



Scioto Paint Valley Mental Health Center

Strategic Plan

FY 2016

Introduction

This strategic plan incorporates information from a variety of sources including stakeholders, consumers, and family members. The document, as well as strategic planning is considered an evolving process and will be reviewed and updated on an annual basis.

The document has been organized using the CARF-recommended format, along with the addition of a human resource section. Within each section, there is an analysis of (1) strengths/opportunities and (2) weaknesses/threats and (3) a goals statement and (4) responsibilities.

The Agency strategic plan will be accessible to stakeholders, the general public and consumers by being distributed via:

- SPVMHC's website;
- submission to regulatory bodies and funding sources;
- front desk hard copies available at each clinic/location;
- portions displayed overtime in client areas at all sites;
- individual copies to SPVMHC board members;
- Intranet availability for review by SPVMHC employees.

II. Expectations of Persons Served

Strengths/Opportunities

Customer satisfaction surveys are conducted on an annual basis. Survey results for FY 2015 indicate a majority of respondents rated their service as good or excellent. Respondents noted that because of services received, they felt better able to control their emotions, experienced overall symptom improvement and felt a sense of satisfaction with their lives. Approximately 98% of customers surveyed said they would recommend agency services to others as well as 98% of customers stating that they liked the services they receive. The Agency put into practice another form of gathering vital stakeholder and client satisfaction in addition to the client satisfaction surveys in July of 2013. The Customer Relations Protocol solicits feedback on employees through a process of randomized client and stakeholder surveys. There was significant improvement overall in the comment section of the Customer satisfaction surveys.

The Center monitors customer access to services quarterly. There were minimal comments on the time it took to get into services.

Weaknesses/Threats

The Center strives to serve as many individuals as possible, however; the ever increasing cost of service provision, paired with many funder's reduction in payments creates a strain on the Center's overall future sustainability.

For many years now, The Agency has had to retrench in terms of services offered due capped unit costs, reduced public funding and defined limits on critical services such as case management, (CPST) and others. Due to these financial limitations, it will not be possible to expand behavioral health services in any meaningful way.

Goals

A major goal will be to better communicate and work with consumers and family members to manage the consumer's care within constrained care guidelines. We will know communication efforts have improved by seeing an overall improvement in client outcomes.

A critical goal of The Agency continues to be the task of building a strong foundation to support integrated care. Integrated Care began October 2014. There have been some challenges to this new program, but it seems to be growing daily. The Agency will work to have the Integrated Care Program CARF accredited by the fourth quarter of FY 2016. This change in service philosophy signals a departure from reimbursement based on fee for service to one based on performance.

The Agency will continue to pursue the integrating of primary care services with the present range of behavioral health services the Agency is certified to provide, thereby taking a holistic approach to customer care.

The Agency considers the satisfaction of clients, stakeholders and personnel to be at the very core of importance. It shall be a goal that FY 2016 client satisfaction surveys will show a 1% improvement into the following areas:

- In terms of if clients would recommend agency services to others
- In terms of if clients like the services they receive at The Agency

Responsibilities:

All employees are tasked to ensure that the Agency continues to exceed consumer expectations. The Management Team will continue to work toward health integration with the health home team leader being a key role. The Human Resources Department will work in concert with the Team Leader and Agency Leadership to recruit for integrated care positions that are unfilled. The Quality Assurance Committee will continue to gage overall consumer satisfaction throughout the year and will report on these findings at Agency established times.

III. Expectations of Other Stakeholders

Strengths/Opportunities

Management and program staff are always eager to understand and develop collaborations with stakeholders, to bridge the gap between expectations and reality related to the development and implementation of services. In other words, we always want to clearly articulate what we can do and what we cannot do and explain why. We routinely select individual groups of stakeholders to survey to determine the perceived effectiveness of available services. We plan to continue the practice of surveying the general public and selected stakeholders as a means of gauging awareness of Center services.

In addition, we have established more open communication and collegial relationships with a number of external stakeholders, including local hospitals, courts, school systems, etc. Our relationship with many of these entities is much improved and may be better than at any time in the recent past.

Weaknesses/Threats

In many areas, stakeholders continue to have high expectations of agency services. Due to serious budget cutbacks, The Agency may be unable to meet these expectations in terms of scope, availability and accessibility of many programs and services. For example, timely access to psychiatric services is still an ongoing struggle. We are hopeful that as the newly established psychiatric residency program continues to grow, the access problem will diminish over time.

Goals

To continue to educate stakeholders and the community about the limitations The Agency faces in terms of service expectations, while providing the highest quality services feasible given current financial and staffing constraints.

Recruit additional providers, including licensed therapists, psychiatrists, practitioners as revenue and demand for services dictate. A Nurse Practitioner was hired for our primary care services and worked with us for six months before resigning. We now have a Physician Assistant in place and we continue to see steady growth in the Integrated Care program.

Continue the provision of pharmacological management/med-somatic services via telemedicine on a limited basis to increase access to the psychiatrist.

The Agency will strive to garner feedback from a variety of stakeholder sources in FY 2016, with an emphasis being placed on the following:

- School Systems in the communities we serve
- Referral Sources
- Legal System

- Job and Family Services

Responsibilities

The Quality Assurance Committee which comprises much of the Management Team is responsible for surveying stakeholders at indicated times throughout the year. The results of the stakeholder survey are discussed and published with a focus review occurring if deemed necessary. To address staffing constraints, Leadership along with Human resources will continue to seek highly quality and effective individuals to fill Agency positions.

IV. The Competitive Environment

Strengths/Opportunities

SPVMHC has many strengths which include a broad array of services, the goodwill of the communities we serve, positive name recognition and a core of dedicated and experienced staff. The Agency is the only comprehensive community mental health center in the service area and is the primary provider of services to persons with SPMI.

