

Appendix D



MVH Campaign Plan

01 October 2019

TABLE OF CONTENTS

- Foreword**3
- Executive Director’s Message**.....4
- Purpose**5
- Introduction**.....5
 - About the Michigan Veterans Homes5
- Michigan Veterans Homes Organizational Structure**6
 - The Michigan Veterans Homes6
- Mission, Vision, and Strategic Outcomes**7
- Organizational Identity**7
- Campaign Plan Framework**8
- Campaign Goals & Objectives**9
 - Campaign Goal 1: Provide High-Quality Member-Centric Care.....9
 - Campaign Goal 2: Improve Service Delivery..... 14
 - Campaign Goal 3: Increase Access to Care 18
 - Campaign Goal 4: Expand Availability of Care.....23
 - Campaign Goal 5: Cultivate a Workplace of Choice.....27
 - Campaign Goal 6: Build Community Awareness & Support32
- Data & Metrics Goals & Objectives**.....37
 - Campaign Goal 1: Deliver High Quality Member-Centric Care37
 - Campaign Goal 2: Improve Service Delivery39
 - Campaign Goal 3: Increase Access to Care43
 - Campaign Goal 4: Expand Availability of Care.....45
 - Campaign Goal 5: Cultivate a Workplace of Choice.....46
 - Campaign Goal 6: Build Community Awareness & Support48
 - Campaign Goal 6: Build Community Awareness & Support46
- Timeline and DMVA Crosswalk**.....49

EXECUTIVE DIRECTOR'S MESSAGE



As the Michigan Veteran Homes (MVH) prepare to enter a new period of growth, the MVH team remains committed to developing and executing on a straight-forward vision: to lead the nation in providing exceptional care and services for our veterans. Together, we are committed to ensuring that veterans and their families receive extraordinary care in the state-of-the-art homes they so richly deserve.

The delivery of high-quality member-centric care is a core component of MVH's Campaign Plan. Because of the unique population we serve, our veteran homes must also provide services and support that are uniquely tailored to enhance our members' wellbeing and independence. This is not possible without a commitment to providing care that is the following: high quality, innovative, and financially sustainable. Key to this commitment is maintaining our ability to observe and respond proactively to a rapidly changing industry.

With the opening of two new state-of-the-art facilities scheduled for 2021, we cannot lose sight of our long-term goal: to increase the capacity, availability, and access to high-quality veteran-focused long-term care services. By 2031, the MVH would like to ensure that 95% of Michigan's residents have access to these services within 75 miles of their home.

Lastly, without the commitment of our staff and support of our stakeholders, this vision would not be attainable. To rise to meet this challenge, it is critical that our staff and stakeholders feel proud to contribute their talents and time to the work of MVH and enthusiastic with the results we are producing.

This strategic plan will be reviewed annually to foster our continual growth and promote the highest level of care for those who served our country.

Sincerely,

Anne Zerbe

MVH Executive Director

PURPOSE

This document outlines the Michigan Veterans Homes (MVH) and Michigan Veterans' Facility Authority's (MVFA) Campaign Goals alongside the necessary actions and resources to accomplish these goals. Each goal directly supports MVH and MVFA's mission, vision and values. The Governor's priorities and Department of Military and Veterans Affairs strategy provide the overarching guidance in the development of this plan.

INTRODUCTION

About the Michigan Veterans Homes

The Michigan Veteran Homes (MVH), housed within the Michigan Department of Military and Veterans Affairs, provides quality long-term care for veterans and their eligible family members through a federal-state partnership with the United States Department of Veterans Affairs (USDVA). High-quality care for this phase of life is central to the "member for life" concept. Currently, the MVH operates homes in Grand Rapids and Marquette, with a third home opening in Chesterfield Township in 2021.

