

**Greene County Educational Service Center
Mental Health Services
Strategic Action Plan 2016**

Approved by the Greene ESC Governing Board: 3/24/16.

Originally approved by the Greene ESC Governing Board: November 12, 2009.
Updated 1/13/2010; 12/8/2010; 12/8/11; 12/5/12; 1/10/13; 3/3/14; 5/4/15; 2/4/16

Prepared by Timothy J. Callahan, Psy.D., Director of Mental Health Services and reviewed by Quality Assurance/Performance Improvement (QA/PI) Committee

Table of Contents

Mental Health Services Vision.....	3
Mental Health Services Mission.....	3
The Greene ESC Mission.....	3
Core Values.....	3
Strategic Planning.....	4
Methods.....	4-6
Assessment of Need & Agency Capabilities.....	4-5
Meeting and Exceeding Regulatory Standards.....	5-6
Commitment to Risk Management.....	6
Continuous Performance Improvement.....	6
Use of Technology to Further Goal Achievement.....	6
Strategic Goals & Objectives.....	6-14
Actively Promote Health, Well-being and Dignity in our Community.....	6-7
Enhance Clinical Effectiveness.....	7-8
Develop & Maintain Sustainable Business Practices.....	8-11
Ensure a Healthy & Safe Environment.....	11-14
2016 Team Members.....	14
2016 Strategic Action Plan Grid.....	15-18

Mental Health Services Vision

GCESC-MHS envisions a community in which the mental illnesses that impact our children, teens and families are prevented and cured.

Mental Health Services Mission

Our mission is to support youth and families in maximizing their potential and enhancing their wellness in the natural environments of school, family, and community through advocacy, mental health services, and education.

The Greene ESC Vision

The Greene County ESC will continue to develop and provide creative, efficient, and customized shared services to our stakeholders. We aspire to create opportunities for innovation in the delivery of services that will benefit students, families, our partners in education, regional organizations and communities.

The Greene ESC Mission

The mission of the Greene County ESC is to promote widespread success for our students by providing essential, effective, specialized, and innovative services that foster collaborative, valued partnerships amongst all stakeholders.

Core Values

- Dignity, Worth, and Respect for All Individuals and Cultures
- Freedom from Suffering
- Empowerment and Self Determination
- Child Centered, Family Driven, and Community Based
- Collaboration and Inclusion
- Early Intervention
- Excellence and Continuous Improvement
- Access
- Advocacy
- Scientifically Sound and Effective Clinical Practices
- Fiscally Accountable and Sustainable Business Practices

Strategic Planning

The Greene ESC Mental Health Services fulfills its mission through ongoing and dynamic strategic planning that is aimed at meeting the following goals:

1. Actively Promote Health, Well-being and Dignity in our Community
2. Enhance Clinical Effectiveness
3. Develop Sustainable Business Practices
4. Ensure a Healthy & Safe Environment for all Stakeholders

The Greene ESC Mental Health Services strategic planning process involves appraisal of the environment, goal setting, monitoring of goal achievement, recommending enhancements for each of the strategic issues, and implementing those enhancements on an annual basis. The leadership team, made up of the Director of Mental Health Services and Program Supervisor, will be responsible for overseeing the strategic planning process, and QA/PI committee will be the primary vehicle for implementation of the strategic initiatives. Due to current fiscal environment, the Greene ESC Mental Health Services will do everything in its power to allocate staff resources toward clinical care, and place the administrative burden related to strategic planning on the leadership team.

Methods

The Greene ESC Mental Health Services will meet each strategic goal through the following methods:

1. Assessment of Need & Agency Capabilities

The Greene ESC Mental Health Services' core purpose is developed through an ongoing assessment of the environment. Understanding the needs and preferences of all stakeholders, including persons served, their families, school districts, teachers, staff and other community providers, allows us to map the best direction to take. Assessing our agency capabilities in meeting the needs of the stakeholders provides leadership the data necessary for enhancing service delivery and business practices through the strategic planning process. QA/PI committee analyzes the data gathered from environmental assessments to make changes and enhancements to the agency's strategies for fulfilling its mission, minimally on annual basis. The input is used in program planning, performance improvement, strategic planning, organizational advocacy, financial planning, and resource planning.