Notwithstanding serious financial constraints, The Agency has maintained a number of evidence-based or promising practices. Some are continuing to evolve, while others have been a mainstay of agency services. Current evidence-based practices include:

- Transitional Services Program
- Supported Employment/Vocational Services
- Motivational Interviewing
- Integrated Dual-Diagnosis Treatment (IDDT)
- Intensive Community Based Program (known as IFAST)
- Duluth Model of Domestic Violence Intervention
- Incredible Years Parenting Program
- Project Success
- Life Skills

The Agency continues to embrace technology in an effort to provide staff the tools to work more efficiently. As an example, the IT Department expanded staff access to the virtual privacy network (VPN) function to allow for more efficient clinical documentation in the field.

A continuing goal for FY 2016 will be to complete implementation of the clinical portion of the new software and fully employ an Electronic Health Record (EHR). This will have many benefits including the ability to submit e-prescriptions, track tests, referrals and follow-up as necessary, provide clinical summaries to consumers and in general, improve communication and care coordination among healthcare providers. The electronic prescribing portion of the software program was in place by the fourth quarter of FY 2015. This move to “e-prescribing” will increase efficiency, prescription integrity, and promote client safety for prescriptions. Our Electronic Health Record Project Manager along with our IT Manager are currently working on the Ultra-Sensitive Exchange with Cerner that will allow our psychiatrists to “e-prescribe”

controlled substances. The upgrade will also allow us to have the capability of sending records through a secure Health Information Exchange (HIE) to other collaborating providers and entities. Full implementation is expected to be completed by the Third Quarter of FY 2016.

In December, 2011, The Agency was awarded a planning grant from the Health Foundation of Greater Cincinnati to study the feasibility of integrating primary care services with The Agency's core behavioral health services. In June of 2013, The Agency was awarded an implementation grant from the Health Foundation of Greater Cincinnati as well to further develop and implement the concept of integrated care. The Agency began Primary Care services in October of 2014.

Weaknesses/Threats

Due to a number of factors including staff turnover, limited time for continuing education and significant revenue losses, evidence-based practices have not been maintained at the level we would have liked. With less experienced and credentialed staff, it is difficult to keep up with new developments and trends in the field. Managing clinical services in a multi-site organization complicates the dissemination of information and the provision of training opportunities.

Goals

Continue the provision of quality services by maintaining fidelity to the evidence-base practices presently in use by agency clinical staff; ensure that new staff are trained in the techniques/methods of evidence-based practices in a timely manner after being hired.

Support the customer relations protocol that is in place to guide staff in creating a customer friendly atmosphere/culture in all of our clinics and in all dealings with consumers. The findings from client and stakeholder surveys will be included in the Agency Quality Assurance Plan.

Become recognized as a local leader in the effort to improve care coordination and overall health outcomes of persons with SPMI.

Responsibilities

The Professional Development Commitment along with Indicated Management Team Members will be responsible to ensure that these goals are met in the timeframe that has been established. Responsible parties will ensure that funding and training are reviewed often to allow for the continuation of competitive practices.

E.H.R. Project Manager in concert with IT Manager will continue to work toward health record upgrades and implementation.

V. Financial Opportunities

Strengths/Opportunities

The Center's vocational services program received CARF accreditation in 2010 and was again recertified in 2013 and is a vendor for the Rehabilitation Services Commission/Bureau of Vocational Rehabilitation. The vocational services program has been an asset to many consumers and continues to gain recognition in the communities in which we serve.

Agency management continually scans the environment in search of new sources of revenue. A direct result of these efforts was the establishment of an agency-run medical transportation service in 2009. The service continues to generate revenue and is an asset to indigent consumers who without it would not be able to receive the services they need.

In March 2012, voters approved a 1-mill property tax replacement levy which provided an additional \$1.2 million in revenue to the mental health center. This new revenue allowed us to begin accepting limited admissions of indigent clients, and recruit additional psychiatrists.

In collaboration with the Paint Valley ADAMH Board, the Center set aside five residential treatment beds for use by members of the Central Ohio ADAMH Board Collaborative. Member boards and/or their provider agencies can refer persons who meet admission criteria and would benefit from short term residential treatment. This bed purchase resulted in \$730,000 in additional agency revenue for FY 2014.

In FY 2014, The Agency continued to accept referrals from the Chillicothe Veteran's Administration Hospital to provide short-term residential treatment for homeless veterans. That contract has a reimbursement limit of \$50,000.

Weaknesses/Threats

The expectation from stakeholders and the community that The Agency will provide significant levels of uncompensated care is a continuing source of tension. Additional revenue from passage of the ADAMH Board's replacement levy should ease this issue somewhat.

Goals

The Agency will continue to seek ways to enhance revenue by fully employing new billing software, streamline clerical and billing functions across all sites, streamline authorizations for services to managed care clients, and reduce denial rates.

The Agency will continue to refine service delivery methods and seek ways to improve staff productivity while maintaining the highest standard of care possible.

The Agency will recruit independently licensed staff to fill open positions and absorb caseloads that have been neglected and again begin to market agency services.

Responsibilities

The Chief Financial Officer in concert with other management staff will ensure that the Agency remains fiscally sound and that payments are posted efficiently and accurately. Management staff will report any financial opportunity available (grants, programs, etc.) that will aide in the overall mission of the Agency to provide effective care to consumers.

VI. Financial Threats

Strengths/Opportunities

The Agency continues to benefit from a dedicated and professional staff, particularly from individual clinicians who strive to meet or exceed productivity standards. Becoming a certified Medicaid Health Home and the addition of primary care services should help position The Agency well as we move from a fee-for-service environment to one that is geared toward client outcomes. The Agency is now an approved site location for the National Health Service Corps (NHSC) to assist independently licensed clinicians the opportunities to have their loans forgiven in exchange for a commitment to work for the Agency.

