



OhioMHAS

Strategic Plan

John R. Kasich, Governor
Tracy J. Plouck, Director

Promoting Wellness and Recovery

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Letter from the Director



Dear colleagues, stakeholders and Ohio taxpayers:

I am pleased to present to you the first **strategic plan** for the Ohio Department of Mental Health and Addiction Services. I am privileged to serve as the director of this newly consolidated team of state employees who are dedicated to improving the lives of Ohioans with mental illness and addiction.

The goal in bringing the former Departments of Alcohol and Drug Addiction Services and Mental Health together to create a single agency is to utilize a more client-focused approach that puts additional resources into services that individuals affected by addiction and mental illness can access across the lifespan. I want to make it easier to work with the state by streamlining the bureaucracy and regulatory approaches where appropriate. We at the Department are also focused on providing support for small agencies, especially ones located in economically challenged areas. For our internal team, my emphasis has been on innovation and collaboration. The consolidation provides us with an opportunity for enhanced creativity that will benefit the field.

I hope that you will find this inaugural strategic plan reflective of the values I have mentioned. It is my goal to be able to talk to anyone — who works with or is served by the new agency a year from now and to have that individual be able to identify ways in which the consolidation has improved service delivery.

Thank you to everyone who participated in the development of the strategic plan, particularly those who attended the staff forums. Special thanks to Don Anderson and Nicole Marx who managed this process.

Sincerely,

Tracy J. Plouck

Strategic planning forum participants

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Mission:

The mission of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) is to provide statewide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans.

Vision:

OhioMHAS will be a national leader in implementing a comprehensive, accessible, and quality-focused system of addiction and mental health care and wellness for all Ohio citizens.

Values:

- **Access** — Identified gaps in services should be filled and cultural or attitudinal barriers should be removed to assure that diverse individuals and families in all counties have access to a full continuum of care.
- **Accountability** — Good stewardship of public dollars is critical to achieving positive returns on all investments and to earning the trust of taxpayers.
- **Collaboration** — OhioMHAS will leverage knowledge and resources by working as partners with all federal, state and local systems to gain the best results for Ohioans in need of services.
- **Communication** — Open dialogue and administrative transparency are key components of all relationships as OhioMHAS fulfills its statutory requirements to fund, regulate, monitor and manage the publicly funded system of behavioral health care.
- **Service** — OhioMHAS will provide a benefit to all communities by helping the millions of Ohioans who experience problems related to alcohol, drugs, gambling or mental illness to access treatment that will enhance their lives by increasing productivity, also benefiting our state.





Summary of the Strategic Planning Process

Director Tracy J. Plouck appointed Don Anderson as the lead on strategic planning for the new department. Together, they devised a timeline of less than three months to create the strategic plan. Senior staff settled on staging four forums to discuss the four major components of strategic planning: Analyzing Strengths, Weaknesses, Opportunities and Threats (SWOTs), Identifying Issues, Developing Strategies and Defining Goals.

April 24, 2013: Analyzing Strengths, Weaknesses, Opportunities and Threats

On April 24, 46 staff members across functions and department levels came together to assess SWOTs that the new department would have to address.

- Strengths were defined as resources or capabilities that help an organization accomplish its mission.
- Weaknesses were deficiencies in resources or capabilities that hinder an organization’s ability to accomplish its mission.
- Opportunities were outside factors or situations that can affect an organization in a favorable way.
- Threats were outside factors or situations that can affect an organization in a negative way.

The staff members were tasked to keep the mission, vision and values in mind for the new department as they analyzed SWOTs in the following areas: program, financial, internal work processes and organizational culture factors. After a series of votes to rank factors, eight strengths, 10 weaknesses, eight opportunities and 10 threats were chosen as the most critical for the department.

May 3, 2013: Issues Forum

As part of the issue identification process, 27 staff members were asked to: explain the nature of the problem, who it affects, when it needs to be addressed, where it occurs and why it should be addressed — all without jumping to solutions.

May 15, 2013: Strategies Forum

As part of the strategy development process, 38 staff members were asked to develop recommended solutions for selected high-priority internal work process and organizational culture issues identified at the previous forum by viewing a strategy as a practical, action-oriented solution for the new department to undertake to resolve an issue.