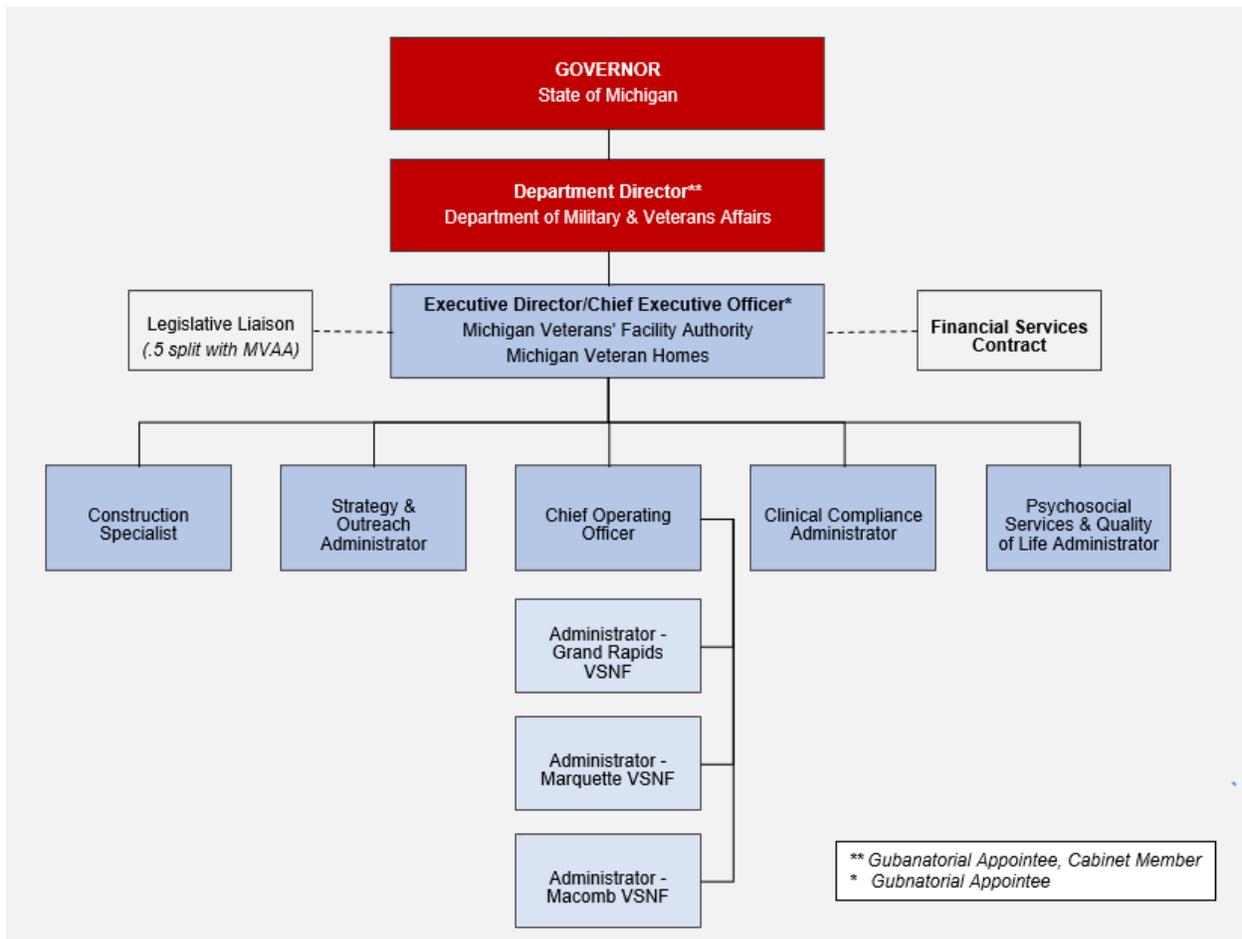
Internally, MVH provides the highest quality care through advanced training of its workforce; technology, equipment and facilities that reflect industry best practices; and services tailored to meet the unique needs of members. Externally, MVH pursues opportunities to increase access, capacity, and availability of service options across the long-term continuum of care through the expansion of operations and development of strategic partnerships. Enabling this requires consistent awareness of health care industry shifts that affect funding streams associated with MVH. Proactive adjustments allow for the maintenance of a sustainable revenue model and facilitate fiscal stability. This ensures MVH consistently makes appropriate investments in staff, equipment, and facilities that maintain a high-performing organization all without increased reliance on state general fund appropriations.