Weaknesses/Threats

Personnel costs, particularly health insurance benefits for staff, continue to escalate. Personnel costs are also adversely affected by the need to compete for licensed professional staff with agencies that are able to offer higher compensation and more generous benefits.

Unit cost rates that The Agency is permitted to charge for services are regulated by the government. These rates are not indexed to inflation and have been fixed or flat for more than a decade. For a number of critical Medicaid services, the scope of service offered to consumers is artificially limited.

Managed care or commercial insurance companies are disinclined to offer The Agency rate increases which creates the persistent financial pressure to limit the number of clients we admit with private insurance and shift the excess cost of service to other payor sources.

Though the transportation service does generate revenue, the revenue produced is not sufficient to cover the total cost of the service. The transportation company operates in all five counties, but only two job & family service agencies have agreed to contract with the company to transport their residents to medical appointments.

Internal studies have shown that eliminating the service would be extremely detrimental to those clients who have no other means of transportation and would likely cost more in terms of lost reimbursement.

Goals

Continue to ration services to clients without a payor source by controlling admissions and assuring provision of medically necessary services only.

Continue to maintain reasonable administrative expenditures and seek ways to cut costs without sacrificing quality.

The Agency will continue to work toward assisting the Transportation Company in continued sustainability. This will be accomplished by seeking to contract with the remaining three county job and family service agencies by:

- Continuing to utilize every meeting opportunity with local job and family service to promote the efficiency, effectiveness and need for our Agency transportation services.
- Promote Agency transportation services through small marketing campaign efforts.

Responsibilities

The Transportation Company Manager will work with the Accounts Receivable Department as well as the Chief Financial Officer to expedite billing of services. The Transportation Manager will continue to seek out contract opportunities with the remaining three county job and family service agencies that we do not have a contract with currently.

VII. Service Area Needs

Strengths/Opportunities

The Agency has worked with the Ross and Pike County Common Pleas Courts to expand services to court referrals. The relationship with both courts has improved and the number of persons served with criminal court involvement continues to increase.

Agency staff actively participates in the coalition organized to reduce accidental deaths from prescription drug use and/or abuse. This coalition includes representatives from the medical community, law enforcement and criminal justice, social service, education and public welfare, etc.

In 2012, agency staff participated in the Ohio Supportive Housing Institute. Due to the financial investment and persistent support of the local ADAMH Board, this project may result in the development of a 20-bed apartment campus which will provide affordable, long-term housing to many of our more severely disabled clients. In 2013, an ADAMH Board representative presented architectural concept drawings of the new apartment complex. Additionally, the ADAMH Board purchased land for this exciting venture. The Board of Trustees for the Agency unanimously approved the partnership of both the ADAMH Board and Scioto Paint Valley MHC to work together on this project.

The Floyd Simantel Clinic along with the Pike County Clinic have been working locally with a Housing Initiative to provide apartments for Agency clients. The move to provide much needed

housing to clients has been embraced by the Agency as a step in the right direction and an effort that will truly be rewarding for the clients we serve.

In 2011, The Agency submitted a proposal to the Ohio Department of Mental Health to become a Medicaid Health Home. Among other consumer friendly elements, the Health Home concept offers agencies the opportunity to partner with primary care providers in local communities and more closely integrate behavioral and primary care.

Weaknesses/Threats

The demand for services continues to exceed The Agency's ability to meet it. In addition, the system of care is often fragmented and uncoordinated, even on the local level. Some stakeholders hold unrealistic expectations of the community mental health system. The Agency's priority populations do not always coincide with those of the community at large.

Goals

Continue to develop interagency collaborations to address the multifaceted needs of persons with emotional and mental illnesses.

Continue the provision of open admission group services at each clinic, without regard to a person's ability to pay.

Continue to work on access to services and develop strategies to decrease overall wait time for psychiatric, outpatient counseling and diagnostic assessment services.

In Marcy of 2015, the Center moved to implement same-day appointment scheduling for both primary and behavioral care to decrease overall wait time for clients needing to be seen, decrease local emergency room visits, and respond to client needs more efficiently. We have witnessed an increase in assessments being provided to clients, as well as, clients accessing services more quickly.

Responsibilities

All Agency staff will be tasked with continually identifying service needs and reporting those needs to their supervisor.

VIII. Regulatory Environment

Strengths/Opportunities

The Agency is fortunate to have experienced staff in key management positions. This experience has served The Agency well in meeting certification requirements of a number of regulatory bodies including the Ohio Department of Mental Health (ODMH), Ohio Department of Alcohol & Drug Addiction Services (ODADAS), the Commission on the Accreditation of Rehabilitation Facilities (CARF) and Alliance of Information & Referral Systems (AIRS).

Weaknesses/Threats

Our staff members have training needs in terms of (1) individualized position requirements (2) departmental standards, and (3) professional licensure requirements. These multiple demands tend to have a negative effect on staff productivity.

Goals

Earn a three-year CARF accreditation at the August 2016 survey.

Meet CARF Integrated Physical/Behavioral Health Core Program Standards by January 2016.

Responsibilities

Management Team

IX. Legislative Environment

Strengths/Opportunities

Presumably, under the Patient Protection and Affordable Care Act (ACA), mental health care will be more accessible to more people. Greater access to private insurance, including coverage for mental health care, coverage for pre-existing conditions, and an expanded Medicaid population should be good news for community mental health centers.

Further, the law is designed to increase incentives to physicians and other healthcare professionals to look after their patients across the entire continuum of care, including referrals to trained mental health professionals for their emotional health needs.

Weaknesses/Threats

The effort and investment required to become a patient centered medical home is daunting and at times seems overwhelming. And while there is general consensus that the PCMH model will be good for patients, there is also concern that the financial rewards may be less than adequate for providers.