Staff were asked to provide solutions for: 1. Lack of staff input into decision-making and lack of management accountability; 2. Lack of effective communication, collaboration and sharing of information; 3. Need for blending of ideas and equal representation of mental health and addiction services staff at table with decision-making; and 4. Need for training, growth and development of staff.



May 28, 2013: Goals Forum

Twenty-nine staff members were asked to accomplish the strategies identified at the previous forum by creating SMART (specific, measurable, achievable, results-focused and time-bound) goals for the following four strategies:

1. Develop a systematic, structured approach to getting employee feedback;
2. Develop a systematic way of communication as to what and why decisions are made throughout the organization;
3. Identify the differences and similarities between the mental health and addiction services systems with an eye toward blending the two; and
4. Develop a practical approach for training that identifies gaps for staff in the new department.

Senior Staff Input

During the course of the strategic planning process, Don Anderson met with Director Plouck and senior staff to help guide the forums' discussions. Senior staff were also tasked with creating the new department's mission, vision and values, which were made public on April 2, 2013, and became the frame of reference for staff throughout the four forums. As staff identified issues that were most pressing for the new department to overcome, senior staff would convene to discuss practical solutions and identify critical work facing the new department, which makes up the bulk of this document.

Strategic Planning Process Moving Forward

The 2013 OhioMHAS Strategic Plan will be adaptable and edited as needed; bureaus and offices within the department, as well as the department as a whole, will be monitoring performance in dealing with the strategies chosen to see if goals are being actualized and accomplished. As new strategies and goals are developed, the strategic plan will be periodically adjusted due to performance and changing circumstances. The agency will revisit the strategic planning process April 30, 2014.



Strategies and Goals

1. **Provide hospital access and improve overall clinical quality and consistency through the system of care.**
 - 1.1 Recruitment and Retention of Highly Qualified Professional Staff: Develop a system of care work plan to increase the options for recruitment and retention of clinical staff, as measured by higher recruitment and retention rates and lower use of contracted hours for clinical services.
 - 1.1.1 In concert with private and other community providers, increase in the number of professional staff hired (Psychiatrists, Nurses and Social Workers), to be analyzed monthly and quarterly.
 - 1.1.2 Measure over five years the number of retained hired staff.
 - 1.1.3 Decrease in the amount of contracts in Fiscal Year (FY) 2014 by a quarter, due to an increase in hired staff retention.
 - 1.2 Improve Access: In concert with private and other community providers, improve patient flow by improving admissions, treatment, linkage and discharge processes to decrease peak census days in the hospitals, promptly return patients to community settings and decrease the readmission rate.
 - 1.2.1 Decrease in the number of peak days at regional psychiatric hospitals, to be measured monthly/quarterly.
 - 1.2.2 Decrease in the number of long-term patients (those who stay for 180 days or more), to be measured monthly/quarterly.
 - 1.2.3 Maintain the 30-day readmission rate within national trends.
 - 1.2.4 Enhance existing utilization programs with boards by identifying and completing one quality improvement project with a focus on access.
 - 1.2.5 Assist statewide Public-Private Hospital Leadership partnership projects that will facilitate improved utilization of emergency rooms and Regional Psychiatric Hospitals' beds.
 - 1.3 Quality and Consistency: Develop a partnership between OhioMHAS and The Ohio State University's Wexner Medical Center, which provides hosted electronic medical record services and promotes clinical collaboration between the two organizations for improved clinical integration of services, reduced fragmentation, improved patient outcomes and increased efficiency.
 - 1.3.1 The Ohio State University–OhioMHAS agreement will be in place by January 2014.
 - 1.3.2 The partnership's budget analysis and impact will be completed by December 2013.
 - 1.3.3 There will be a monthly communication plan initiated following the signing of the agreement.