The Michigan Veterans' Facility Authority was created to provide a new direction and focus as we transition from the current operating model to a new, more modern approach. Eight of the nine members serving on the MVFA must have professional knowledge, skill, or experience in long-term care, health care licensure or finance, or medicine; the ninth is the Director of the DMVA or his/her designee from within the Department. Additional requirements of the make-up of the board are as follows:

- Three members are appointed by the Governor with the advice and consent of the Senate and represent the interests of one or more congressionally chartered veterans' organizations.
- Three members are appointed by the Governor with the advice and consent of the Senate, one of whom shall be a resident of the Upper Peninsula.
- One member is appointed by the Governor from a list of 2 or more individuals selected by the Majority Leader of the Senate.
- One member is appointed by the Governor from a list of 2 or more individuals selected by the Speaker of the House of Representatives.

- One year after the second facility operated by MVFA is open and housing veterans, the Director of the Department shall then serve as a nonvoting member of the board. A new member who is a veteran and who has professional knowledge, skill, or experience in long-term care, health care licensure or finance, or medicine shall be appointed by the Governor with the advice and consent of the Senate.

MICHIGAN VETERANS HOMES ORGANIZATIONAL STRUCTURE



MISSION, VISION, AND STRATEGIC OUTCOMES

Mission

MVH provides nation-leading long-term care and services that enhance the well-being of veterans and their families in the place they call home.

Vision

MVH aspires to be one of the nation's leading providers of long-term care and services for veterans.

Campaign Goals

The following are the key results that the MVH seek to achieve on behalf of those we serve:

1. **Deliver High Quality Member-Centric Care:** *Deliver services that enhance members' wellbeing and independence.*
2. **Improve Service Delivery:** *Improve service delivery through an organizational commitment to innovation and responding proactively to industry shifts.*
3. **Increase Access to Care:** *Expand geographic footprint to ensure that 95% of Michigan's residents have access to high-quality veteran-focused long-term care services within 75 miles of their home.*
4. **Expand Availability of Care:** *Increase the capacity and availability of options across the long-term continuum of care through expansion of operations and/or development of strategic partnerships.*
5. **Cultivate a Workplace of Choice:** *Cultivate an environment in which those who serve our members feel proud to contribute their talents and feel supported by MVH as they do so.*
6. **Build Community Awareness and Support:** *Ensure that the people of Michigan – particularly veterans – know about the work of the MVH and are enthusiastic with the results we are producing.*

ORGANIZATIONAL IDENTITY

The Michigan Veterans Homes (MVH) reside within the Michigan Department of Military and Veterans Affairs (DMVA), along with Michigan Veterans Affairs Agency, DMVA State Operations, the Michigan Air National Guard and the Michigan Army National Guard. MVH adheres to the DMVA's cultural identity that guides our beliefs, behaviors, and organizational direction.

The DMVA is a:

- **Provider of Exceptional Service.** A team of devoted public servants committed to its mission, continuous improvement, and solving future challenges.
- **Leader in Innovative Solutions.** A thought leader, piloting future capabilities and providing unrivaled training opportunities that leverage Michigan's unique blend of geography, people and technology-based industry.
- **Cornerstone of Michigan communities.** Dedicated Michigan citizens invested as life-long partners in building thriving communities.
- **Workplace of Choice.** A department that values its team members, demonstrates commitment to individual and organizational development, and generates loyalty and pride across the team.
- **Center of Performance Excellence.** The DMVA is a collaborative organization that provides ever-improving value to its stakeholders and achieves sustained organizational effectiveness.

