

Proposal: INN-11 CLIENT AND CONSUMER EMPLOYMENT PROJECT

**NEW INN Project Description**

**County: Santa Clara County**

**Program Number/Name: INN-11: Client and Consumer Employment Project**

**Date: July 2017**

1. Select one of the following purposes that most closely corresponds to the Innovation Program’s learning goal and that will be a key focus of your evaluation.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.

Studies have indicated that an average two-thirds of people with mental illness want to go to work, yet only a small number are employed (Bonds, 2016). SAMHSA’s (2016) Uniform Reporting System reflects that the Mental Health National Outcome Measures (NOMS) data for 2015 indicated an employment rate of only 8.3% in California for adults with a mental illness; the figure is based on the total number of consumers employed, unemployed, and not in labor force. Since 1992, Santa Clara County Mental Health Department, now known as the Santa Clara County Behavioral Health Services Department (BHSD), has contracted with the Department of Rehabilitation (DOR) to provide employment services utilizing two community based service providers, Momentum for Mental Health and Catholic Charities, as part of a Mental Health Cooperative. The DOR funded County employment programs have been a stable but the sole option available in Santa Clara County for individuals with serious mental illness (SMI) seeking employment. The DOR program is based on a model of service provision structured to fit the general disability population and includes requirements that are contrary to what has been proven to be most effective for the SMI population. Locally, DOR also developed their own criteria for eligibility that screens out many SMI clients who would like to go to work and have the ability to succeed if given the right kind of supports. The intake criteria of the DOR program is strict and successful placements of SMI clients have been low: between 31%-47% from FY11/12 to FY14/15.

Fiscal Year	Goals				Actuals				As a % of Goal			
	Referrals received	Clients served, including rollover	Placed	Successful closures	Referrals received	Clients served, including rollover	Placed	Successful closures	Referrals received	Clients served, including rollover	Placed	Successful closures
FY 11/12	260	400	240	124	186	343	104	59	72%	86%	43%	48%
FY 12/13	260	400	240	124	145	297	113	69	56%	74%	47%	56%
FY 13/14	260	400	240	124	138	233	72	50	53%	58%	30%	40%
FY 14/15	260	400	240	164	138	222	75	59	53%	56%	31%	36%

Today, advancing recovery initiatives for mental health consumers is a current focus and aim of BHSD. It is BHSD’s belief that the implementation of the Individual Placement & Support Supported Employment (IPS/SE) model, an effective evidence-based practice, in Santa Clara County will help transform the culture of how the overall system views employment and start recognizing employment as a wellness goal for behavioral health clients and this will be the innovative element of this project. Having a job contributes to a person's overall sense of well-being and can be a significant contributor toward achieving and maintaining recovery from mental illness. Employment brings stability as well as tools for managing life circumstances

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and symptoms. It also leads to systemic change. Individuals becoming self-reliant reduce the burden on our public social and mental health services systems. Employment provides income necessary to live, a social structure, a means to develop self-worth, meaning, a sense of accomplishment, social assets. Employed individuals create abundance for themselves, their families and their communities.

References:

Bonds, G. (2016). Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment [PowerPoint slides]. Retrieved from <https://www.ipsworks.org/wp-content/uploads/2016/08/16-ips-evidence-7-28-16-rev.pptx>

Substance Abuse and Mental Health Services Administration. (2016). California 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System. Retrieved from <http://www.samhsa.gov/data/sites/default/files/California.pdf>

- 3. Which MHA definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?**

The new INN project adapts the Individual Placement & Support Supported Employment (IPS/SE) model to a new setting-Santa Clara County with the intention of transforming how the overall system views employment and start recognizing employment as a wellness goal for behavioral health clients and an element of their treatment. Until the development of the Individual Placement & Support Supported Employment (IPS/SE) model, there were no alternatives to the traditional delivery of employment supports specifically targeted for people with serious mental illness (SMI). This model is a widely-researched evidence-based practice developed to significantly increase employment outcomes. To date, there have been 23 randomized controlled trials of IPS/SE and the competitive employment rates for IPS/SE has been more successful at 55% compared to the control groups at 23% (Bonds, 2016). The IPS/SE model reflects zero exclusion in the employment program model and will enhance Santa Clara County employment based programming for SMI clients by including employment as a component of their treatment goal. The Dartmouth Psychiatric Research Center (2014) indicates there are eight practice principles of IPS/SE and overall it is intended to help people with SMI work at regular jobs of their choosing.