- 1.4 Trauma-Informed Care: Implement strategies for a trauma-informed care environment by utilizing the National Center for Trauma-Informed Care (NTIC) as a resource.
 - 1.4.1 Implement a trauma-informed system of care within all regional psychiatric hospitals in collaboration with NTIC to include measurements of patient and staff safety and satisfaction.
 - 1.4.2 Collaborate with community partners to develop trauma-informed mental health and addiction treatment systems of care throughout Ohio, with a comprehensive training implementation plan developed by Dec. 31, 2013, and initial training by June 30, 2014.
2. **Increase access to permanent housing by creating new and strengthening established partnerships, expanding community funding opportunities and increasing the quality of housing options for persons with addiction and/or mental illness.**
 - 2.1 Recovery Requires a Community — Money Follows the Person
 - 2.1.1 Transition at least 500 new individuals in SFY 14 and 700 in SFY 15 with severe and persistent mental illnesses (SPMI), serious mental illnesses (SMI), or serious emotional disturbances (SED) who would not have transitioned otherwise from institutional settings into the community, via the Recovery Requires a Community program.
 - 2.1.2 Develop one new systemic program proposal related to the outcomes of Recovery Requires a Community participants by June 30, 2014.
 - 2.2 Housing: Financing and Technical Assistance Strategies for the Field
 - 2.2.1 The Ohio Housing Finance Agency, with the OhioMHAS capital investment program, will provide 80 units with rehabilitation and updates for existing OhioMHAS capital-funded permanent supportive housing projects by June 30, 2014.
 - 2.2.2 OhioMHAS Community Capital funds will contribute approximately \$5 million dollars of matching funds to attract as much as \$15 million dollars in other grant funding for capital development. These funds will be used to develop as many as 120 units of permanent housing for persons with mental illness in partnership with local communities throughout Ohio by June 30, 2014.
 - 2.2.3 OhioMHAS will assist four providers with match funds to leverage additional funds for housing for persons with or recovering from substance use disorders through the Ohio Development Service Agency's permanent supportive housing grant by June 30, 2014.
 - 2.2.4 Develop a housing inventory to compile the full range of housing options for the alcohol and other drug addictions population by June 30, 2014, utilizing the National Alliance for Recovery Residences framework.

- 2.3 Adult Care Facility (ACF) and Adult Foster Home (AFoH) Initiatives: Improve behavioral and physical health outcomes for residents by incentivizing utilization of community resources (e.g. local mental health and addiction services providers) while increasing revenue for home operators. The program will encourage more effective utilization of community-based resources with funds from savings generated by residents who move from institutions to community-based settings.
 - 2.3.1 Achieve at least 20 percent program participation of licensed ACF and AFoH operators statewide (approximately 750 licensed ACFs total) by June 30, 2014.
 - 2.3.2 Link 25 percent of ACF residents to mental health or alcohol and other drug services by June 30, 2014. Demonstrate new or continued linkage with local mental health and/or alcohol and other drug services for 25 percent of ACF and AFoH licensed beds in Ohio (approximately 5,200 beds total) by June 30, 2014.
 - 2.3.3 The ACF Critical Repair Grant will assist 30 homes with structural and life safety repairs to become eligible licensed facilities by June 30, 2014.
- 2.4 Residential State Supplement (RSS) Program Review
 - 2.4.1 Complete a collaborative study by Dec. 31, 2013, of the rules and statutes governing the RSS program, including the rates of allowable fees permitted to be charged by ACF and AFoH operators, to preserve the availability of housing for people with severe and persistent mental illnesses.
 - 2.4.2 Reduce preventable disenrollment by 25 percent by June 30, 2014, by collaborating with CDJFS offices regarding current program operations and how to reduce preventable disenrollment.
3. **Support the integration and coordination of physical and behavioral health services through funding, research and policy to reduce disability and the early loss of life for those with addiction and mental illness.**
 - 3.1 Medicaid Expansion
 - 3.1.1 With the Governor's leadership and the guidance of the General Assembly, establish the expansion of health coverage through the Medicaid program by Jan. 1, 2014. Coverage will include key reforms, such as peer-led services and will encourage employment. Health benefits will help thousands of individuals with mental illness and addiction and free up as much as \$70 million dollars per year in state and local funds, which will be redirected to support services such as housing, prevention and employment at local levels.