CAMPAIGN PLAN FRAMEWORK

Design

The MVH Campaign Plan combines strategy with high-level implementation steps into a single document. It provides the overall guidance for completion, as well as the coordinated direction. Each goal identified within the plan has supporting strategic objectives that are key to the accomplishment of the goal. Each strategic objective has an individual identified who will coordinate the efforts to accomplish the objective. The designated point of contact will work collaboratively with other staff to lead the team to achieve each objective. Each strategic objective also has key tasks associated with accomplishing the objective and identified performance measures that will track progress toward the accomplishment of the objective. A timeline and crosswalk are provided to demonstrate execution of the plan over time and tie all tasks to the DMVA Strategic Plan. Last, a resourcing plan is included to identify the necessary resources, whether currently in existence or a future need in order to accomplish the plan.

Process

MVH worked with the MVFA board and staff to develop the campaign Plan. The Governor's priorities, the DMVA Strategic Plan, and legislative and executive office requirements served as the overarching guidance in the development of the planning priorities. Following publication of the plan, divisions within MVH will utilize key tasks to develop detailed action plans for implementing the plan.

CAMPAIGN GOAL 1 (CG1): Deliver High Quality Member-Centric Care

Deliver services that enhance members' wellbeing and independence.

Description:

Market data indicates that, across the country, state veterans homes serve a substantially different population than other long-term care facilities. Veterans and family members seeking care at one of MVH's facilities are looking for a long-term care setting that strives not only to meet any distinct medical needs they may have, but also to accommodate the expectations they may have for living in a unique veteran-centric community.

To do this, MVH embraces the principles and goals articulated under the long-term care "culture change" philosophy to transition away from an institutional care approach toward a veteran-centric "person-centered" care model. Specifically, culture change refers to the progression from institutional or traditional models of care to more individualized, member-directed practices that embrace choice and autonomy for our members and providers. Culture change is an approach anchored in values and beliefs that return the locus of control to our members and those who work closest with them. Its ultimate vision is to create a culture of aging that is inclusive, life-affirming, satisfying, humane, and meaningful.

Core culture change elements that facilitate meeting the unique needs of our members include:

- Member-direction in care, daily activities and policy development
- Home-like atmosphere
- Close relationships between members, family members, staff, and community at large
- Staff empowerment
- Collaborative decision making
- Quality improvement processes and culture

Our ultimate goal is to provide an environment where our members can continue to live and, most importantly, make their own choices and have control over their daily lives. This kind of care not only enhances quality for our members and staff, but also creates opportunities for MVH to improve in quality of care, efficiency, revenue and stable staffing.

OBJECTIVE 1.1: *Provide a Tailored and Unique Care Environment for Our Members.* *MVH provides services in a tailored and unique care environment best suited to meet the needs of veterans and their families, allowing our members to thrive both physically and socially. (Ongoing)*

(Primary: Administrators, Secondary: Chief Operating Officer)

Description:

MVH facilities provide unique services and activities that are not available in most long-term care facilities, such as recreational outings to baseball games, hunting and fishing

trips, and visits to airfields and historical sites. We also provide tailored in-facility activities and services that include a wood-working and pottery shop, special military and veteran-focused community events and picnics, a greenhouse and potting shed, and our “No Member Dies Alone” volunteer program. In general, state veterans homes – unlike most traditional skilled nursing facilities – are uniquely equipped to deal with a predominantly male population and retain staff specifically experienced and more familiar with the veteran population’s unique care needs.

