. Requested data included mental health services (type and dosage for two years prior to U-SETP enrollment and all services subsequent to enrollment), funding source, and diagnostic information.

(meaning a previously assessed consumer receives a new baseline assessment, because he or she was re-engaged into a new service episode). Once a new baseline assessment is entered into SPARS, the previous baseline assessment (and all related follow-up assessments) are coded as inactive. The figures in Table 1 represent only active assessments and account for 970 unduplicated consumers served by the U-SETP program.

Table 1 Active NOMs Assessments[1]

Site	**WHS**		**SWBH**		**Both Sites**	
Timeframe	*Quarter*	*Total*	*Quarter*	*Total*	*Quarter*	*Total*
Assessment Type (n)						
Baseline	40	488	15	482	55	970
6-month	13	129	1	96	14	225
12-month	3	53	2	46	5	99
18-month	2	23	0	14	2	37
24-month	1	9	0	16	1	25
30-month	0	4	2	6	2	10
36-month	0	1	0	1	0	2
42-month	0	0	0	1	0	1
Discharge	13	344	25	411	38	755
TOTAL	**72**	**1051**	**45**	**1073**	**117**	**2124**

[1] Includes all assessments in SPARS with a record status of Active. Records become Inactive when a new baseline assessment is conducted (all follow-up assessments associated with that enrollment episode are also classified as Inactive).

When looking at NOMs assessments that included an interview, 86 assessments were entered into SPARS this quarter, most of which were baseline assessments (Table2). The bulk of analyses in this report will rely on those assessments where an interview was conducted (with the exception of demographic and discharge information).

Table 2 Active NOMs Assessments with Interview

Site	**WHS**		**SWBH**		**Both Sites**	
Timeframe	*Quarter*	*Total*	*Quarter*	*Total*	*Quarter*	*Total*
Assessment Type (n)						
Baseline	40	428	15	307	55	735
6-month	10	117	1	63	11	180
12-month	1	46	2	27	3	73
18-month	1	17	0	12	1	29
24-month	0	8	0	13	0	21
30-month	0	3	2	5	2	8
36-month	0	1	0	1	0	2
42-month	0	0	0	0	0	0
Discharge	2	59	12	76	14	135
TOTAL	**54**	**679**	**32**	**504**	**86**	**1183**

Across both sites, 735 consumers had at least one NOMs assessment with an interview recorded in SPARS. Given relatively few post 6-month follow-up assessments with interviews (Table 2), the current report will describe consumer characteristics at baseline, 6-months, and discharge (not the 12-42 month interviews).

Consumer Characteristics

Demographics. Consumer demographics, collected on the baseline NOMs assessment, are presented in Table 3 and Table 4. Across both sites, just over half of consumers identified as male (51% for the current quarter; 43% overall). Additionally, the majority of consumers identified as white (91%) and heterosexual (89%).

Table 3 Demographics at Baseline[1], NOMs

Site	**WHS**		**SWBH**		**Both Sites**	
Timeframe	*Quarter*	*Total*	*Quarter*	*Total*	*Quarter*	*Total*
Sample (n)	40	488	15	482	55	970
Male (%)	45	44	67	43	51	43
Hispanic (%)	18	15	20	6	18	11
Race (%)						
African American	5	4	7	3	6	4
Alaska Native	0	0	7	1	2	0
American Indian	3	3	13	7	6	5
Asian	0	1	7	1	2	1
Native Hawaiian	5	2	7	2	6	2
White	90	87	93	92	91	89
Sexual Identity (%)[2]						
Heterosexual	92	94	80	52	89	73
Gay	0	2	7	1	2	2
Bi-sexual	8	3	13	4	9	3

[1] Includes all active baseline assessments, with and without an interview.
[2] Other responses include: other, don't know, and refused.

When looking at consumers' age at enrollment, the majority were between 26 and 54 years old (Table 4). Very few consumers older than 55 were enrolled in U-SETP.

Table 4 Age at Baseline[1, 2], NOMs

Site	**WHS**		**SWBH**		**Both Sites**	
Timeframe	*Quarter*	*Total*	*Quarter*	*Total*	*Quarter*	*Total*
Sample (n)	40	488	15	482	55	970
Age group, in years (%)						
13-15	0	0	7	3	2	1
16-25	10	16	20	32	13	24
26-34	35	28	13	24	29	26
35-44	30	28	13	21	26	24
45-54	13	19	40	13	20	16
55-64	13	9	7	6	11	8
65-74	0	1	0	0	0	1

[1] Includes all active baseline assessments, with and without an interview.
[2] Columns may not add to 100 due to missing data.

Military service. Very few U-SETP consumers reported ever having served in the military (two percent; NOMs data). Of those that had served, all were in the Armed Forces; none were currently active duty and less than one percent had ever been deployed. Close to one-third of consumers (31%) had a family member or someone close to them who was currently on active duty or was retired from the military.

Health and well-being. At baseline and follow-up NOMs assessments, consumers were asked to rate their overall health. Table 5 shows that over one-quarter of consumers (27%) rated their health as excellent or very good at baseline; a slightly larger percentage rated their health as fair or poor (32%). At discharge, 32% of consumers rated their health as excellent or very good, while 21% rated it as fair or poor.

Table 5 Overall Health[1], NOMs

Site	**WHS**			**SWBH**			**Both Sites**		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)	428	117	59	307	63	76	735	180	135
How would you rate your overall health right now? (%)									
Excellent	7	4	0	9	8	17	8	6	10
Very good	16	9	22	22	14	21	19	11	22
Good	45	56	66	34	29	34	40	46	48
Fair	27	22	9	24	40	20	26	28	15
Poor	4	6	3	9	5	8	6	6	6

[1] Columns may not add to 100 due to missing data, including consumers who responded to question with "I don't know."

Consumers were also asked to rate their ability to manage their own health care (Table 6; NOMs data). At baseline, one-half of consumers (49%) indicated they could manage their health care needs on their own most of the time. At discharge, a similar percentage (47%) reported that they managed their health care needs on their own most of the time. Very few consumers reported they could never manage their own health care (two percent at follow-up assessments).

Table 6 Managing Health Care Needs[1, 2], NOMs

Site	**WHS**			**SWBH**			**Both Sites**		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)	225	64	8	147	25	37	372	89	45
I feel capable of managing my health care needs (%)									
On my own mostly	55	45	75	40	40	41	49	44	47
With some support	33	36	25	44	36	38	37	36	36
With support mostly	9	16	0	6	12	14	8	15	11
Rarely/never	0	0	0	0	8	3	0	2	2

[1] Columns may not add to 100 due to missing data.
[2] Smaller sample size because question was not asked on previous versions of NOMs.