References:

Bonds, G. (2016). Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment [PowerPoint slides]. Retrieved from <https://www.ipsworks.org/wp-content/uploads/2016/08/16-ips-evidence-7-28-16-rev.pptx>

Substance Abuse and Mental Health Services Administration. (2016). California 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System. Retrieved from <http://www.samhsa.gov/data/sites/default/files/California.pdf>

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4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

The Dartmouth Psychiatric Research Center (2014) provides the following eight IPS/SE practice principles:

1. **Focus on Competitive Employment:** Agencies providing IPS services are committed to competitive employment as an attainable goal for people with serious mental illness seeking employment.
2. **Eligibility Based on Client Choice:** People are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
3. **Integration of Rehabilitation and Mental Health Services:** IPS programs are closely integrated with mental health treatment teams.
4. **Attention to Worker Preferences:** Services are based on each person's preferences and choices, rather than providers' judgments.
5. **Personalized Benefits Counseling:** Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.
6. **Rapid Job Search:** IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling.
7. **Systematic Job Development:** Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.
8. **Time-Unlimited and Individualized Support:** Job supports are individualized and continue for as long as each worker wants and needs the support.

IPS supported employment helps people with severe mental illness work at regular jobs of their choosing. It is an evidenced -based practice with practitioners focusing on each person's strengths. This model is therapeutic and promotes recovery and wellness. IPS works in collaboration with state rehabilitation counselors and uses a multi-disciplinary team approach. Services are individualized and long lasting. Long-term studies show that 49% of IPS consumers maintained employment, compared to 11% receiving traditional services (Bonds, 2016).

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	<b>WHAT IS CURRENTLY IN PLACE THROUGH THE DEPARTMENT OF REHABILITATION (DOR) EMPLOYMENT PROGRAMS?</b>	<b>WHAT IS INTENDED TO BE IN PLACE THROUGH THE NEW INN PROJECT?</b>
<b>1</b>	Outreach is conducted once or at most twice a year with presentation(s) provided at program contract agency sites about employment services and encourage staff to make referrals.	Integration of employment specialists in service teams to provide routine and on-going resources, services, consultations regarding client goals and employment services.
<b>2</b>	Employment goals are sporadic and not integrated as part of the client’s treatment goals.	Include employment goal(s) as part of the clients’ treatment. The presence of employment specialists, key component of the IPS/SE, at regular team meetings will help team members to better develop employment goals with their clients.
<b>3</b>	When employment goal(s) is/are included in a clients’ treatment there is little or no regular discussions that occurs in team meetings.	Given that employment specialists will be embedded in service teams, an up-to-date status on clients’ employment related services and goals will be readily available at team meetings and discuss on a regular basis.
<b>4</b>	Limited or outdated knowledge of Social Security administration programs, regulations on benefits regarding client employment.	Employment specialist will be an onsite resource at the program sites and be informed on current regulations and benefit information.
<b>5</b>	The DOR/BHSD Cooperative intake criteria and DOR process are more stringent with an emphasis on long term employment placements.	Applying IPS principles, more clients will be assisted, referred and connected to paid job placements based on their personal goals and skill sets including duration/level of work such as part-time or a specific number of hours per week.
<b>6</b>	The current DOR program is not inclusive but only a small number of clients make it through the state's eligibility process and the process can be lengthy. It may take up to five months before a consumer gets employment support.	The IPS model does not have a lag in services. The model aims to provide employment services as soon as possible and focuses on each person's strength and motivation.

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BHSD plans to procure and release a request for proposal (RFP) for services related to the Client and Consumer Employment INN Project which will include the following features:

- The project will target transitional aged youth (TAY), adults, and older adults with mental health conditions as well as those with co-occurring disorders.
- The implementation of the IPS/SE model will occur in three sites in SCC.
- The aim will be to engage clients and consumers to identify their employment goal(s) as part of their treatment plan.
- The entire project will include specific staff for each IPS/SE program site: two full-time employment specialists, a half-time job finder position and a clinical management supervisor at 0.25 FTE.

References:

Bonds, G. (2016). Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment [PowerPoint slides]. Retrieved from <https://www.ipsworks.org/wp-content/uploads/2016/08/16-ips-evidence-7-28-16-rev.pptx>

Dartmouth Psychiatric Research Center. (2014). IPS Supported Employment Practice & Principles. Retrieved from <https://www.ipsworks.org/wp-content/uploads/2014/04/ips-practice-and-principles.pdf>

**4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate**

The INN project focuses on serving transitional aged youth (TAY), adults, and older adults with mental health conditions as well as those with co-occurring disorders.