- 3.2 Health Homes
 - 3.2.1 By June 30, 2014, complete a process that includes stakeholders to identify other behavioral health populations that may benefit from the Medicaid Health Home service.
 - 3.2.2 Complete awarding contracts for technical assistance and training initiatives, effective July 1, 2013, to support the implementation of SPMI Medicaid Health Homes. By June 30, 2014, develop statewide learning communities to provide technical assistance to a total of 30 Community Behavioral Health Center participants, train 500 Health Home staff in health navigation for Health Homes and implement Chronic Disease Self-Management Programs (an evidence-based practice) within five Health Homes.
 - 3.2.3 By June 30, 2014, complete a process that includes stakeholders to develop Technical Assistance and Training strategies that are designed to facilitate collaboration between Medicaid Health Homes and hospitals, including emergency departments, inpatient psychiatric units and general medical units for improving care coordination and transitions in care.
- 3.3 Coding Alignment
 - 3.3.1 Establish and maintain a catalogue of codes, utilizing the national HIPAA code sets that support and are consistent with the system of care.
- 4. **Support efficient business practices, reduce unnecessary regulations and administrative barriers to promote access to treatment while maintaining safety standards.**
 - 4.1 Streamlining Departmental Rules and Processes
 - 4.1.1 By June 1, 2014, new OhioMHAS Administrative Rules will be drafted for filing to align with the new, consolidated Revised Code.
 - 4.1.2 For new providers coming into the behavioral health field in the next year, there will be a single application to complete rather than separate mental health and addiction applications.
 - 4.1.3 A new database will be developed to store information on all holders of behavioral health licenses and certifications in Ohio. (Timeline unknown)
 - 4.2 Process Outcomes and Feedback Loop to the Field
 - 4.2.1 By Sept. 30, 2013, process outcomes will be identified related to regulatory alignment to be reported out to the field. Process outcomes will determine whether the agency has been successful in streamlining business functions that are faced by the field.

- 4.3 Statewide Information System
 - 4.3.1 Engage in statewide efforts around Health Information Exchanges (HIE) to reflect the needs of our system.
 - 4.3.2 Provide planning, technical assistance and implementation support to the field as new operational policies are put into place.
- 5. **Promote the health, safety and wellness of individuals and communities by modernizing and integrating Ohio's behavioral health prevention and early intervention system.**
 - 5.1 Public Outreach Initiatives
 - 5.1.1 Implement two public health campaigns for young adults in FY 2014 with stakeholders. One campaign will educate young adults on how to reach out to provide assistance to someone in crisis. The second campaign will raise awareness of young adults about the need to be drug-free for pre-employment drug testing. These campaigns will be measured by the number of persons receiving prevention messages.
 - 5.2 Technical Assistance for Local Coalition Building
 - 5.2.1 Develop and vet with stakeholders and the Community Anti-Drug Coalitions of America (CADCA) a set of criteria by June 30, 2014, for a designation as an "Ohio Coalition of Excellence", which identifies a coalition as commended by OhioMHAS.
 - 5.3 Problem Gambling
 - 5.3.1 In conjunction with Ohio for Responsible Gambling, implement a public health campaign in FY 2014 with an emphasis on young adults with messages related to the signs of problem gambling and healthy choices regarding gambling. This will be measured by the number of persons receiving these messages.
 - 5.4 Criminal Justice Partnerships/Community Innovations
 - 5.4.1 Implement community innovation projects to improve continuity of care and outcomes in mentally ill or addicted offenders. A request for project ideas will be released by Sept. 1, 2013, and initial awards and funding will be released by Nov. 1, 2013.
 - 5.4.2 Link approximately 200 ex-offenders to community resources through the ex-offender re-entry mini grants by June 30, 2014.
 - 5.4.3 Increase the continuity of care for approximately 300 youth offenders and 1,600 SPMI adult offenders in the Ohio Department of Youth Services facilities and Ohio Department of Rehabilitation and Correction (DRC) prisons through community linkage by June 30, 2014.