Overall Functioning. Table 7 provides an overview of consumers' rating of their ability to function across a range of domains (NOMs data). The figures presented indicate the portion of consumers who felt capable of managing both routine situations and crises. At baseline, more than three-fourths of consumers felt capable of resolving problems relating to day-to-day issues (79%), family relationships (75%), and work or school (76%). Fewer consumers felt satisfied in terms of their housing situation (67%) or ability to deal with crises (69%). For all domains, consumers' feelings of competence/satisfaction were higher at discharge; however, the discrepancy in sample size between baseline and discharge means this difference should be interpreted with caution.

Table 7 Overall Functioning, NOMs

Site	**WHS**			**SWBH**			**Both Sites**		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)	428	117	59	307	63	76	735	180	135
Agree[1] (%)									
I deal effectively with daily problems	79	82	97	79	81	87	79	82	91
I am able to control my life	74	78	97	73	75	75	74	77	84
I am able to deal with crisis	72	80	93	65	67	72	69	76	82
I am getting along with my family	76	77	92	73	78	82	75	77	86
I do well in social situations	76	80	93	63	59	74	70	73	82
I do well in school and/or work[2]	79	85	100	73	84	87	76	85	91
My housing situation is satisfactory	63	76	97	72	70	82	67	74	88

[1] Percent includes those who agree and strongly agree with the statement.
[2] Sample size different; only those working or enrolled in school were included in this percentage (Baseline, n=455; 6-months, n=137; Discharge, n=88).

Mental health diagnoses. As reported in DSAMH data, consumers' mental health diagnoses, organized by the core classifications of the ICD-10, are presented in Table 8. Most commonly, U-SETP consumers were diagnosed with affective disorders (61%) and neurotic or stress-related disorders (57%). The majority of consumers (75%) had multiple diagnoses, ranging from one to six, and averaged 2.3 diagnoses per person (not shown in table).

Table 8 Mental Health Diagnoses, DSAMH

Site	SWBH	WHS	Both Sites
Sample Size (n)	452	382	834
ICD-10 Category[1] (% (n))			
Affective[2]	56 (255)	66 (252)	60 (507)
Neurotic, stress-related, somatoform[3]	53 (239)	62 (235)	57 (474)
Personality[4]	27 (120)	28 (105)	27 (225)
Schizophrenia, delusional[5]	28 (126)	28 (105)	28 (231)
Substance use[6]	31 (139)	39 (150)	35 (289)
Other[7]	20 (92)	17 (65)	19 (157)

[1] Percent of consumers ever diagnosed with at least one disorder in the category
[2] Mood disorders, including bipolar affective disorder, depressive disorder, and manic and depressive episodes
[3] Includes anxiety disorders, obsessive disorders, stress and adjustment disorders, dissociative disorders, and somatoform disorders.
[4] Includes disorders of personality, including personality changes not attributable to brain damage and disease, and habit and impulse disorders.
[5] Includes schizophrenia, schizotypal disorder, schizoaffective disorder, delusional disorders, and psychotic disorders.
[6] Mental and behavioral disorders due to psychoactive substance use
[7] Other includes disorders with onset in childhood or adolescence, mental retardation, organic disorders, and disorders of psychological development.

Prevalence and impact of psychiatric symptoms. At baseline, follow-up, and discharge, consumers were asked to characterize the prevalence and impact of psychiatric symptoms (NOMs data). Results are presented in Table 9. At baseline, as shown on the first row of Table 9, nearly half of consumers were actively experiencing symptoms that impacted daily life (48%); at discharge, one-third of consumers (32%) described their symptoms this way. The psychiatric symptoms assessed included nervousness, hopelessness, restlessness, depression, effort expended to accomplish everyday tasks, and worthlessness. Most commonly, at baseline, consumers reported recent experiences of nervousness (86%), restlessness (78%), and feeling like everything was an effort (68%). At discharge, nervousness (57%) and restlessness continued to be the most commonly experienced symptoms (56%). The last row of Table 9 shows 28% of consumers were substantially bothered by their symptoms at baseline.

Table 9 Psychiatric Symptoms, NOMs

Site	WHS			SWBH			Both Sites		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)	428	117	59	307	63	76	735	180	135
My symptoms are NOT bothering me (% Strongly Agree or Agree)									
	53	60	86	50	48	54	52	56	68
In the past 30 days, felt the following at any time (%)									
Nervous	84	65	22	87	94	84	86	75	57
Hopeless	58	50	9	61	56	59	60	52	37
Restless	76	63	27	81	76	78	78	68	56
Depressed	49	41	5	51	48	45	50	43	27
Lethargic	65	53	10	72	71	63	68	59	40
Worthless	45	39	9	51	43	42	47	41	27
Bothered by psych problems[1, 2]	28	19	25	29	20	14	28	19	16

[1] Sample size different because question was not asked on earlier versions of NOMs (Baseline n=372; 6-month n=89; Discharge n=45).
[2] Percent of clients who indicated they were Extremely or Considerably bothered by symptoms in the preceding 30 days.

History of violence and trauma. At baseline, consumers were asked to characterize their lifetime experience of violence and trauma (NOMs data). Results are presented in Table 10 and show that nearly three-fourths (72%) of consumers had a lifetime history of trauma. Of those who had a history of trauma, the majority reported ongoing psychological stress because of the incident(s), including avoidant behaviors such as not thinking about the experience (81%). Consumers were also asked about any recent experience of physical violence; at baseline, five percent reported they had at least one episode in the past 30 days (not in table).

Table 10 Violence and Trauma, NOMs

Site	WHS	SWBH	Both Sites
Assessment[1]			
Sample (n)	428	307	735
Have you ever experienced violence or trauma in any setting (%)			
Yes	73	70	72
If yes, have you experienced the following as a result? (%)			
Nightmares/intrusive thoughts	75	81	78
Avoidant behavior	80	84	81
Constantly on guard	71	76	73
Numb/detached	66	76	70

[1] Figures represent baseline assessment only.

Quality of life. At baseline, follow-up, and discharge, consumers were asked to rate their recent quality of life, including satisfaction with health and relationships (NOMs). Results are presented in Table 11. At baseline, consumers were most satisfied in the

domains of overall quality of life (65% rated Good or Very Good) and performing the activities of daily living (63% rated Good or Very Good). Across most timeframes, consumers rated satisfaction with their health relatively lower than other domains.