**4b. If applicable, describe the estimated number of clients expected to be served annually.**

The current Department of Rehabilitation (DOR) employment program has not met four program goals for the past few years as shown in the table below: number of referrals, number of clients served, placements and successful case closures. Through the new project, the aim is to improve outcomes and increase actuals across the four goals. The project is intended to be implemented at three sites. **Initially the Draft Plan reflected a placement target goal of 92%. The target employment rate goal has been revised to 60% (240 placements out of 400 clients served including rollover). This is a more realistic projection based on IPS outcomes.**

Santa Clara County DOR/Mental Health Cooperative Data FY 11/12 - FY14/15												
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**4c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.**

This project is aligned with the following MHSA general standards:

- **Community Collaboration:** In December 2014, the Santa Clara County Behavioral Health Services Department (BHSD) launched an INN planning process for the County's next round of new INN projects. This new INN project is a result of that extensive community planning process which included holding informational stakeholder meetings and initiating an input submission window period to provide stakeholders and the public an opportunity to submit potential new INN ideas for consideration for the County's INN plan. The public/stakeholders were requested to utilize an INN Idea Form to submit potential INN ideas. Through that process, 16 ideas were received. BHSD conducted a review of all the submitted ideas and selected project ideas that would be developed into an INN project. Ultimately, BHSD selected three new projects ideas and one of those projects is the Client and Consumer Employment. BHSD held an informational stakeholder/public meeting regarding the County's review and selection of the projects and also provided another opportunity for stakeholders to participate in focus group meetings in Spring 2016: one focus group meeting was held for each new INN project. BHSD considered the inputs that were received at the focus group meeting as the department refined and finalized the concept for each new INN project. Please refer to the Community Planning Process section of the Plan Document for additional details.

In addition, one of the IPS/SE principle is in regards to *Systematic Job Development* in employment specialists will reach out and visit employers situated in Santa Clara County and learn about their business needs and hiring preferences as they assist clients in obtaining successful employment placements in the County.

- **Cultural Competence:** This new project aims to integrate employment goal(s) as part of a client's treatment plan that focuses on each client's strength and motivation. As part of the core IPS/SE practice principles, employment specialists embedded in the program will also help clients obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government benefit information.
- **Client Driven and Family Driven:** The IPS/SE model includes a zero exclusion element and clients are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement (Dartmouth Psychiatric Research Center, 2014). The model focuses on the client's preferences and job support activities are individualized and continue for as long as each client wants and needs the support.
- **Wellness, Recovery, and Resilience Focused:** The project will help transform the culture of how the overall system in Santa Clara County views employment and start recognizing employment as a wellness goal for clients/consumers which will be the innovative element of this project and have it be the standard to include employment as part of a client's wellness goal.

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- **Integrated Service Experiences for clients and their families:** The project's goal is to integrate employment as an element of a client's treatment plan and not have it be as a separate service goal.

Reference:

Dartmouth Psychiatric Research Center. (2014). IPS Supported Employment Practice & Principles. Retrieved from <https://www.ipsworks.org/wp-content/uploads/2014/04/ips-practice-and-principles.pdf>

**4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds**

Please refer to the response to item #7.

**5. Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.**

The project is slated to be a three-year project. Following the County's local stakeholder process, including the 30-day public/comment review process, public hearing of the project and the approval and adoption of the INN project by the County Board of Supervisors, the County plans to seek State-Mental Health Services Oversight and Accountability Commission (MHSOAC) approval of this project in October 2017.

The County plans to procure and release a request for proposal (RFP) for services related to the Client and Consumer Employment Project. The RFP development, release, and final selection of the proposal typically takes about six months based on current Santa Clara County procurement guidelines and workflow for new contract services. Provided the County obtains MHSOAC approval in October 2017, the RFP development can commence soon after. The aim is to complete the procurement process by June 2018 with the awarding of new contract services with a start date of July 1, 2018.

**October 2017: Obtain State-MHSOAC approval of the new INN project.\***

**November 2017 – June 2018: Pre-planning activities, BHSD RFP Development, and Award Phase**

- Develop the scope of work based on the approved INN project described in this exhibit.
- Release RFP for Consumer and Employment INN project.
- Conduct an evaluation of bidder proposals.
- Select and award RFP contract with a project service contract start date of July 1, 2018.

**July 2018 – June 2021: Project Implementation Phase of the Three-Year Project**

The estimated implementation dates of the project is July 1, 2018 – June 30, 2021 and will be completed by selected vendor(s). Below is an estimated timeline based on a July 1, 2018 contract start date:

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- **July 2018 – September 2018 (three months):**
  - Selected contract provider(s) to conduct project start up and training.
  
- **October 2018 – June 2021 (21 months):**
  - Selected contract provider(s) to start implementing the IPS/SE model in three sites.
  - Selected contract provider(s) will track outcomes data and provide a monthly report to BHSD.
  - Throughout the term of the project, BHSD will designate a contract/project monitor who will continually assess the status of the project.
  - An outside evaluator will evaluate program's progress during the three-year term project, provide an annual report and a final evaluation report.