- 5.4.4 Provide training at the annual Forensic Conference for Forensic Monitors and other mental health and criminal justice professionals to reduce hospitalization and criminal justice involvement among the conditional release population by June 30, 2014.
- 5.4.5 Provide technical assistance to DRC as they add two Therapeutic Communities to the prison system by June 30, 2014.
- 5.5 Child/Adolescent Addiction and Mental Illness
 - 5.5.1 Promote the development and statewide expansion of SAMHSA's System of Care-awarded grant ENGAGE (Engaging the New Generation to Achieve their Goals through Empowerment). The purpose of ENGAGE is to improve cross-system outcomes for Ohio's youth and young adults in transition ages 14-21 with serious emotional disturbances or serious mental health illness, including co-occurring disorders and with multisystem needs and their families.
- 6. **Modernize and enhance the availability and quality of services to meet the needs of individuals with addiction and mental illness throughout the life span.**
 - 6.1 Peer Support and Recovery Coaching
 - 6.1.1 The newly developed, Ohio-based core curriculum will be piloted to train 60 Certified Peer Specialists and Peer Recovery Coaches during FY 2014. The pilot programs will begin by Sept. 30, 2013.
 - 6.1.2 Increase the number of Consumer Family Partnership Team participants to include an additional 30 consumer/family member participants.
 - 6.1.3 By the end of the first quarter of FY 2014, a project plan will be developed for the statewide Medicaid reimbursement strategies for clients that receive peer support, along with a proposed submission date for the State Plan Amendment; and an estimated implementation date for Medicaid reimbursement.
 - 6.2 Alcohol and Other Drugs Residential Treatment Model
 - 6.2.1 Convene a workgroup to discuss the opportunity to implement the residential treatment model by June 30, 2014, for individuals whose condition indicates that a residential treatment model is appropriate and accommodating individuals who have both mental health and alcohol or other drug conditions.

- 6.3 Employment Initiatives
 - 6.3.1 Identify and develop a funding mechanism and sustainability plan for IPS (Individualized Placement and Support) Supported Employment that would expand the number of agencies that provide IPS Supported Employment by 10 percent by June 30, 2014.
 - 6.3.2 Develop two employment learning collaboratives with the Ohio Department of Job and Family Services by June 30, 2014.
 - 6.3.3 Increase the number of persons receiving IPS Supported Employment by 4 percent by providing funding and technical assistance by June 30, 2014.
 - 6.3.4 Work with stakeholders to raise awareness of Medicaid Buy-In and other supportive programs that encourage employment without loss of critical benefits by June 30, 2014.
- 6.4 Health Disparities
 - 6.4.1 Enhance the competency of the OhioMHAS workforce and the workforce of system statewide partners by improving skills and proficiency in cultural competency through quarterly trainings, to begin on Sept. 30, 2013.
 - 6.4.2 Develop standard language regarding cultural competency by March 30, 2014, and require it for all state contracts beginning FY 2015.
 - 6.4.3 Identify core quality indicators that result in effective tracking and monitoring of performance by April 30, 2014.
 - 6.4.4 Establish an advisory committee by Nov. 7, 2013, whose charge will be two-fold: 1. Identify functional areas at OhioMHAS to infuse cultural competency and reduce disparities; and 2. Collaborate with bureau staff, deputy directors and an oversight committee to identify and implement appropriate cultural competency strategies.
- 6.5 Assertive Community Treatment (ACT) and Intensive Home-Based Treatment (IHBT) Services
 - 6.5.1 By the end of the first quarter of FY 2014, a project plan will be developed for the implementation of ACT and IHBT, with key milestones to include: The proposed date for the statewide Medicaid reimbursement strategies for clients that receive ACT or IHBT, and for those that are also enrolled in a Health Home; proposed submission date for the State Plan Amendment; and estimated implementation date for Medicaid reimbursement.
- 6.6 Modernizing and Transforming Framework
 - 6.6.1 By Aug. 31, 2013, meet internally to establish direction for the framework OhioMHAS will use to guide modernizing and transforming Ohio's addiction and mental health system.

- 6.7 Support System-Wide Workforce Capacity
 - 6.7.1 Complete funding of training agreements for Resident Trainees initiatives, effective July 1, 2013, for the development of curricula and the provision of training programs.
 - 6.7.1.1 Increase number of psychiatric residents, fellows, nurses and faculty supported by the grant.
 - 6.7.1.2 Increase number of graduates employed and retained in Ohio.
 - 6.7.1.3 Explore the possibility of adding Addiction Psychiatry Residency training program under MEDTAPP Healthcare Access Initiative.
 - 6.7.2 Administer the mental health Health Professional Shortage Area (HPSA) Federal program in partnership with Ohio Department of Health to improve workforce capacity in underserved areas of the state.
 - 6.7.2.1 Increase HPSA areas by 10 new areas each year until all eligible regions of the state are considered.
 - 6.7.2.2 Renew all HPSA applications that are due for renewal.
 - 6.7.2.3 Track number and type of professionals using National Health Service Corps incentive.
 - 6.7.2.4 Promote benefits of HPSA designation to providers, board areas and behavioral health professionals through individual contacts, statewide communications and at professional conferences.
- 7. **Provide necessary support for the statewide opiate initiative to be successful.**
 - 7.1 Improve the Effectiveness of Treatment for Clients Addicted to Opioids
 - 7.1.1 Evaluate the department's buprenorphine protocol as implemented at the Southern Ohio Treatment Center in the city of Jackson. The final report will be due June 30, 2015, with an interim report due June 30, 2014.
 - 7.1.2 Develop evidence-based prescribing standards for naltrexone by Dec. 31, 2013.
 - 7.1.3 Develop evidence-based standards for methadone treatment by March 31, 2014.
 - 7.1.4 As established in House Bill 59 (Amstutz), the FY 2014-2015 budget bill, OhioMHAS will run an addiction treatment pilot program in conjunction with certified drug courts, which will provide access to treatment, including medication-assisted treatment, for offenders within the criminal justice system and study the effectiveness of and establish best practices for treatment for this population.