Table 11 Quality of Life, NOMs

Site	**WHS**			**SWBH**			**Both Sites**		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)[2]	205	64	8	147	25	37	372	89	45
In the past 4 weeks, how would you rate your satisfaction with (% Satisfied)[1]									
Quality of life	75	63	75	61	64	73	65	63	73
Energy level	54	55	75	52	40	54	52	54	58
Daily living activities	74	66	75	56	60	59	63	64	62
Health	60	55	75	48	32	49	52	48	53
Self	65	69	88	48	64	62	55	67	67
Relationships	65	70	50	52	60	62	56	67	60

[1] Percent based on those who answered Good/Very Good or Satisfied/Very Satisfied to question.
[2] Sample sizes smaller because questions were not asked on earlier version of NOMs.

Recent substance use. At each assessment, consumers were asked to describe their recent substance use (NOMs). Results are presented in Table 12, which shows the percent of consumers who endorsed using legal or illegal substances in the previous month. At baseline, almost half of incoming consumers (49%) reported daily use of tobacco products. Fewer consumers reported recent alcohol consumption (17%) or illegal drug use (21%; not in table). Consumers were also asked about binge drinking (five or more drinks in a day for those that identify as male and four or more for those that identify as female). At the baseline assessment, almost half of males who reported any alcohol consumption (n=53) endorsed binge drinking at least once in the previous 30 days (47%; not in table). Among those who identified as female and endorsed some alcohol consumption (n=62), nearly two-fifths (39%) reported at least one episode of binge drinking.

While relatively few consumers endorsed recent use of illegal substances (excluding alcohol and tobacco) at baseline, 16% indicated daily use of the substance(s) (not in table). Those figures were smaller at follow-up (8% endorsed daily use) and discharge (7% endorsed daily use). The most commonly used substances were cannabis (9% of consumers at baseline) and sedatives (4% of consumers at baseline). For all substances, fewer consumers endorsed recent use at follow-up interviews when compared to baseline.

Table 12 Recent Substance Use,[1] NOMs data

Site	**WHS**			**SWBH**			**Both Sites**		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)	428	117	59	307	63	76	735	180	135
In the past 30 days substance use, at any time (%)									
Tobacco	54	39	42	41	46	37	49	42	39
Alcohol	19	18	7	13	11	7	17	16	7
Cannabis	11	7	3	6	2	4	9	5	4
Cocaine	1	1	0	1	0	1	1	1	1

Site	WHS			SWBH			Both Sites		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)	428	117	59	307	63	76	735	180	135
In the past 30 days substance use, at any time (%)									
Stimulants	0	2	0	4	2	3	2	2	2
Meth	4	1	0	1	2	3	3	1	2
Inhalants	1	1	0	0	0	0	0	1	0
Sedatives	1	0	0	9	2	4	4	1	2
Hallucinogens	1	1	0	0	0	3	0	1	2
Street Opioids	2	0	0	1	0	1	1	0	1
Rx Opioids	1	3	0	5	2	1	3	2	1

[1] Figures include any use in the previous 30 days (daily, weekly, and once or twice).

Housing stability. At every assessment, consumers were asked to characterize their recent housing stability, including any nights spent homeless or institutionalized (NOMs data). Results are presented in tables 13 and 14. At baseline, less than one-tenth of consumers spent at least one night homeless in the preceding month (8%; Table 13), hospitalized for mental health care (5%), in a residential substance abuse facility (5%), or in a correctional facility (2%). Seven percent reported going to the emergency room at least once in the past month for mental health reasons at baseline.

Table 13 Housing Stability, NOMs

Site	WHS			SWBH			Both Sites		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)	428	117	59	307	63	76	735	180	135
In the last 30 days have you spent any nights? (%)[1]									
Homeless	8	2	0	8	6	4	8	3	2
Hospital/MH	6	1	2	5	0	0	5	1	1
Facility/SA	5	0	0	6	0	0	5	0	0
Correctional facility	1	3	0	4	2	0	2	2	0
ER/MH[1]	7	3	2	6	3	3	7	3	2

[1] Percent who reported at least one trip to the ER for mental health reasons in the past 30 days.

Table 14 provides an overview of the average number of nights that consumers spent out of their home, according to self-report in NOMs assessments. Given that the majority of consumers were never out of their home, the figures in Table 14 offer insight into housing instability experienced by a small percentage of U-SETP consumers. For example, at baseline for both sites, only 8% of consumers reported being homeless; of those, however, the average number of nights spent homeless was 20 (Table 14) and ranged from one to 30 (not in table).

Table 14 Nights out of Home[1], NOMs

Site	WHS			SWBH			Both Sites		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
In the last 30 days how many nights have you spent? (Mn)									
Homeless	22	25	--	15	23	21	20	24	21
Hospital/MH	6	15	3	8	--	--	7	15	3

Site	WHS			SWBH			Both Sites		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
In the last 30 days how many nights have you spent? (Mn)									
Facility/SA	23	--	--	27	--	--	25	--	--
Correctional facility	2	4	--	7	2	--	6	4	--
ER/MH	2	2	1	4	2	4	3	2	3

[1] Sample size based upon only those who reported spending any time in the setting (Table 13) and are therefore different for every question.

At baseline, slightly more than one-half (56%) of consumers reported living in their own house in the previous month (including rentals; Table 15; NOMs). Across all assessment periods, between one-fifth and one-third of consumers lived in someone else's home (e.g., with family). No consumers reported living on a military base. Across both sites and all assessment periods, very few (7%) lived in a supported setting at baseline (group home, adult foster home, transitional living facility or VA home).

The majority of consumers reported feeling satisfied (more than 65% at all assessments) with their housing situation in the past month.

Table 15 Living Arrangements, NOMs

Site	WHS			SWBH			Both Sites		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)	428	117	59	307	63	76	735	180	135
In the last 4 weeks, how satisfied are you with the conditions of your living place? (%)[1]									
Satisfied[2]	68	61	88	69	75	73	68	65	76
In the last 30 days where have you lived most of the time? (%)[3]									
Own/rent	55	73	70	57	71	59	56	72	64
Someone else's house	27	23	30	24	19	26	26	22	28
Homeless	7	2	0	5	5	3	6	3	2
Supported living[4]	7	2	0	7	3	9	7	2	5
Medical housing[5]	0	0	0	0	0	3	0	0	2
Psychiatric hospital	1	0	0	1	0	0	1	0	0
Facility/SA	4	0	0	6	0	0	5	0	0
Correctional facility	0	0	0	1	0	0	0	0	0
Other[6]	0	1	0	0	2	0	0	1	0

[1] Sample size smaller because question not asked on earlier versions of NOMs (Baseline n=330; 6-month n=88; Discharge n=45).
[2] Percent gave Satisfied or Very Satisfied response.
[3] Columns may not add to 100 due to missing data.
[4] Supported living includes: group home, adult foster care, transitional living facility and/or VA home.
[5] Medical housing includes: medical hospital, nursing home, VA hospital.
[6] Other housing not specified in data.