- A. Current Methods for Assessing Stakeholder Needs and Preferences
 - Input from persons served
 - i. Parent Satisfaction Surveys

- ii. Children Satisfaction Surveys
 - iii. Suggestion box
 - iv. Complaint & grievance procedures
 - v. DA, ISP preferences
- Input from schools
 - i. Teacher Satisfaction surveys
 - ii. District Satisfaction surveys
- Input from staff
 - i. Surveys
 - ii. Staff meetings
 - iii. Supervision
- Input from other stakeholders
 - i. Surveys
 - ii. Suggestion box
- Demographic Assessment

To further enhance the feedback/input process, the Greene ESC Mental Health Services will develop an Advisory committee by fall 2016, and Website suggestion box by 12/2016.

B. Domains of Agency Capabilities

- Leadership & Governance
- Staff & Human Resources
- Services & Program Structure
- Continuum of Services
- Clinical Practice Guidelines
- Technologies
- Continued Quality Improvement
- Data Collection
- Outcome Performance
- Response to Customer Needs
- QA/PI
- Policy & Procedures
- Marketing
- Decision making

2. Meeting and Exceeding Regulatory Standards

The Greene ESC Mental Health Services fulfills its mission by meeting and exceeding the standards set forth by the Ohio Department of Mental Health and Addiction Services (OMHAS) and the Commission on Accreditation of Rehabilitation Facilities (CARF). Leadership is responsible for ensuring the agency maintains certification and accreditation. Strategic goals are directly tied to standards set by regulatory bodies.

3. Commitment to Risk Management

The Greene ESC Mental Health Services engages in a coordinated set of activities designed to control threats to persons served, staff members, property, income, goodwill, and ability to accomplish goals. The risk management activities are reflected in the Greene ESC Mental Health Services Risk Management Plan.

4. Continuous Performance Improvement

The Greene ESC Mental Health Services stays on target with strategic goals through ongoing assessment of performance. The agency's strategies for performance improvement are reflected in the Quality Assurance/Performance Improvement Plan. Measures of performance include, but are not limited to "Feedback in Treatment" Outcome Measures, Stakeholder Satisfaction Surveys, and Individualized Service Plans.

5. Use of Technology to Further Goal Achievement

The Greene ESC Mental Health Services is committed to using technologies to support and advance its mission and purpose. The agency's strategies related to technology are outlined in the Greene ESC Technology Plan.

2016 STRATEGIC GOALS & OBJECTIVES

I. Actively Promote Health, Well-being and Dignity in our Community

Objective 1. Reduce Suffering & Stigma

Strategy A. Provide four anti-stigma trainings annually to schools

Staff Responsible: Leadership

Strategy B. Develop website-based information center.

Staff Responsible: Leadership, Technology Director

Strategy C. Provide treatment & consultation

Staff Responsible: MHS Staff

Objective 2. Advocate for Rights, Respect & Dignity

Strategy A. Provide annual trainings on client rights

Staff Responsible: Leadership

Strategy B. Develop website-based information center

Staff Responsible: Leadership, Technology Director

Strategy C. Provide treatment & consultation

Staff Responsible: MHS Staff

Objective 3. Increase Awareness

Strategy A. Provide four trainings annually to schools on youth mental health issues

Staff Responsible: Leadership

Strategy B. Develop website-based information center

Staff Responsible: Leadership, Technology Director

Strategy C. Provide treatment & consultation

Staff Responsible: MHS Staff

Objective 4. Increase Access (See Accessibility Plan)