Key Tasks:

- 1.1.1. Provide specific and tailored activities, programs, and initiatives to best serve our predominantly veteran population and establish our facilities as unique from other skilled nursing environments measured by annual Member/Family Satisfaction Surveys. (Ongoing)
- 1.1.2. Facilitate monthly Member Council meetings that drive open and consistent communication between members and staff and support member-driven initiatives. (Ongoing)
- 1.1.3. Establish clear process for involvement, as appropriate, of family members, staff and volunteers in development of system and facility-level Process Improvement Plans (PIPs). (31 December 2020)
- 1.1.4. Expand “No Member Dies Alone” program to serve members in all MVH facilities. (31 January 2022)

Performance Measures:

- Member/Family Satisfaction Surveys indicate that 90% of respondents are satisfied with the activities and life enrichment opportunities provided at the facility.
- Member/Family Satisfaction Surveys indicate that 90% of respondents feel that they have sufficient opportunity to express opinions/concerns, and that opinions/concerns are appropriately addressed by MVH management and staff.
- Annual assessment and percentage of PIPs that reflect member, family member and/or volunteer participation.
- Established “No Member Dies Alone” program in all MVH facilities.

OBJECTIVE 1.2: *Transition to Person-Centered Care Model.* All MVH facilities apply culture change principles to transition from a traditional “institutional” long-term care model to an operational model that fully incorporates person-centered care practices (industry best practice) by August 1, 2021.

(Primary: Chief Operating Officer, Secondary: Administrators)

Description:

Across the industry, long-term care providers rely on the long-term care culture change principles to transition away from an institutional care approach toward a “person-centered” care (PCC) model.

A PCC model places greater emphasis on meeting members' emotional needs and care preferences, consistent with their lifestyle. The emphasis is on relationships in the care (Social Model), rather than task-centered approaches that focus narrowly on the physical health of members (Medical Model). When seeking person-centered care, potential members and their families want to know how care providers consider and support each member's holistic needs and preferences.

Core characteristics of the PCC approach are:

- Respecting and valuing the individual as a full member of society
- Providing individualized emotional and physical spaces for care that are in tune with people's changing needs
- Understanding the perspective of the person in all care and activities
- Providing supportive opportunities for social engagement to help people live their life and experience well-being

Independent academic research conducted regarding implementation of PCC identified several areas of significant importance for organizations seeking to implement the PCC model:¹

1.) Leadership Commitment: Leadership commitment to creating a PCC organization was critical to transforming care. It was important to have leaders who served as models for PCC and actively engaged staff in local PCC initiatives. Staff reported that PCC had to be a “strategic priority, emphasized by the director” through implicit endorsement of PCC and providing resources for initiatives.

- **Leaders must express support for PCC openly, consistently and frequently.** Consistent and frequent expressions of support for individual initiatives and the cultural transformation as a whole are integral to successful change.
- **Encouraging staff involvement in decision-making and getting staff feedback fosters staff engagement.** Leaders who encourage staff involvement in decision-making, are open to new ideas, and actively seek feedback from staff facilitates staff buy-in and spread of PCC.
- **Leadership should model PCC for the staff and engage staff.** Leadership is perceived as most effective when they model PCC in every interaction with staff and patients. Leaders set the expectation that staff have an emotional commitment to caring for Veterans, setting the stage for practice changes.

¹ Bokhour, B. et al “How can healthcare organizations implement patient-centered care? Examining a large-scale cultural transformation” <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-2949-5>

- 2.) **Patient & Family Engagement:** Capturing the patients' voices, obtaining patient perspectives and finding out what matters most to patients and families are essential to selecting, planning and implementing PCC initiatives. This is achieved in multiple ways, such as open meetings for patients to speak with facility leadership, patient surveys, and inviting patients to serve on PCC committees.
- 3.) **Removing Key Barriers.** This includes alignment of staff roles/priorities to facilitate provision of PCC. It also includes looking for tactics to overcome any barriers that cause organizational silos that impair provision of PCC. This is an issue that is particularly relevant when providing care within state and federal government organizational systems.