*\*Initially, as reflected in the Draft Plan for the new Innovation (INN) projects, BHSD estimated to present the new INN projects to the MHSOAC in October 2017. Recently, the MHSOAC Technical Assistance Team notified BHSD that most likely based on scheduling that the County's new INN projects is now tentatively scheduled for the MHSOAC's November 16, 2017 meeting.*

- 6. Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.**

The aim of the project is to provide a positive impact on the number of people in the county system who are currently unemployed. The project will integrate employment as part of a client's wellness and recovery and include it as part of their treatment plan. Through the project, BHSD intends to change how the overall system views employment and start recognizing employment as a wellness goal for clients/consumers. An evaluation of the project will occur throughout the term of the project. A final evaluation report will also be published at the end of the project which will be prepared by an outside contractor. As part of the evaluation, the following data elements will be tracked by the selected contract service provider(s):

- The number of participants in the project.
- The number of people who achieved job placement.
- The length of time it took to secure employment for all the program participants.
- The number of hours worked per week per participant, including earnings and total number of months participants were employed.
- The efficiency and length of time it takes using IPS/SE model versus traditional vocational/rehabilitation services. BHSD can utilize available DOR program outcomes and compare it to the outcomes that will be generated through the new IPS/SE INN project.
- Conduct a survey of the participants in terms of how they view employment as part of their treatment goal. Their initial perspective and a post-survey to assess their current view.

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**7. Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.**

It is estimated the project's end date is slated at the end of June 2021. Accordingly, as part of the County's FY2022 MHSAs Annual Update planning process, BHSD will review the evaluation report on the INN project and develop recommendations regarding the future of the project. The evaluation report and BHSD's recommendations will be shared with local stakeholders and the public as part of Santa Clara County's community planning process planned for FY2022 MHSAs Annual Update process.

**8. If applicable, provide a list of resources to be leveraged.**

Not applicable.

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9. Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.

NEW ANNUAL PROGRAM BUDGET					
A. EXPENDITURES					
Type of Expenditure	FY2019 (12 Months)	FY2020 (12 Months)	FY2021 (12 Months)	Total (36 Months)	
Contract Operated Program Expense					
1	Personnel expenditures, including salaries, wages, and benefits. Total of three IPS/SE program sites. Each program site includes: <ul style="list-style-type: none"> <li>• Two Full-Time Employment Specialists <b>now referred to as Vocational Generalists to align with the IPS/SE model to preserve the direct service functions of Employment Specialist and Job Finder into a single position.</b></li> <li>• <del>0.50 FTE Job Finder</del> <b>Delete and reallocate funding to Vocational Generalist positions; and maintain the overall personnel expense budget.</b></li> <li>• 0.25 FTE Clinical Management Supervisor</li> </ul>	\$591,102	\$608,835	\$627,100	\$1,827,037
2	Operating expenditures at 15% of personnel/benefits costs as listed for expense item #1.	\$88,665	\$91,325	\$94,065	\$274,056
3	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovation Program.	N/A	N/A	N/A	N/A
4	Overhead expenses 15% of personnel/benefits costs as listed for expense item #1.	\$88,665	\$91,325	\$94,065	\$274,056

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Subtotal of Contract Operated Program Expense		\$768,433	\$791,486	\$815,230	\$2,375,148
5	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative <ul style="list-style-type: none"> <li>• INN project evaluation contract</li> </ul>	\$50,000	\$50,000	\$50,000	\$150,000
Total Proposed Expenditures		\$818,433	\$841,486	\$865,230	\$2,525,148

**B. REVENUES**

1	MHSA Innovation Funds	\$818,433	\$841,486	\$865,230	\$2,525,148
2	Medi-Cal Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Any other funding (specify)				
Total Revenues		\$818,433	\$841,486	\$865,230	\$2,525,148

**C. TOTAL REQUESTED FUNDING (TOTAL AMOUNT OF MHSA INNOVATION FUNDS YOU ARE REQUESTING THAT MHSOAC APPROVE)**

\$818,433	\$841,486	\$865,230	\$2,525,148
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**D. BUDGET NARRATIVE**

**Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget.**

The County plans to procure and release a request for proposal (RFP) for services related to the Client and Consumer Employment Project, a three-year term project. Expense items 1- 4 noted in section 9A of this exhibit reflects the service contract operated program related expenses while item 5 reflects the expense related to the evaluation of the INN project that will also be contracted out.

Regarding expense items 1-4: The project’s service contract operated program expense reflects specific staffing requirements. **In the initial Draft Plan, each IPS/SE program site included two full-time employment specialists, one part-time job finder and a 0.25 FTE clinical management supervisor but to align with the IPS/SE model, employment specialist and job finder functions will roll in one single**

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**position, eliminating the 0.50 FTE for job finder. The combined positions will be called Vocational Generalists which will include both employment specialist and job finder functions at all sites. These salaries will be commensurate with experience and training and the 0.50 FTE allocation will be reallocated into the two more skilled positions with no change in the overall budget.** There will be a total three program sites. In addition the requested funding covers IPS/SE training related expenses and other ongoing training expenses needed for the implementation and fidelity to the IPS/SE model.