Strategy A. Refine referral process

Staff Responsible: SMH Program Supervisor

Strategy B. Develop Needs Assessment Tools

Staff Responsible: Leadership

Strategy C. Refine outreach methods

Staff Responsible: Leadership

Strategy D. Create Drop-in Clinic at ESC building

Staff Responsible: Leadership

Objective 5. Ensure Client Rights

Strategy A. Provide annual Client Rights trainings to staff

Staff Responsible: Leadership

Strategy B. Develop website-based information center

Staff Responsible: Leadership, Technology Director

Strategy C. Provide treatment & consultation

Staff Responsible: MHS Staff

Objective 6. Increase Cultural Competency

Strategy A. Provide one annual cultural diversity training to staff

Staff Responsible: Leadership

Strategy B. Develop website-based information center

Staff Responsible: Leadership, Technology Director

Strategy C. Provide one annual training to schools

Staff Responsible: Leadership

II. Enhance Clinical Effectiveness

Objective 1. Employ Clinically Effective Interventions/Approaches

Strategy A. Provide annual clinical training to staff

Staff Responsible: Leadership

Strategy B. Focus supervision, team meetings & trainings toward enhancing clinically effective interventions

Staff Responsible: Leadership

Strategy C. Implement outcome measure – “Feedback in Treatment” (F.I.T.) by Scott Miller

Staff Responsible: Leadership & Staff

Objective 2. Advance the Self-Regulation Model

Strategy A. Provide annual clinical training to staff

Staff Responsible: Leadership

Strategy B. Increase focus of supervision toward Self-Regulation

Staff Responsible: Leadership

Strategy C. Explore Best Practice options

Staff Responsible: Leadership & Staff

Objective 3. Reduce Non-Academic Barriers to School Performance

Strategy A. Provide annual training to schools

Staff Responsible: Leadership

Strategy B. Develop outcome measures specific to performance

Staff Responsible: Leadership

Strategy C. Explore Best Practice options

Staff Responsible: Leadership & Staff

Objective 4. Improve Family Functioning

Strategy A. Provide annual Family Systems training to staff

Staff Responsible: Leadership

Strategy B. Employ a Family Therapy Best Practice Model

Staff Responsible: Leadership & Staff

Strategy C. Develop website-based information center

Staff Responsible: Leadership, Technology Director

Objective 5. Enhance Supervision

Strategy A. Refine supervision, team meetings & training

Staff Responsible: Leadership

Strategy B. Aim supervision toward clinical work

Staff Responsible: Leadership

Strategy C. Ongoing Implementation of F.I.T.

Staff Responsible: Leadership & Staff

Objective 6. Require Positive Approaches to Behavioral Interventions

Strategy A. Write a policy and procedures for emphasizing:

- Building positive relationships with client & family
- Taking into account the client's environments/contexts
- Assessing the client's home environment
- Promotion of de-escalation approaches
- Empowering self management/regulation
- Development of personal safety plans when indicated

Staff Responsible: Leadership

III. Develop & Maintain Sustainable Business Practices

Objective 1. Commitment to Financial Planning & Management

Strategy A. Develop fiscal policy & procedures to supplement the general Greene ESC fiscal policy & procedure

Staff responsible: Leadership, Treasurer

Strategy B. Financial meetings held quarterly

Staff responsible: Leadership, Treasurer

Strategy C. Present annual financial reports to stakeholders

Staff responsible: Leadership, Treasurer

Objective 2. Maintain Financial Sustainability

Strategy A. Budget prepared annually and based on projections of

revenue and expenditures and compared to history.

Staff responsible: Leadership, Treasurer

Strategy B. Quarterly analysis of revenue/expenses, trends, challenges, and opportunities

Staff responsible: Leadership, Treasurer

Strategy C. Present annual financial reports to stakeholders

Staff responsible: Leadership, Treasurer

Strategy D. Develop policy identifying issues related to being a subsidiary of the Greene ESC.