While NOMs assessments characterize consumers' living arrangements and institutionalization in the month prior to the interview, DSAMH records characterize consumers' living arrangements over time. When looking at DSAMH records, the majority of U-SETP consumers lived in a private residence before and after enrollment. The figures in Table 16 show more than half of consumers (approximately 55%) lived independently at some point and slightly fewer (44%) lived in a private home with support. Overall, very few consumers had ever spent time in a correctional setting (4% before enrollment and 3% after); however, those figures were higher for WHS when compared to SWBH. Similarly, very few consumers had ever lived in a psychiatric institution. Across both sites and timeframes, nearly 10% had lived in a 24-hour residential care setting, which provides services to restore consumers to a pre-crisis level of functioning.

Table 16 Living Arrangements, DSAMH

Site	**WHS**		**SWBH**		**Both Sites**	
Timeframe	*2 Yr Prior*	*After*	*2 Yr Prior*	*After*	*2 Yr Prior*	*After*
Sample Size (n)	356	367	438	439	794	806
Living arrangements[2] (%)						
Homeless	12	12	8	9	10	10
Private, independent	54	56	55	55	55	56
Private, dependent	46	46	43	43	44	44
Correctional setting	7	3	1	2	4	3
Institutional, psychiatric	1	1	2	2	2	2
Residential[3]	8	9	10	10	9	9

[1] Consumer records were available for 82% of consumers in the two years prior to enrollment and 83% after enrollment.
[2] In DSAMH data, living arrangements are collected at admission and updated at each 6-month evaluation; this fact likely explains discrepancies with NOMs records, as presented in Table 15.
[3] This is an alternative to hospitalization that provides 24-hour stabilization services to treat crises and acute symptoms. This category does not directly correlate with NOMs living arrangement categories presented in Table 14.

Another indicator of stability is the number of different types of settings in which consumers resided (of note, this measure refers to types of settings rather than actual residence; as such, someone who lived in three different private residences would appear to have one type of residence). In the two years prior to U-SETP enrollment[2], consumers averaged 1.3 different types of living arrangements (ranging from 1 to 4; not in table); during that same timeframe, one-fifth of consumers (21%) lived in at least two different types of settings. After enrollment, U-SETP consumers averaged 1.2 different types of living arrangements (ranging from 1 to 5), with 20% living in at least two different types of placements (not in table).

Education, employment and income. At all assessments, consumers were asked to describe their education and employment status, as well as characterize their job, if employed (NOMs data). Results are presented in tables 17 through 19. Relatively few

[2] As indicated by DSAMH records.

consumers were enrolled in an education program at any point (9-13% for both sites; Table 17). However, enrollment in education programs was more prevalent among consumers at SWBH (ranging from 17-20%) when compared to WHS (ranging from 3-9%) over all three reporting periods. Consumers' employment status ranged from 13%, at baseline, to 47% at the 6-month follow-up. Consumers who were employed tended to work in competitive jobs, as indicated by the fact that they were paid directly by employers, worked in positions for which anyone could apply, and made at least minimum wage (across reporting periods).

Table 17 Education and Employment, NOMs

Site	**WHS**			**SWBH**			**Both Sites**		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)	428	117	59	307	63	76	735	180	135
Education (%)									
No HS diploma	16	16	19	27	22	18	20	18	19
HS diploma	38	44	63	30	30	33	35	39	46
Voc/Tech diploma	14	5	2	8	8	5	11	6	4
Some college	29	28	14	27	32	37	28	29	27
BA/BS	3	6	3	4	5	4	3	6	4
Graduate work	1	1	0	2	3	1	1	2	1
Currently enrolled	3	9	5	17	19	20	9	12	13
Employment (%)									
Full-time	4	11	22	4	18	22	4	13	22
Part-time	9	31	14	9	41	24	9	34	20
Looking for work	80	50	39	74	27	16	78	42	26
Disabled/retired	4	5	0	2	3	4	3	5	2
Not looking for work	1	1	22	5	8	26	3	3	24
Volunteer	2	2	3	1	2	7	2	2	5
Employment Type[1] (% Yes)									
Pays min wage	95	100	100	97	100	100	96	100	100
Pays you directly	95	98	100	94	97	97	95	98	98
Anyone could apply	84	98	100	89	97	97	86	98	98

[1] Of those with any employment (Baseline n=92; 6-month n=84; Discharge n=55).

DSAMH records show similar results: a higher percentage of consumers at both sites were employed or receiving supported employment after U-SETP enrollment (Table 18). Unlike the NOMs data, DSAMH records show employment at some point pre- and post-enrollment, not a specific point in time (e.g., baseline, 6-mo, 12-mo, etc.). Therefore these percentages represent consumers who had any episode of employment in the two years prior to U-SETP enrollment and the time following enrollment.

Table 18 Employment Status, DSAMH

Site	WHS		SWBH		Both Sites	
Timeframe	*2 Yr Prior*	*After*	*2 Yr Prior*	*After*	*2 Yr Prior*	*After*
Sample Size (n)	356	367	438	439	794	806
Age (%)						
Employed[1]	21	27	34	56	28	43
Seeking employ	35	39	55	52	46	46
Not seeking employ	43	22	20	19	30	20
Disabled	35	37	25	11	29	23
Supported employ	12	34	24	33	19	33

[1] Includes full- and part-time.

At baseline NOMs assessments, close to one-third of consumers reported substantial economic stress (29%; Table 19), indicating they did not have enough money to meet their needs. Those figures were lower at discharge; however, at any given time, only one-half of consumers indicated that they had enough income to completely meet their needs (ranging from 30-56%). This was true even though the previous tables show more consumers were employed post-enrollment, suggesting some portion of consumers were not working enough hours or receiving a high enough wage to eliminate economic stress.

Table 19 Income[1], NOMs

Site	WHS			SWBH			Both Sites		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)	205	64	8	147	25	37	372	89	45
In the last 4 weeks, do you have enough money to meet your needs (%)									
Completely[2]	30	48	63	33	36	54	30	45	56
Moderately[3]	43	28	25	31	48	30	36	34	29
Not at All	34	19	13	26	12	11	29	17	11

[1] Sample sizes smaller because question was not asked on earlier version of NOMs. Columns may not add to 100% due to missing data.
[2] Includes responses Completely and Mostly.
[3] Includes responses Moderately and A Little.