Goals

Address the elements of the ACA in a methodical and systematic manner;

Monitor the national and state legislative environment and strive to stay ahead of the curve in terms of the legislative changes that may legislation impact community behavioral health services.

Responsibilities

Leadership Team

X. Human Resources

Strengths/Opportunities

HR Department staff are available on a continuous basis to provide basic personnel information, interpret personnel policy and procedure, answer employee questions related to benefits such as health insurance, retirement, FMLA, workers compensation questions/claims, overtime or other labor law topics and help with conflict resolution.

Further, the department handles most recruitment responsibilities, including advertising, screening resumes and applicants. HR staff ensures well maintained employee personnel files and monitor access to these files to ensure accuracy and confidentiality.

Recently, The Agency adopted a new employee performance appraisal system which should over time streamline the employee evaluation process.

The Agency offers tuition assistance to employees based on budget considerations and is now an approved site for the National Health Service Corps loan repayment program which could expand the opportunity for the Agency to recruit independently licensed folks to fill critical roles.

In 2013, the Common Concerns Committee created and presented to Agency Leadership, an Employee Mentoring Program. The concept behind this plan is connecting new employees to a peer mentor on-site to facilitate training needs, promote Agency values, as well as ease the employee's transition to the new work environment, reduce frustration, and improve productivity and employee retention.

Weaknesses/Threats

It is becoming increasingly difficult to recruit credentialed staff, particularly independently licensed therapists, nurse practitioners and psychiatrists. The Agency often is constrained by geography (rural vs. urban) and the ability to compete with other healthcare providers in terms of compensation and benefits.

Goals

The HR Department will stay abreast of the latest developments in recruitment strategies and monitor compensation and benefit trends within the industry to ensure The Agency remains as competitive as is financially feasible.

A major goal is to offer competitive salary/benefit options to employees and to recruit and retain highly motivated, skilled personnel who will make a commitment to The Agency and its reputation in the community.

Responsibilities

Human Resources Department

XI. Technology

Strengths/Opportunities

The IT department is responsible for maintaining multiple systems for the agency such as the Anasazi EHR program, financial and employee Business Portal for time, attendance, and payroll, cold fusion applications server, Anasazi reporting feature, Group/Clinic transportation feature, mileage and cellphone expense form, and productivity application for clinicians, submitable forms system which is for reference of pre-Anasazi information, and a new transportation v2 program for scheduling client pickup for our Transportation Company.

Weaknesses/Threats

There are always surprises that can happen on a daily basis from an internal client having a PC problem, to server failures. Data backup and retention is always a challenge to ensure that the department has a copy of your data in the event of an emergency. Additional threats are external and can be such things as internet based problems, firewall functionality, PC's are up to date with their antivirus software, and E-mail is being scanned.

Goals

The biggest goals are to try and stay up-to-date with the latest technology practices, keep a high Service Level Agreement with our End Users, and keep our IT Infrastructure a safe environment for all.

Responsibilities

IT Department Manager

XII. Organization's Capabilities

Strengths/Opportunities

We are a comprehensive behavioral health agency that is currently working toward integrated care. The potential and overall capabilities of the Agency are very strong. Staff are experienced, dedicated to the mission and compassionate with their care. Agency infrastructure is strong and meets our needs. The Center enjoys accreditation from CARF, Ohio Department of Mental Health, the Ohio Department of Drug and Alcohol Services and AIRS. All clinic sites have a

high favorability rating in the communities they serve and clients truly benefit from offered services.

Weaknesses/Threats

Funding continues to be a factor in many areas of service delivery. While the Agency goes great distances to provide uncompensated care for indigent consumers, the needs are still great in our communities and a lack of funding inhibits some care for indigent clients.

Recruitment of psychiatrists is a barrier for the Center as well as independently licensed therapists. At times, we are not able to compete with salary offers that recruits may receive from larger entities in our area or in larger urban locations. The majority of our clinic sites are classified as rural which can be a deterrent to an individual wanting to have access to the urban setting.

Goals

The Agency will continue to look for additional sources of funding to have the ability to provide more care in the communities in which we serve.

We will continue to promote our status as an approved site for the National Health Service Corps Loan Repayment Site as a means of recruiting qualified individuals to fill key positions.

Responsibilities

Management Team

XIII. Organization's Relationship with External Stakeholders

Strengths/Opportunities

Scioto Paint Valley Mental Health Center has been an established provider for many years in the community and enjoys a great working relationship with several external stakeholders. Many staff members are regular attenders at community and/or joint-partnership meetings with stakeholders. The Agency is also involved in several community sponsored events that promote wellness and recovery.

In addition to the above mentioned items, we have established more open communication and collegial relationships with a number of external stakeholders, including local hospitals, courts, school systems, etc. Our relationship with many of these entities is much improved and may be better than at any time in the recent past.

Weaknesses/Threats

As mentioned in Section 3, in many areas, stakeholders continue to have high expectations of agency services. Due to serious budget cutbacks, The Agency may be unable to meet these expectations in terms of scope, availability and accessibility of many programs and services.

Goals

The Agency will continue to collect valuable external stakeholder feedback on overall business function and service delivery. With the implementation of the Customer Relations Protocol that was introduced in July of 2013, stakeholder feedback will be gathered and reported on in the Agency Quality Assurance Plan. This information will be used to provide information on the effectiveness, accessibility and efficiency of our services and programs.

Responsibilities

Management Team

XIV. Information from the Analysis of Performance

Strengths/Opportunities

The Agency understands the importance of ensuring that the collection of data is brought into the strategic planning process to improve overall business function and service delivery. Scioto Paint Valley Mental Health Center has a history of solid data collection methods.