Staff responsible: Leadership, Treasurer

Strategy E. Quarterly review of billing statements & client records to ensure accuracy

Staff responsible: Leadership, Billing Manager

Strategy F. Annual internal financial audit

Staff responsible: Leadership, Billing Manager, Treasurer, QA/PI committee

Strategy G. Prepare for annual external audit

Staff responsible: Leadership, Billing Manager, Treasurer, QA/PI committee

Strategy H. Provide annual financial training to staff

Staff responsible: Leadership

Strategy I. Provide annual fiscal report to stakeholders

Staff responsible: Leadership

Objective 3. Avoid & Respond to Financial Threat

Strategy A. Develop specific plans to adapt to state cuts

Staff Responsible: Leadership, QA/PI committee

Strategy B. Develop plan for adapting to loss of levy dollars if future levies do not pass

Staff Responsible: Leadership, Treasurer, QA/PI committee

Strategy C. Formulate a staff reduction plan

Staff Responsible: Leadership

Objective 4. Actively Seek Financial Opportunities

Strategy A. Develop plan for seeking more financial contribution from participating school districts

Staff Responsible: Leadership, Superintendent

Strategy B. Explore and seek grants and endowments

Staff Responsible: Leadership

Strategy C. Explore 3rd party payer options

Staff Responsible: Leadership, Billing Manager, Treasurer

Objective 5. Maintain Certification/Accreditation

Strategy A. Quarterly review & enhancement of agency performance regarding OMHAS standards

Staff responsible: Leadership, QA/PI committee

Strategy B. Quarterly review & enhancement of agency performance regarding CARF standards

Staff responsible: Leadership, QA/PI committee

Strategy C. Annual report to stakeholders regarding performance on standards

Staff responsible: Leadership, QA/PI committee

Objective 6. Ensure Documentation Meets Standards

Strategy A. Quarterly review, analysis, reporting, and improvement of documentation in client records

Staff Responsible: QA/PI committee, Record Control

Officer, Leadership

Strategy B. Implement Database improvements to reduce documentation errors

Staff Responsible: Record Control Officer, Leadership

Strategy C. Provide trainings, supervision regarding documentation standards as needed, minimally quarterly

Staff Responsible: Leadership, QA/PI committee

Objective 7. Ensure Healthy Human Resources & Work Environment

Strategy A. Recruit, hire and retain an adequate number of staff

Staff Responsible: Leadership, ESC Personnel Officer

Strategy B. Verify degree, credentials, licensure, background checks

Staff Responsible: Leadership, ESC Personnel Officer

Strategy C. Ensure proper staff orientation, trainings & supervision

Staff Responsible: Leadership

Strategy D. Continue to refine job descriptions to reflect specific job duties.

Staff Responsible: Leadership

Strategy E. Refine competency-based performance evaluations

Staff Responsible: Leadership

Strategy F. Refine policy/procedure regarding requirements for student interns, including signed agreements, background checks, orientation, training, supervision, duties, restrictions, confidentiality, and policies for dismissal.

Staff Responsible: Leadership

Strategy G. Ensure personnel records are complete and proper through an annual review process; records must contain resume, verifications, evidence of orientation, job description, performance evaluations, any plans of corrections.

Staff Responsible: Leadership, ESC Personnel Officer

Strategy H. Provide annual trainings to staff regarding client rights, family-centered approaches, prevention of workplace violence, confidentiality, cultural competency, expectations

for professional conduct.

Staff Responsible: Leadership, ESC Personnel Officer

Objective 8. Manage Change without Disruption of Service Delivery

Strategy A. Develop a vision, policy & procedure for managing change.

Staff Responsible: Leadership, QA/PI committee

Strategy B. Establish an advisory committee of stakeholders

Staff Responsible: Leadership

Strategy C. Develop procedures for communicating change

Staff Responsible: Leadership

Objective 9. Compete Effectively in the Business Environment

Strategy A. Develop procedures for ongoing assessment of the competitive environment

Staff Responsible: Leadership

Strategy B. Articulate mission & uniqueness of agency's role in the community through marketing efforts.