Social connectedness. At baseline, follow-up, and discharge NOMs assessments, consumers were asked to rate the quality of their personal relationships; results are presented in Table 20. When looking satisfaction with all types of relationships, consumers tended to report the strongest positive feelings with respect to having people with whom they do enjoyable things, having support during a crisis, and having family and friends who were supportive of their recovery. Across all three assessment periods, consumers expressed the least satisfaction with respect to feeling a sense of belonging in their community (63% felt a sense of belonging at baseline). Of note, lower ratings on this domain were more prevalent in SWBH when compared to WHS and may reflect relative isolation, or fewer available services, in a rural community.

Table 20 Social Connectedness, NOMs

Site	WHS			SWBH			Both Sites		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)	428	117	59	307	63	76	735	180	135
Agree[1] (%)									
Happy with friends	76	84	95	72	78	79	74	82	86
Have people with whom do enjoyable things	76	87	93	80	87	83	77	87	87
I feel I belong to my community	66	74	98	59	64	67	63	70	81
In a crisis, I have the support I need	80	80	95	79	84	80	79	82	87
I have family and friends that are supportive of my recovery[2]	94	83	100	82	92	84	84	85	87
I generally accomplish what I set out to do[2]	80	81	88	65	88	81	70	83	82

[1] Percent who responded Agree or Strongly Agree with the listed statements.
[2] Sample size smaller because question not asked on previous NOMs assessments (Baseline n=372; 6-month n=89; Discharge n=45).

Criminal justice involvement. At all NOMs assessments, consumers were asked to identify their recent arrest history. Results are presented in Table 21. Overall, very few consumers had been recently arrested (less than 5% across all reporting periods). Among those who did have a recent arrest, the highest number of average arrests occurred at the 6-month follow-up assessment (Mn=3).

Table 21 Recent Arrests, NOMs

Site	WHS			SWBH			Both Sites		
Assessment	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*	*Baseline*	*6-mos*	*Dx*
Sample (n)	428	117	59	307	63	76	735	180	135
In the last 30 days have you ever been arrested? (%)									
Yes (at least once)	2	3	0	3	0	1	2	2	1
In the last 30 days how many times have you been arrested? (Mn[1])									
Times	1	3	--	1	--	1	1	3	1

[1] Among those with any arrest.

Civil and criminal court involvement. In addition to self-report, consumers were matched in Utah Administrative Office of the Courts (AOC) records to characterize criminal and civil court involvement. Results are presented in tables 22 and 23 and show that fewer consumers had court involvement, for both criminal and civil cases, after U-SETP enrollment (46% vs 30%). In addition, the average number of cases was smaller after

enrollment (Mn=1.7 vs .69). When looking at civil cases, fewer consumers had any court involvement (15% before and 10% after).

Table 22 Court Cases by Type, AOC

Site	**WHS**		**SWBH**		**Both Sites**	
Timeframe	*Before*	*After*	*Before*	*After*	*Before*	*After*
Sample (n)						
Consumer who have at least one						
Civil case[1] (%)	20	13	12	8	15	10
Number (Mn)[2]	*.33*	*.17*	*.16*	*.11*	*.25*	*.14*
Criminal case (%)	51	28	40	31	46	30
Number (Mn)[2]	*1.5*	*.61*	*1.9*	*.78*	*1.7*	*.69*

[1] Includes civil cases related to overall stability, including small claims, debt collection, evictions, and department of workforces services liens.
[2] Average number of cases during timeframe

Table 23 further characterizes U-SETP consumers' court involvement by charge type. The figures in Table 23 show that 27% of U-SETP consumers had misdemeanor cases before enrollment; that number dropped to 15% after. Furthermore, the average number of cases dropped from Mn=.67 to Mn=.31, suggesting fewer consumers had fewer cases post-enrollment. One-quarter of consumers (29%) had court cases related to infractions (non-DUI traffic citations are included in this category); those figures were also lower after enrollment (17%). Relatively few consumers had any felony cases at either timeframe (14% and 7%). Stability refers to civil cases; cases included in this category were those related to issues of stability: evictions, small claims court, debt collection, and liens. Other civil matters—such as divorce or child custody—were not included.

Table 23 Court Cases by Charge Type, AOC

Site	**WHS**		**SWBH**		**Both Sites**	
Timeframe	Before	After	Before	After	Before	After
Sample (n)						
Consumer who have at least case involving						
Felony (%)	12	4	16	9	14	7
Number (Mn)[1]	*.18*	*.05*	*.31*	*.14*	*.25*	*.10*
Infraction	34	17	23	17	29	17
Number (Mn)[1]	*1.4*	*.29*	*2.7*	*.28*	*.79*	*.28*
Misdemeanor	28	13	27	17	27	15
Number (Mn)[1]	*.60*	*.26*	*.73*	*.36*	*.67*	*.31*
Stability	20	13	10	8	15	10
Number (Mn)[1]	.33	.17	.16	.11	.25	.14

[1] Average number of cases during timeframe

Services Provided by U-SETP Program

Perception of care. Table 24 describes consumers' perception of the care they received from the U-SETP program, as assessed on follow-up and discharge NOMs assessments. Overwhelmingly, consumers reported satisfaction with their care and indicated that they would recommend the agency to others.

Table 24 Perception of Care, NOMs

Site	WHS		SWBH		Both Sites	
Assessment	*6-mos*	*Dx*	*6-mos*	*Dx*	*6-mos*	*Dx*
Sample (n) [1]	117	59	63	76	180	135
Rate your agreement with the following statements (%)[2]						
Staff here believe that I can recover	93	98	92	96	93	97
I feel free to complain	96	100	89	86	93	92
I was given information about my rights	92	100	86	91	89	95
Staff encourage me to take responsibility for my life	95	100	91	92	93	96
Staff told me about side effects	83	100	88	89	85	91
Staff respect my wishes about sharing treatment information	96	93	91	96	94	95
Staff sensitive to my cultural background	94	100	92	90	93	94
Staff help me obtain information I need to manage illness[3]	95	92	91	93	94	93
Encouraged to use consumer-run programs	92	97	87	88	91	92
Comfortable asking questions about treatment and meds[4]	95	100	95	88	95	89
I decided my treatment goals	90	97	89	88	89	92
I like the services I received	97	100	98	92	98	96
I would choose this agency to receive services	94	100	94	86	94	92
I would recommend this agency to others	95	100	97	87	96	93

[1] Questions only asked on follow-up assessments.
[2] Includes Strongly Agree and Agree.
[3] N=149 at 6-mos; n=87 at discharge; only asked of those consumers for whom question was relevant.
[4] N=147 at 6-mos; n=82 at discharge; only asked of those consumers for whom question was relevant.

Program status. Consumers' program status, with respect to current receipt of services and discharge type, is described in tables 25 and 26.