- 7.2 Improve the Accessibility of Medication-Assisted Treatment for Clients Addicted to Opioids
 - 7.2.1 Evaluate options to expand the availability of agonist and non-agonist medication-assisted treatment in underserved regions by development of new Opiate Treatment Programs or establishing satellite offices of existing programs. Evaluation will be completed by Dec. 1, 2013.
- 7.3 Improve the Acceptability of Medication-Assisted Treatment
 - 7.3.1 The department will work with the Supreme Court of Ohio and the National Justice Leaders Symposium to conduct a series of three regional meetings targeted at judges and prosecutors. The meetings will provide these local officials with information about the science of medication-assisted treatment and will provide attendees with opportunities to discuss their concerns. The intended result will be greater acceptance of medication assisted treatment by participants. The symposiums will be completed by June 30, 2014.
- 7.4 Assist Pregnant and Addicted Mothers and Babies Born Affected by Opioids
 - 7.4.1 In conjunction with the Ohio Department of Health and Ohio Department of Medicaid, conduct a neonatal abstinence syndrome pilot program aimed at establishing best practices and evidence-based protocol for treating pregnant and addicted mothers and babies born affected by opioids.
- 7.5 Support Continued Statewide Development of the Network of Family Support Programs for Opioid Addiction
 - 7.5.1 In conjunction with the Drug-Free Action Alliance, continue to coordinate Family Engagement Advocacy Groups to build a “Bridging the G.A.P.” statewide network. Efforts in FY 2014 will center on developing a set of 16-hour training programs for equipping parents and family members who have lost a loved one to addiction to more effectively impact change in their community. The training programs will include onsite and online training and technical assistance in the G.A.P. areas of Grief, Advocacy and Prevention. The Grief training will potentially be used as an avenue to become a peer coach for others experiencing grief due to the loss of a loved one from addiction.
- 8. **Develop a systematic, structured approach to getting OhioMHAS employee feedback.**
 - 8.1 Create an online system of employee feedback by Aug. 1, 2013, that includes the option to comment anonymously or leave the employee’s contact information.
 - 8.2 Develop an employee satisfaction survey via SurveyMonkey by Sept. 1, 2013. Analysis will be completed by Nov. 1, 2013.

9. **Develop a systematic way of communication as to what and why decisions are made throughout OhioMHAS.**
 - 9.1 Senior staff will establish space on e-Zone by Aug. 15, 2013, to publish summaries of regular meetings with a mechanism for employees to provide feedback.
 - 9.2 OhioMHAS staff will be identified to form a group that reviews and responds to submissions from the online employee feedback forum by Aug. 15, 2013.
10. **Identify the differences and similarities between the former departments' respective cultures, with an eye toward blending the two.**
 - 10.1 Senior staff will create an OhioMHAS group that will meet monthly through April 30, 2014, to discuss ways to create an organizational culture that supports and enhances the new department.
 - 10.2 Develop a comprehensive orientation format for OhioMHAS employees that incorporates concepts from the former departments' specialties by Aug. 15, 2013.
11. **Develop a practical approach for training in the new department.**
 - 11.1 Conduct an annual OhioMHAS employee development needs analysis starting Aug. 15, 2013. The OhioMHAS training needs analysis will be completed by Sept. 1, 2013.
 - 11.2 Develop a web-based OhioMHAS training resource guide to be put in place after the completion of the Sept. 1, 2013, needs analysis, with a deadline of Nov. 1, 2013.