Staff Responsible: Leadership

Strategy C. Develop advisory committee, to include business leaders in community

Staff Responsible: Leadership

Objective 10. Develop Marketing Strategies

Strategy A. Develop a marketing plan

Staff Responsible: Leadership

Strategy B. Perform marketing research in the community

Staff Responsible: Leadership

Strategy C. Refine website

Staff Responsible: Leadership, ESC Technology Director

Strategy D. Improve/refine brochure

Staff Responsible: Leadership

IV. Ensure a Healthy & Safe Environment

Objective 1. Maintain a Healthy & Safe Environment

Strategy A. Refine Health & Safety Policy & Procedures

Staff Responsible: Leadership

Strategy B. Improve record keeping process that demonstrates ongoing evidence of attention to safety practices & risks, reduction of risks, and concern for health and safety of all stakeholders

Staff Responsible: Leadership

Strategy C. Improve competency-based training for staff

Staff Responsible: Leadership

Strategy D. Improve written emergency procedures

Staff Responsible: Leadership

Strategy E. Refine evacuation procedures, specifically regarding how ESC Safety Officer & School District Safety Officers partner with Mental Health Services.
Staff Responsible: Leadership

Objective 2. Complete Background Checks

Strategy A. Refine process using state-of-the-art technologies
Staff Responsible: Leadership

Objective 3. Improve annual competency-based training process in the following areas:

- Health & Safety Practices
- Identification of Unsafe Environmental factors
- Emergency Procedures
- Evacuation Procedures
- Critical Incidents
- Reducing Physical Risks

Staff Responsible: Leadership

Objective 4. Improve review process for Critical Incidents

Strategy A. Revise policy & procedures

Staff Responsible: Leadership QA/PI committee

Strategy B. Develop method of communicating CR results to Stakeholders

Staff Responsible: Leadership, QA/PI committee

Strategy C. Refine technologies in order to improve communications with OMHAS's WEIRS site.

Staff Responsible: Leadership, ESC Technology Director

Objective 5. Test Emergency Procedures

Strategy A. Refine testing procedures to be more efficient

Staff Responsible: Leadership

Strategy B. Develop policy & procedure to clarify how ESC Safety Officer and school districts' safety officers communicate with Mental Health Services Leadership

Staff Responsible: Leadership

Strategy C. Develop policy and procedures specific for the Alternative Educational Placements

Staff Responsible: Leadership, QA/PI committee

Objective 6. Maintain Safe Facilities

Strategy A. Develop procedures and agreements for working in Host facilities that the ESC & Mental Health Services have no control over, including school buildings

Staff Responsible: Leadership, ESC Safety Officer

Strategy B. Improve orientation/training process with staff

Staff Responsible: Leadership

Strategy C. Explore technologies that may improve the Health & Safety process, reduce burden and increase safety

Staff Responsible: Leadership, ESC Safety Officer

Objective 7. Maintain Infection Control

Strategy A. Improve orientation & training process with staff

Staff Responsible: Leadership

Strategy B. Expand client orientation

Staff Responsible: Leadership

Objective 8. Protect Against Hazardous Material Exposure

Strategy A. Improve orientation & training process with staff

Staff Responsible: Leadership

Strategy B. Expand client orientation procedure to cover details of Hazardous material

Staff Responsible: Leadership

Strategy C. Develop procedures and agreements for working in host facilities that the ESC & Mental Health Services have no control over, including school buildings

Staff Responsible: Leadership, ESC Safety Officer

Objective 9. Maintain Safe Transportation Practices

Strategy A. Record Control Officer as delegate of the Director oversees the transportation process

Staff Responsible: Leadership, QA/PI committee

Strategy B. Improve the self-assessment tool

Staff Responsible: Leadership, QA/PI committee

Objective 10. Train and Employ Nonviolent Practices

Strategy A. Revise policies and procedure to emphasize the Agency' position and commitment to nonviolent practices

Staff Responsible: Leadership

Strategy B. Include agency's position on nonviolent practices on website and in brochures

Staff Responsible: Leadership

Strategy C. Provide annual training and ongoing supervision specific to nonviolent practices and de-escalation methods