Reassessment status. Across both sites, nearly all consumers were still receiving services at the 6-month NOMs assessment (Table 25; includes assessments with and without an interview). In addition, nearly all consumers had had at least one contact with program staff in the previous three months.

Table 25 Reassessment Status, NOMs data

Site	WHS	SWBH	Both Sites
6-month assessment only			
Sample (n)	129	96	225
Consumer's status (% Yes)			
Has had program contact within 90 days of last encounter	97	96	96
Is still receiving services from project	98	94	96

Clinical discharge status. Table 26 characterizes consumers' discharge status (includes NOMs assessments with and without an interview). At SWBH, the most frequently reported status was mutually-agreed upon termination of treatment (51%). At WHS, the most frequently reported status was the consumer withdrawing from or refusing services (35%). When looking at the number of days between first service date and discharge date, consumers were enrolled in the program for an average of 198 days (ranging from 0 to 1,339 days). The average number of days enrolled for consumers at WHS was 202 days; for consumers at SWBH the average was 195 days.

Table 26 Discharge Status, NOMs data

Site	WHS	SWBH	Both Sites
Discharge assessment only			
Sample (n) [1]	344	411	755
Status (%)			
Mutually agreed cessation of treatment	23	51	39
Withdrew/refused treatment	35	21	27
No contact within 90 days	15	17	16
Clinically referred out	4	2	3
Death	1	1	1
Other[2]	22	8	14

[1] Includes those with and without an interview.

[2] Other includes: consumer relocated; consumer unable to participate due to medical reasons; consumer incarcerated or institutionalized; consumer could not be reached; and client was discharged from mental health agency and therefore no longer eligible for services.

Services. Services provided by the U-SETP program, reported on follow-up and discharge NOMs assessments, are described in Table 27 (includes assessments with and without an interview). As would be expected, given the program's employment focus, the most frequently provided services were employment-related, across both sites and all reporting periods (78-95%). The majority of consumers also received services related to screening, assessment, and treatment planning. Of note, consumers at SWBH received comparatively more clinical services (psychopharmacological services, mental health treatment, co-occurring services, and trauma specific care) than those at WHS. However, consumers at WHS received comparatively more case management than those at SWBH.

Table 27 Services Provided, NOMs

Site	WHS		SWBH		Both Sites	
Timeframe	*6-mos*	*Dx*	*6-mos*	*Dx*	*6-mos*	*Dx*
Sample (n)	129	344	96	411	225	755
Since last interview has consumer received? (% Yes)						
CORE SERVICES						
Screening	92	93	37	42	68	65
Assessment	90	93	74	60	83	75
Treatment planning	93	94	62	51	80	71
Psychopharmacological services	9	3	37	33	21	19
Mental health	12	5	72	65	38	37
Co-occurring	6	3	28	25	16	15
Case management	94	94	37	29	69	59
Trauma specific services	2	0	13	14	6	8
Referral for above core services	2	1	13	4	6	3
OTHER SUPPORTIVE SERVICES						
Medical care	5	2	35	24	18	14
Employment	95	95	94	78	95	86
Family	2	0	8	9	4	5
Child care	0	0	2	2	0	1
Transportation	9	2	35	24	20	14
Education	3	1	28	18	14	10
Housing	5	1	21	11	12	6
Social and recreational	5	0	9	6	7	3
Consumer operated	5	0	3	3	4	2
HIV testing	0	0	1	1	0	0
Referral for above support services	2	1	15	9	7	5

In order to better characterize consumers' receipt of services before and during U-SETP, mental health treatment records (DSAMH) were analyzed to determine type and dosage of services received. Table 28 characterizes services by type (according to the mandated service codes used for Medicaid billing).

Table 28 Mental Health Service Descriptions, DSAMH

Mandated Service Category	Description
Assessment	Face to face assessment to determine existence, nature, and extent of a mental illness or disorder.
Case management	Care services to support daily needs or assistance helping consumer acquire needed or wanted services.
Inpatient	Inpatient psychiatric hospitalization
Medication management	Prescription, administration, observation, evaluation, alteration, continuance, or termination of neuroleptic medication
Peer support	Services provided by a Certified Peer Support Specialist

Mandated Service Category	Description
Psychosocial rehabilitation	Services intended to train a consumer to function, in the areas of: social interaction, physical mobility, skills in the activities of daily living, and other
Residential	Residential care, including highly-structured, 24-hour services to transition consumer from inpatient care to the community. Also includes residential care provided in a moderately-structured setting, such as group homes or therapeutic foster homes.
Respite	Temporary care for purpose of providing relief to caregiver.
Supported housing	Treatment support provided in consumer's home to maintain ability to live in community or teach independent living skills. Low-level of structure.
Testing	Specialized testing for diagnostic or treatment purpose
Therapy	Includes individual, family, and group therapy

In the two years prior to U-SETP enrollment, according to DSAMH records, more than three-fourths of consumers received services related to assessment (82%) and therapy (89%; Table 29). The average number of treatment services was highest for supported housing (Mn=174 nights); however, very few consumers received supported housing. The average number of treatment services was lowest for assessment (Mn=3).

After enrollment into U-SETP, nearly all consumers received services related to medication management (91%) and therapy (87%). Discrepancies between Table 27, which showed services as reported by U-SETP program staff, and Table 29, suggest consumers were receiving services from multiple providers. For example, less than half of consumers were identified as receiving psychopharmacological services in Table 27 (21%). In contrast, nearly all consumers (91%) were identified in DSAMH data as receiving medication management post-enrollment.

Table 29 Mental Health Services, Both Sites[1], DSAMH

Timeframe	2 Yr Pre-Enroll		U-SETP Enroll	
Sample Size (n)	794		806	
Mandated Service Category	%[1]	Mn (min, max)[2]	%[1]	Mn (min, max)[2]
Assessment	82	3 (1, 31)	35	3 (1, 20)
Case management	53	19 (1, 285)	60	22 (1, 547)
Inpatient[5]	12	14 (1, 238)	6	8 (1, 79)
Medication management	62	16 (1, 522)	91	19 (1, 507)
Peer support	16	25 (1, 420)	16	19 (1, 399)
Psychosocial rehabilitation	57	30 (1, 497)	58	36 (1, 780)
Residential	13	55 (1, 306)	10	38 (1, 412)
Respite	3	17 (1, 126)	2	8 (1, 41)

Timeframe	2 Yr Pre-Enroll		U-SETP Enroll	
Sample Size (n)	794		806	
Mandated Service Category	%[1]	Mn (min, max)[2]	%[1]	Mn (min, max)[2]
Supported housing	8	174 (1, 729)	9	116 (10, 1127)
Testing	5	4 (1, 8)	4	4 (1, 9)
Therapy	89	30 (1, 312)	87	27 (1, 293)
Individual therapy[3]	*99*	*19 (1, 179)*	*98*	*19 (1, 179)*
Family Therapy[3]	*24*	*5 (1, 34)*	*16*	*4 (1, 74)*
Group Therapy[3]	*41*	*22 (1, 229)*	*38*	*20 (1, 186)*
Behavior management[3]	*2*	*3 (1, 24)*	*1*	*5 (1, 16)*

[1] Percent of consumers who received service at least once during timeframe (2 years prior to U-SETP enrollment or after U-SETP enrollment)
[2] Average number of events, by type and timeframe (Mn), and minimum and maximum number of events by type and timeframe. For inpatient treatment, residential care, and supported housing and event is a single day in the setting.
[3] Percent of those who received any therapy. N=710 pre-enrollment; n=699 post-enrollment.