The Agency has a very experienced staff that acknowledges the importance of performance analysis and takes an active role in reviewing data, conducting focus reviews on identified trends, and integrating this information into Agency performance improvement.

In 2013, Scioto Paint Valley Mental Health Center published the Strategic Plan on the external website for the public to review as well as making copies available at each front desk location in all clinics to ensure that clients and stakeholders had access to the plan and its contents.

Weaknesses/Threats

One identified weakness is the newness of the Anasazi program and the difficulty of learning how to run reports from this software program. It has taken time to learn how to extrapolate the information that is gathered in the program. While Anasazi has already proven to be an invaluable purchase, there have been some instances where needed data for performance analysis has been unavailable.

Goals

Scioto Paint Valley will continue to work with Anasazi to develop new ways of gathering information and to learn more about the system that is in place. Currently, the Center contracts with a report writer that is building some useful “go to” reports that will contain much needed

information that is required to be reported on frequently. These reports will save time in the future and will only serve to increase the Agency’s abilities to capture data.

Another important goal that the Center is working on involves the ability to collect data for integrated care. Anasazi is working on additional software that can be utilized to capture integrated care data..

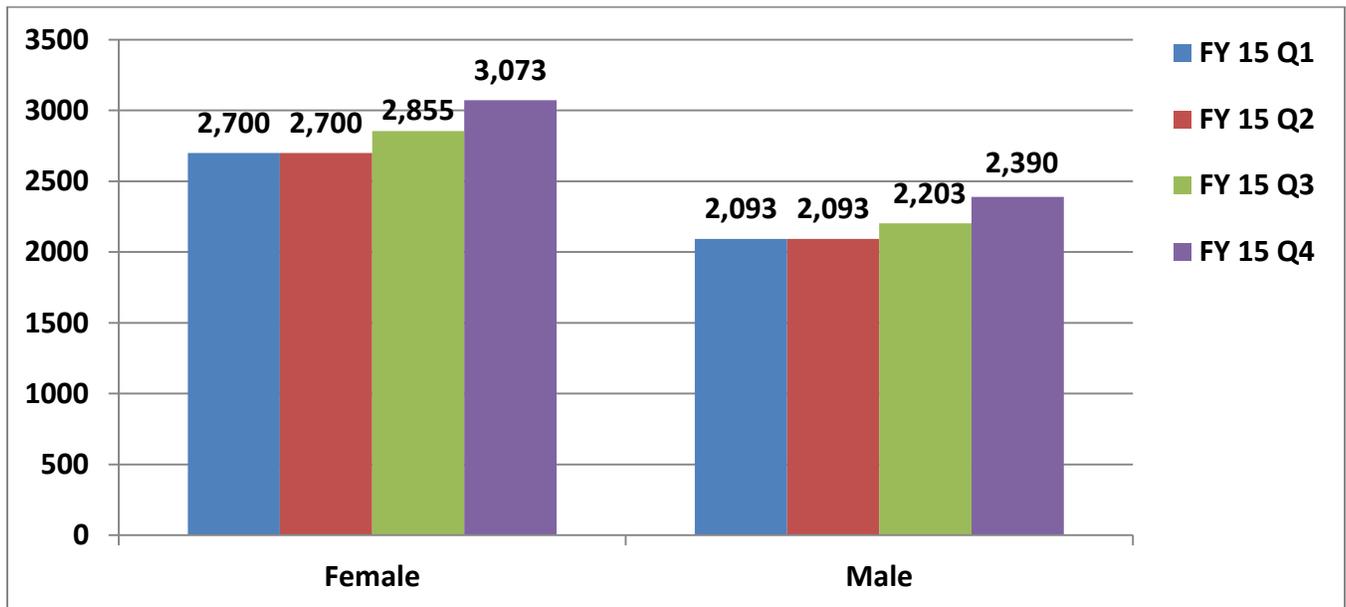
Responsibilities

Anasazi Program Manager, IT Department, Quality Assurance Committee

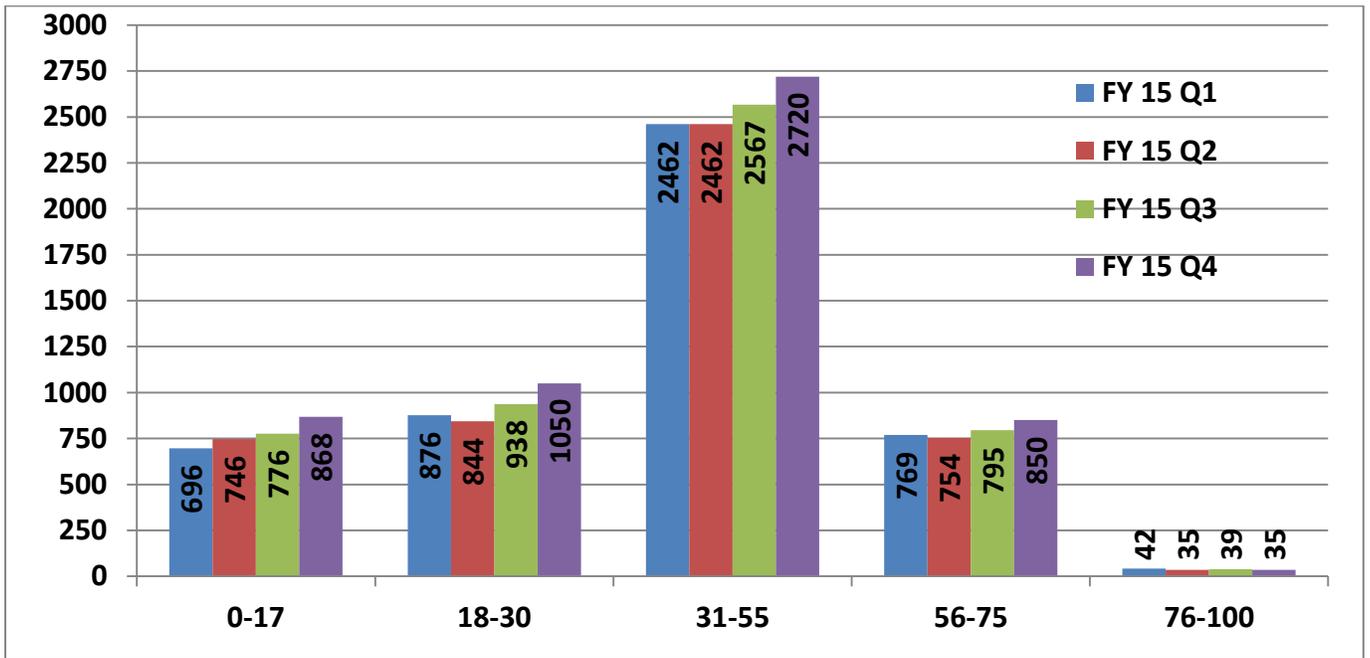