Staff Responsible: Leadership & Staff

Strategy D. Support/facilitate trainings to schools on best practices related to nonviolent de-escalation and crisis intervention

Staff Responsible: Leadership, ESC Safety Officer, School District Safety Officers

Strategy E. Write a policy and procedures for emphasizing the following positive approaches to behavioral interventions:

- Building positive relationships with client & family

- Taking into account the client’s environments
- Assessing the client’s home environment
- Promoting de-escalation approaches
- Empowering self management/regulation
- Development of personal safety plans when indicated

Staff Responsible: Leadership

The Greene ESC Mental Health Services Strategic Action Planning Team Members

2016 Leadership Team

Dr. Timothy J. Callahan, Director of Mental Health Services
 Anya Senetra, Program Supervisor

2016 QA/PI Committee

Timothy J. Callahan
 Anya Senetra
 Casey Aldrich
 Bethany Finkbeiner
 Wendy Wooten
 Steve Reffner
 Megan Kilner

2016 Record Control Officer

Wendy Wooten

2016 Billing Manager

Bethany Finkbeiner

2016 Greene ESC Superintendent

Terry Strieter

2016 Greene ESC Treasurer

Robert “Chip” Arledge

2016 Greene ESC Technology Team

Thomas Davis

2016 ESC Learning Center Safety Officer

Doug Andrus

2016 ESC Mental Health Services Health & Safety Officer, Client Rights Officer, Cultural Officer, Corporate Compliance Officer, GCESC Grievance/Complaint Officer

Timothy J. Callahan

2016 Mental Health Services Staff: Tim Callahan, Jeff Conrad, Casey Aldrich, Bethany Finkbeiner, Dawn Gruber, Dawn Tharp, Chris Knotts, Rachel Mitchell, Jennifer Mills, Julie Mitchell, Steve Reffner, Peggy Roesser, Laura Rozier, Anya Senetra, Laura Taylor, Paula Fry, Wendy Wooten, Stefanie Atwater, Megan Kilner

2016 Strategic Action Plan Grid

Goal/Objective/Strategy	Staff Responsible	Timeline
I.1.A	Tim & Anya	1 year
I.1.B	Tim, Anya, Thomas	2 years
I.1.C	MHS staff	ongoing
I.2.A	Tim & Anya	1 year
I.2.B	Tim, Anya, Thomas	2 years
I.2.C	MHS staff	ongoing
I.3.A	Tim & Anya	1 year
I.3.B	Tim, Anya, Thomas	2 years
I.3.C	MHS staff	ongoing
I.4.A	Anya	6 months
I.4.B	Tim & Anya	1 year
I.4.C	Tim & Anya	2 years
I.4.D	Tim & Anya	5 years
I.5.A	Tim & Anya	1 year
I.5.B	Tim, Anya, Thomas	2 years
I.5.C	MHS staff	ongoing
I.6.A	Tim & Anya	1 year
I.6.B	Tim, Anya, Thomas	2 years
I.6.C	Tim & Anya	1 year
II.1.A	Tim & Anya	1 year
II.1.B	Tim & Anya	ongoing
II.1.C	Tim & Anya & MHS staff	2 years
II.2.A	Tim & Anya	1 year
II.2.B	Tim & Anya	ongoing
II.2.C	Tim & Anya & MHS staff	2 years
II.3.A	Tim & Anya	1 year
II.3.B	Tim & Anya	1 year
II.3.C	Tim & Anya & MHS staff	2 years
II.4.A	Tim & Anya	1 year
II.4.B	Tim & Anya & MHS staff	2 years
II.4.C	Tim, Anya, Thomas	2 years
II.5.A	Tim & Anya	1 year
II.5.B	Tim & Anya	ongoing
II.5.C	Tim & Anya & MHS staff	2 years