In order to characterize treatment dosage more specifically, the total number of hours (or days, depending on service type) were summed and averaged across the full sample (Table 30). When looking at service dosage in the two years prior to U-SETP, consumers received the most hours of service in psychosocial rehabilitation (Mn=47 hours per consumer).

Table 30 Mental Health Service Dosage, Both Sites, DSAMH

Timeframe	2 Yr Pre-Enroll	U-SETP Enroll
Sample Size (n)	794	806
Mandated Service Category	Mn (min, max)[1]	Mn (min, max)[1]
Assessment	4 (.25, 18)	3 (.08, 14)
Case management	18 (.01, 427)	19 (.01, 665)
Inpatient[2]	14 (1, 238)	8 (1, 79)
Medication management	6 (.01, 140)	14 (.03, 427)
Peer support	23 (.08, 600)	12 (.25, 247)
Psychosocial rehabilitation	47 (.25, 1131)	66 (.25, 2134)
Residential[2]	55 (1, 306)	38 (1, 412)
Supported housing[2]	174 (1, 729)	166 (10, 1127)
Testing	6 (.33, 13)	7 (.58, 14)
Therapy	34 (.25, 837)	29 (.03, 633)

[1] For those with any service, average hours of services provided by type (Mn); minimum and maximum hours of service provided by type (min, max).
[2] Reflects days rather than hours.

Southwest Behavioral Health. Prior to enrollment in U-STEP, the majority of SWBH consumers received assessments (82%; Table 31) and therapy (90%). Following U-STEP enrollment, the percent of consumers receiving an assessment dropped to 34% while the percent receiving medication management increased to 88%. Of note, while relatively few consumers received inpatient hospitalization, the mean number of days hospitalized decreased from 14 to seven.

Table 31 Mental Health Services, SWBH, DSAMH

Timeframe	2 Yr Pre-Enroll		U-SETP Enroll	
Sample Size (n)	438		439	
Mandated Service Category	%[1]	Mn (min, max)[2]	%[1]	Mn (min, max)[2]
Assessment	82	2 (1, 11)	34	2 (1, 14)
Case management	57	23 (1, 285)	71	25 (1, 547)
Inpatient	10	14 (1, 80)	6	7 (2, 32)
Medication management	49	10 (1, 74)	88	17 (1, 213)
Peer support	20	33 (1, 420)	17	27 (1, 399)
Psychosocial rehabilitation	56	35 (1, 347)	59	47 (1, 780)
Residential	10	94 (3, 306)	9	56 (2, 412)
Respite	5	17 (1, 126)	3	8 (1, 41)
Supported housing	9	193 (6, 729)	9	219 (16, 1127)
Testing	7	4 (1, 8)	5	4 (1, 9)
Therapy	90	29 (1, 312)	91	27 (1, 293)
Individual therapy[3]	*99*	*18 (1, 83)*	*98*	*19 (1, 160)*
Family Therapy[3]	*28*	*4 (1, 34)*	*15*	*5 (1, 74)*
Group Therapy[3]	*40*	*24 (1, 229)*	*37*	*20 (1, 186)*
Behavior management[3]	*3*	*3 (1, 24)*	*2*	*5 (1, 16)*

[1] Percent of consumers who received service at least once during timeframe (2 years prior to U-SETP enrollment or after U-SETP enrollment)
[2] Average number of events, by type and timeframe (Mn), and minimum and maximum number of events by type and timeframe.
[3] Percent of those who received any therapy. N=394 pre-enrollment; n=398 post-enrollment.

When looking at treatment dosage at SWBH prior to enrollment in U-SETP, consumers received the greatest number of treatment hours for psychosocial rehabilitation (Mn=55 hours; Table 32). Following enrollment, the highest-dosage services were psychosocial rehabilitation (Mn=93 hours), therapy (Mn=30 hours), and case management (Mn=23 hours). With respect to day services, consumers received, on average, 56 days in a 24-hour residential setting.

Table 32 Mental Health Service Dosage, SWBH, DSAMH

Timeframe	2 Yr Pre-Enroll	U-SETP Enroll
Sample Size (n)	438	439
Mandated Service Category	Mn (min, max)[1]	Mn (min, max)[1]
Assessment	3 (.33, 15)	3 (.25, 11)
Case management	21 (.01, 427)	23 (.01, 665)
Inpatient[2]	14 (1, 80)	7 (2, 32)
Medication management	6 (.01, 42)	14 (.03, 427)
Peer support	31 (.08, 600)	17 (.25, 247)
Psychosocial rehabilitation	55 (.25, 1021)	93 (.25, 2134)
Residential[2]	94 (3, 306)	56 (2, 412)
Supported housing[2]	193 (6, 729)	219 (16, 1127)
Testing	6 (.33, 8)	6 (.58, 11)

Timeframe	2 Yr Pre-Enroll	U-SETP Enroll
Sample Size (n)	438	439
Mandated Service Category	Mn (min, max)[1]	Mn (min, max)[1]
Therapy	39 (.5, 837)	30 (.4, 633)

[1] For those who received any service, average hours of services provided by type (Mn); minimum and maximum hours of service provided by type (min, max). For those who received any service.
[2] Reflects days rather than hours.

Weber Human Services. In the two years prior to U-SETP, over three-fourths of WHS consumers received assessment, medication management, and therapy (84%, 79%, and 89%, respectively; Table 33). After enrollment in U-SETP, the percent of consumers receiving an assessment decreased while the percent receiving medication management increased. The percentage of consumers who received inpatient hospitalization decreased from 15% to 7% and the mean number of hospitalization days decreased from 13 to nine.