XV. Demographics of Service Area

*Based on Demographic Information collected from quarters 1-4 of FY 2015

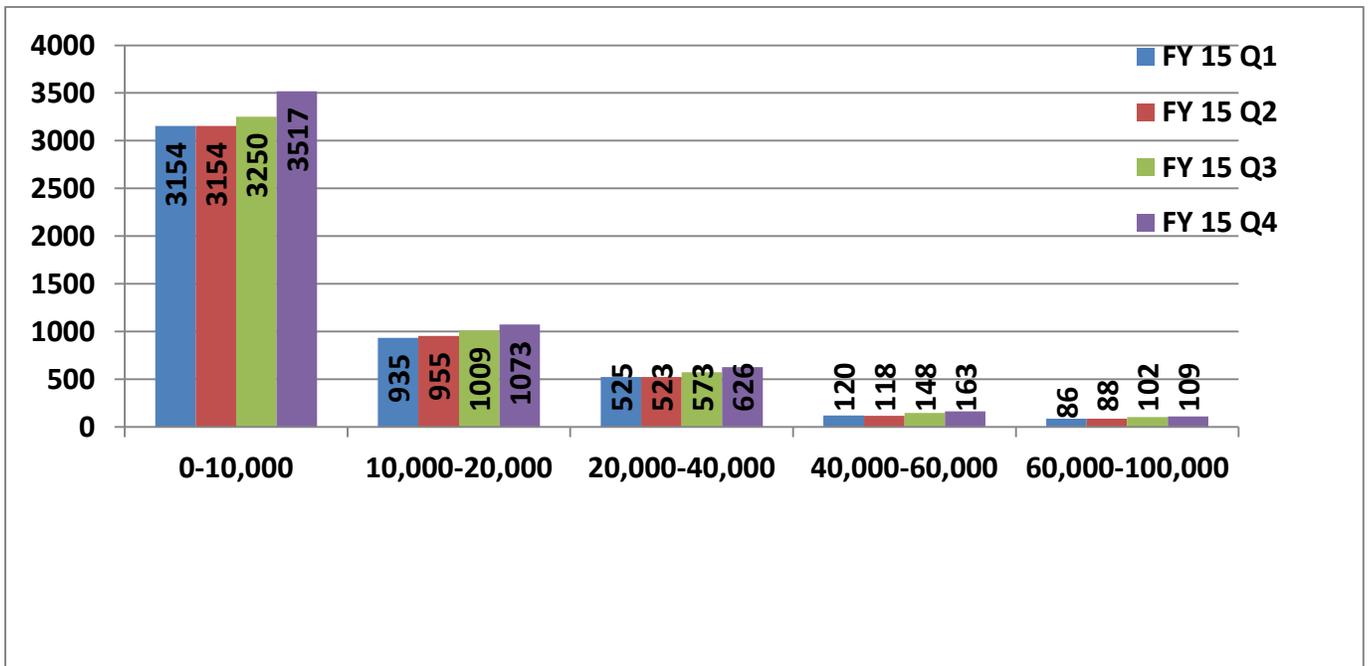
Clients Served By Gender



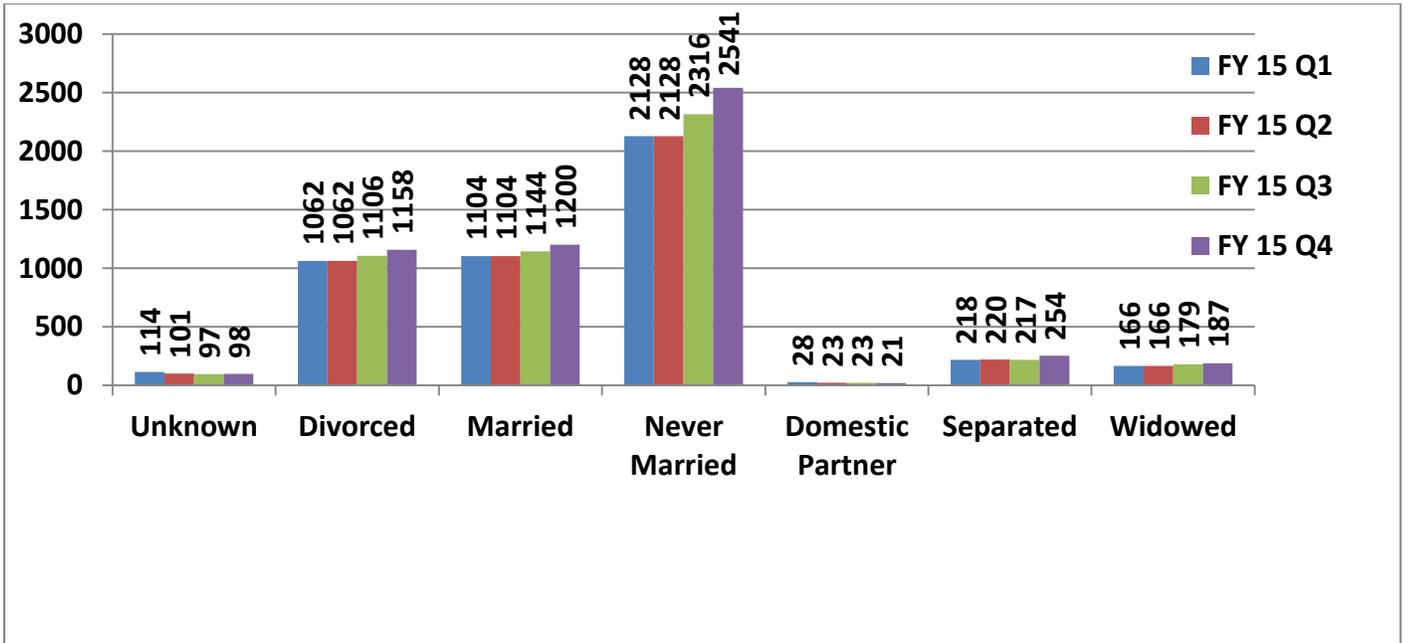
Clients Served By Age Range



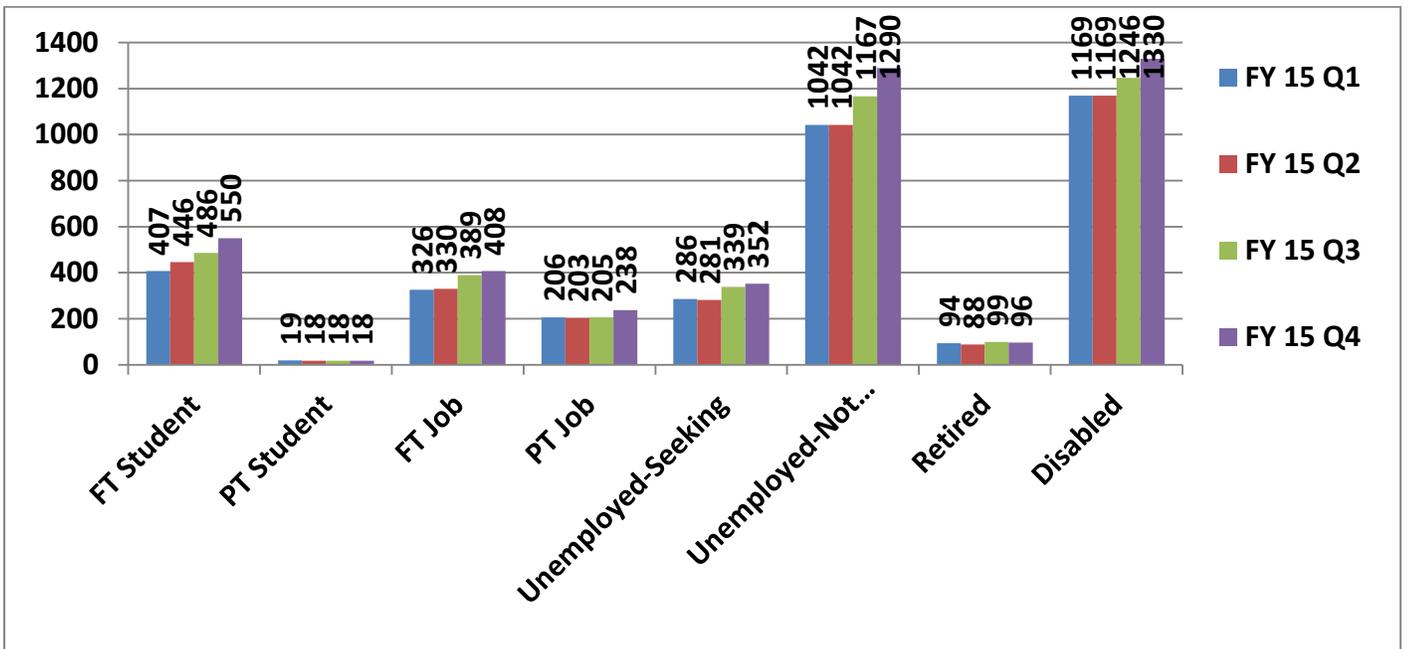
Clients Served By Salary Range



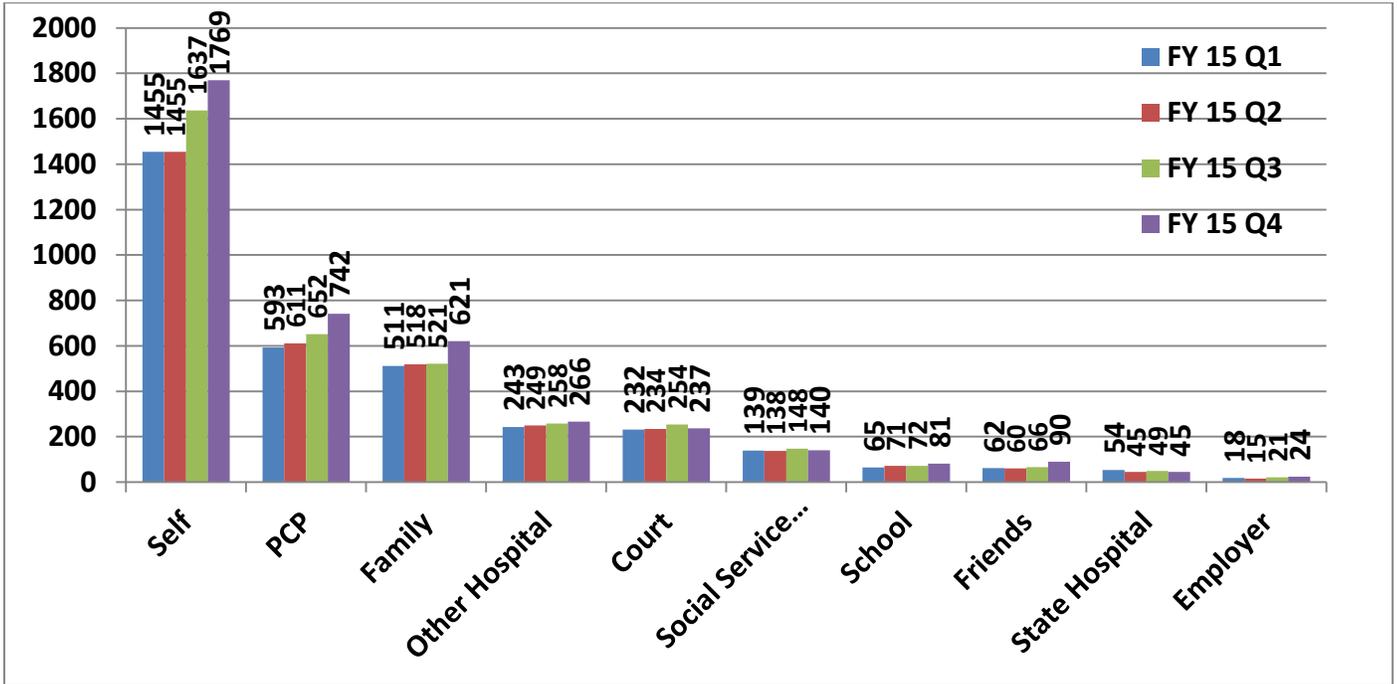
Clients Served By Marital Status



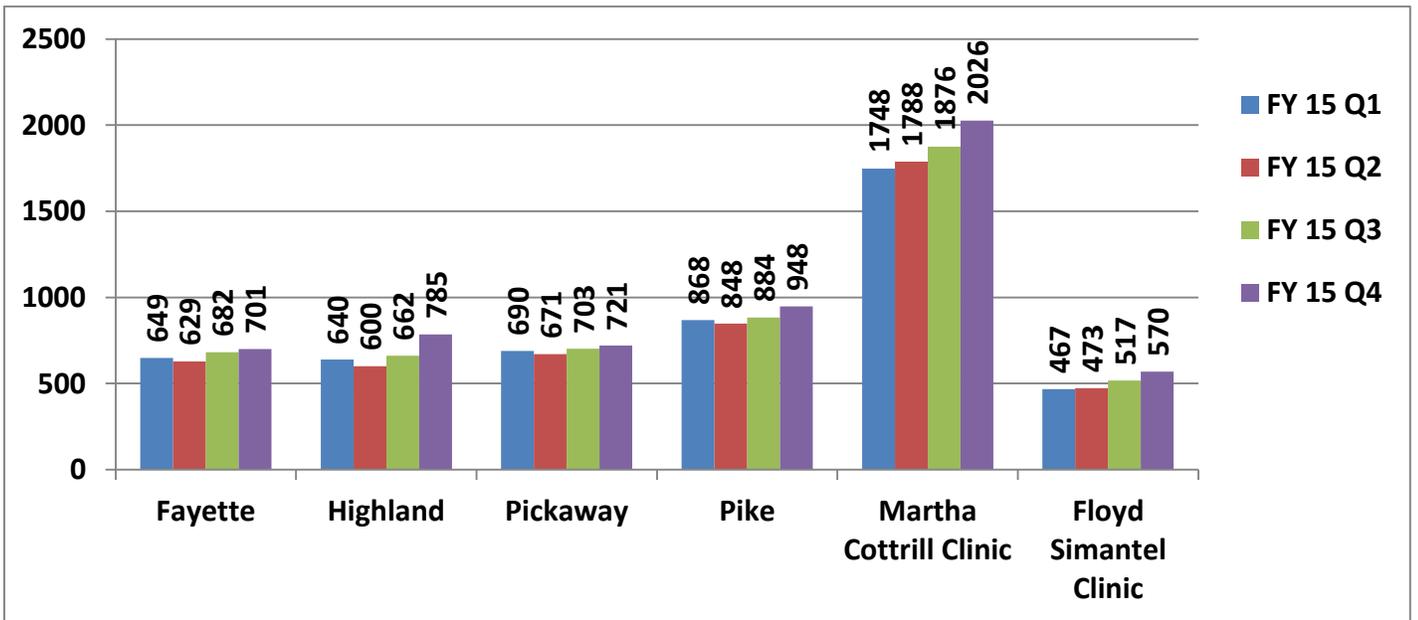
Clients Served By Employment Status



Clients Served By Referral Source



Clients Served By Clinic Location



Strengths/Opportunities

The Center served 8,500 clients in FY 2015. The demographic information shows that our clients come from a variety of walks of life and situations. Many of our clients enjoy a wide array of services and benefit because of the programming and services. The Agency has worked to establish key partnership with the local Veteran's Administration Program as well as the Bureau of Vocational Services and the Paint Valley ADAMH Board to ensure that our services are reaching a variety of consumers with different needs.

Weaknesses/Threats

The vast majority of our served population lives on less than \$10,000 per year. Many consumers report that they are single and therefore lack a regular support system. A great number of our clients do not have formal education which can be a barrier to the job market.

Goals

The Agency will continue to reach out to serve all consumers with a variety of resources and services. Staff will continually receive training on the unique needs and challenges our population faces on a daily basis. All staff will received cultural competency training by the fourth quarter of FY 2016 as this is an ongoing requirement in the Center's training plan.

Responsibilities

All Staff