2016 Strategic Action Plan Grid

Goal/Objective/Strategy	Staff Responsible	Timeline
II.6.A	Tim & Anya	ongoing
III.1.A	Tim, Anya, Chip	1 year
III.1.B	Tim, Anya, Chip	quarterly
III.1.C	Tim, Anya, Chip	1 year
III.2.A	Tim, Anya, Chip	1 year
III.2.B	Tim, Anya, Chip	quarterly
III.2.C	Tim, Anya, Chip	1 year
III.2.D	Tim, Anya, Chip	6 months
III.2.E	Tim, Anya, Bethany	quarterly
III.2.F	Tim, Anya, Bethany, Chip	1 year
III.2.G	Tim, Anya, Bethany, Chip	ongoing
III.2.H	Tim & Anya	1 year
III.2.I	Tim & Anya	1 year
III.3.A	Tim, Anya, QA/PI	3 months
III.3.B	Tim, Anya, QA/PI, Chip	3 months
III.3.C	Tim & Anya	3 months
III.4.A	Tim, Anya, Terry	1 year
III.4.B	Tim & Anya	1 year
III.4.C	Tim, Anya, Bethany, Chip	2 years
III.5.A	Tim, Anya, QA/PI	quarterly
III.5.B	Tim, Anya, QA/PI	quarterly
III.5.C	Tim, Anya, QA/PI	1 year
III.6.A	Tim, Anya, QA/PI, Wendy	quarterly
III.6.B	Tim, Anya, Thomas	1 year
III.6.C	Tim, Anya, QA/PI	ongoing
III.7.A	Tim, Anya, Terry	ongoing
III.7.B	Tim, Anya, Terry	ongoing
III.7.C	Tim & Anya	ongoing
III.7.D	Tim & Anya	ongoing
III.7.E	Tim & Anya	1 year
III.7.F	Tim & Anya	1 year

2016 Strategic Action Plan Grid

Goal/Objective/Strategy	Staff Responsible	Timeline
III.7.G	Tim, Anya, Terry	ongoing
III.7.H	Tim, Anya, Terry	1 year
III.8.A	Tim, Anya, QA/PI	1 year
III.8.B	Tim & Anya	6 months
III.8.C	Tim & Anya	6 months
III.9.A	Tim & Anya	1 year
III.9.B	Tim & Anya	1 year
III.9.C	Tim & Anya	6 months
III.10.A	Tim & Anya	1 year
III.10.B	Tim & Anya	1 year
III.10.C	Tim, Anya, Thomas	2 years
III.10.D	Tim & Anya	6 months
IV.1.A	Tim & Anya	ongoing
IV.1.B	Tim & Anya	1 year
IV.1.C	Tim & Anya	1 year
IV.1.D	Tim & Anya	1 year
IV.1.E	Tim & Anya	1 year
IV.2.A	Tim, Anya, Wendy	1 year
IV.3	Tim & Anya	1 year
IV.4.A	Tim, Anya, QA/PI	1 year
IV.4.B	Tim, Anya, QA/PI	1 year
IV.4.C	Tim, Anya, Thomas	6 months
IV.5.A	Tim & Anya	1 year
IV.5.B	Tim & Anya	1 year
IV.5.C	Tim, Anya, QA/PI	1 year
IV.6.A	Tim, Anya, Doug	1 year
IV.6.B	Tim & Anya	1 year
IV.6.C	Tim, Anya, Doug	2 years
IV.7.A	Tim & Anya	1 year
IV.7.B	Tim & Anya	1 year
IV.8.A	Tim & Anya	1 year

2016 Strategic Action Plan Grid

Goal/Objective/Strategy	Staff Responsible	Timeline
IV.8.B	Tim & Anya	1 year
IV.8.C	Tim, Anya, Doug	1 year
IV.9.A	Tim, Anya, QA/PI	6 months
IV.9.B	Tim, Anya, QA/PI	6 months
IV.10.A	Tim & Anya	1 year
IV.10.B	Tim & Anya	1 year
IV.10.C	Tim, Anya, MHS staff	1 year
IV.10.D	Tim, Anya, Doug	1 year
IV.10.E	Tim & Anya	1 year