Table 33 Mental Health Services, WHS, DSAMH

Timeframe	2 Yr Pre-Enroll		U-SETP Enroll	
Sample Size (n)	356		367	
Mandated Service Category	%[1]	Mn (min, max)[2]	%[1]	Mn (min, max)[2]
Assessment	84	5 (1, 31)	38	3 (1, 20)
Case management	47	14 (1, 175)	47	15 (1, 193)
Inpatient	15	13 (1, 238)	7	9 (1, 79)
Medication management	79	22 (1, 522)	94	22 (1, 507)
Peer support	11	7 (1, 52)	14	8 (1, 65)
Psychosocial rehabilitation	59	23 (1, 497)	56	22 (1, 438)
Residential	17	27 (1, 131)	12	23 (1, 137)
Respite	0	---	0	---
Supported housing	7	145 (1, 709)	8	93 (10, 418)
Testing	3	3 (1, 6)	4	4 (1, 6)
Therapy	89	31 (1, 246)	82	28 (1, 188)
Individual therapy[3]	*99*	*21 (1, 179)*	*99*	*21 (1, 179)*
Family Therapy[3]	*20*	*5 (1, 26)*	*17*	*2 (1, 10)*
Group Therapy[3]	*42*	*21 (1, 163)*	*39*	*19 (1, 83)*
Behavior management[3]	*1*	*1 (1, 1)*	*1*	*6 (1, 10)*

[1] Percent of consumers who received service at least once during timeframe (2 years prior to U-SETP enrollment or after U-SETP enrollment)
[2] For those who received any services, average number of events, by type and timeframe (Mn), and minimum and maximum number of events by type and timeframe.
[3] Percent of those who received any therapy. N=316 pre-enrollment; n=301 post-enrollment.

Similar to SWBH, consumers at WHS received the greatest dosage in the form of psychosocial rehabilitation (Mn=37 hours; Table 34). Post-enrollment, the highest dosage services were psychosocial rehabilitation (Mn=32 hours), therapy (Mn= 28 hours) and medication management (Mn=14 hours).

Table 34 Mental Health Service Dosage, WHS, DHS data

Timeframe	2 Yr Pre-Enroll	U-SETP Enroll
Sample Size (n)	356	367
Mandated Service Category	Mn (min, max)[1]	Mn (min, max)[1]
Assessment	4 (.25, 18)	3 (.08, 14)
Case management	12 (.08, 139)	12 (.25, 186)
Inpatient[2]	13 (1, 238)	9 (1, 79)
Medication management	7 (.25, 140)	14 (.25, 182)
Peer support	5 (.25, 35)	5 (.5, 41)
Psychosocial rehabilitation	37 (.25, 1131)	32 (.25, 1051)
Residential[2]	27 (1, 131)	23 (1, 137)
Supported housing[2]	145 (1, 709)	93 (10, 418)
Testing	7 (2, 13)	8 (1, 14)
Therapy	32 (.25, 338)	28 (.03, 201)

[1] For those with any services, average hours of services provided by type (Mn); minimum and maximum hours of service provided by type (min, max).
[2] Reflects days rather than hours.

Funding Behavioral Health Services

In the two years prior to enrollment in U-SETP, 85% of consumers were enrolled in Medicaid at some point in time (Table 35; determined because at least one service was paid for by Medicaid during the timeframe). After enrollment, 81% of consumers were enrolled in Medicaid at some point. The percentage of consumers who received services from another insurance carrier as well as those who received unfunded services remained relatively stable pre- to post-enrollment. Of note, 15% of consumers who had Medicaid were also classified as unfunded prior to enrollment (not in table). After enrollment, 11% of consumers were classified as both having Medicaid and being unfunded.

Table 35 Healthcare Funding, Both Sites, DSAMH

Timeframe	2 Yr Pre-Enroll	U-SETP Enroll
Sample Size (n)	794	806
Payment Type	%[1]	%[1]
Medicaid	85	81
Insurance	22	23
Unfunded	26	24

[1] Percent of consumers with at least one service paid by Medicaid, insurance, or unfunded respectively.

When examining service payment by site, similar numbers of consumers received Medicaid services at SWBH and WHS. This was the case both pre- and post-enrollment (86% and 84% of consumers at SWBH; and 84% and 80% of consumers at Weber, respectively; Table 36). A higher percentage of WHS consumers received at least one unfunded service both pre- and post-enrollment.

Table 36 Healthcare Funding, By Site, DSAMH

Site	SWBH		WHS	
Timeframe	2 Yr Pre-Enroll	U-SETP Enroll	2 Yr Pre-Enroll	U-SETP Enroll
Sample Size (n)	438	439	356	367
Payment Type	%[1]	%[1]	%[1]	%[1]
Medicaid	86	82	84	80
Insurance	19	26	26	19
Unfunded	22	19	30	30

[1] Percent of consumers with at least one service paid by Medicaid, insurance, or unfunded respectively.

Conclusion

This annual report provides an overview of U-SETP client characteristics and services received since project inception. The results show the majority of U-SETP consumers had been diagnosed with mood or neurotic disorders; nearly one-third had been diagnosed with schizophrenia or delusional disorders and one-third had been diagnosed with personality disorders. Across a range of domains related to functioning and well-being, consumers reported improvement on follow-up assessments when compared to baseline[3]. Similarly, administrative records show declines in criminal justice system contact post-enrollment. Results also show a sub-population of consumers continued to struggle in some areas, even after enrollment. While relatively few consumers demonstrated substantial housing instability, between one-third and one-fourth expressed dissatisfaction with housing, across reporting periods. In terms of overall quality of life, consumers expressed the greatest dissatisfaction in terms of their health status; nearly half were unsatisfied at all reporting periods. This may, in part, reflect the fact that one-half to one-third of consumers indicated being bothered by mental health symptoms across reporting periods.

As would be expected, given the program's intent, more consumers were employed (in either supported or other settings) after U-SETP enrollment; however, some still expressed difficulty meeting their needs financially. Of note, the majority of consumers appeared to be enrolled in Medicaid both before and after enrollment. NOMs data indicate the vast majority of consumers received services related to screening, assessment, treatment planning, case management and employment support; DSAMH records also show most clients received medication management, though not necessarily through U-SETP. Nearly all consumers indicated a high level of satisfaction with the services they received through the U-SETP program.

[3] Because of SAMHSA delays with SPARS implementation, most consumer assessments conducted during the first five quarters of the project did not include interviews (86% during the first five quarters had no interview while 33% of those conducted after Q5 had no interview). As such, assessments conducted during that time did not provide data related to consumer characteristics and outcomes. The resulting small sample sizes in follow-up assessments mean that the figures presented here cannot be interpreted as proof of program impact and may instead reflect systematic differences in the reporting samples.

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