Key Tasks:

- 1.2.1. Leadership team clearly expresses organizational commitment regarding the provision of person-centered care in all MVH facilities, including open encouragement of staff-driven initiatives. (31 January 2020)
- 1.2.2. Operationalize facility-level "Interdisciplinary Team" (IDT) approach with member direct care staff to ensure coordination among departments (nursing, social work, activities, dietary) to better facilitate holistic member care provision. (31 January 2020)
- 1.2.3. Complete MVH facility-level organizational and staffing realignment to integrate and operationalize person-centered care model and performance improvement initiatives. (30 June 2021)
- 1.2.4. Establish "household"/"neighborhood" unit design and associated operational approach across all facilities. (30 June 2021)

Performance Measures:

- Quarterly audit of frequency of and attendance at IDT meetings, with goal that team meetings occur NLT 5 with days/week, with all disciplines represented, to ensure proper coordination of member care. Less than 95% compliance triggers internal review.
- Status of organizational structure realignment (development of end state, progress towards end-state implementation).

OBJECTIVE 1.3: *Ensure Member and Family Satisfaction.* *The quality of our services and homes meet the expectations of the veterans and families we serve. (Ongoing)*

(Primary: Administrators, Secondary: ALL)

Description:

An essential component of MVH's success rests in its ability to provide our members and families with exceptional quality of care and customer service. Prospective members and their families, hospital discharge planners and social workers, primary

care physicians and other healthcare professionals, will all point to MVH facilities when discussing the top skilled nursing care for veterans and their families. That experience will be “end-to-end,” extending from someone’s very first interaction with our organization and through each step thereafter.

Key Tasks:

- 1.3.1. Complete Member and Family Satisfaction Survey to receive honest feedback about level of care and concerns. (Annually)
- 1.3.2. Assess feedback for any areas receiving score <4.5 (on a scale of 1 – 5) on Member and Family Satisfaction Survey; as necessary; develop and execute Process Improvement Plan (PIP) associated with feedback (Annually).

Performance Measures:

- Member/Family Satisfaction Surveys indicate that 90% of those receiving care recommend the facilities to others annually.
- Percentage of areas receiving < 4.5 on Member and Family Satisfaction Surveys resulting in actionable item or PIPs and quarterly review of outcomes.

CAMPAIGN GOAL 2 (CG2): Improve Service Delivery

Improve service delivery through an organizational commitment to innovation and responding proactively to industry shifts.

Description:

MVH builds a performance-driven organizational culture that continually asks how we can deliver nation-leading care and services for our veterans and their families. MVH's financial model and operational approach allow it to continue to achieve its objectives and fulfill its mission over the long term. Quality is a focal point for each interaction with members as well as regulators and healthcare partners. The organization is "data-driven," relying on leading industry indicators and quantitative metrics to continually assess the organization's financial outlook and the quality of care being delivered to members.

OBJECTIVE 2.1: Enhance Organizational Capabilities. *The MVH has the talent, technology, processes, and other systems in place to deliver the results we are expected to produce by September 30, 2020..*

(Primary: Executive Director, Secondary: Chief Operating Officer)

Description:

This starts with ensuring that MVH has an organizational structure, including a centralized support team, that enables it to meet the requirements of a complex and rapidly changing industry. It involves a commitment to the timely and accurate recording of patient-centered care data through a modern, integrated technology solution.

Another critical component to improved service delivery is the review of MVH's organizational policies to ensure alignment across the organization. Policies and procedures are a vital component of any organization. It is essential that policies are consistent, well-defined, and clearly communicated in order for an organization to operate effectively. It is important to differentiate system-level policies from facility-level procedures: while procedures may vary to one degree or another to best address facility-level considerations, procedures should still be well-defined and clearly communicated.

Key Tasks:

- 2.1.1. Complete transition from existing Electronic Medical Records (EMR) system to new EMR. (01 May 2020)
- 2.1.2. Complete MVH central staff reorganization and realignment to support performance improvement initiatives and statutory authority to provide a full range of services to the veterans and spouses we serve. (30 September 2020)
- 2.1.3. Engage Department of Technology, Management & Budget (DTMB) Agency Services and DMVA leadership to perform review of DTMB IT service provision (organizational structure, capacity, processes, funding) and complete coordinated realignment to better meet current and future needs of organization. (30 September 2020)

- 2.1.4. Establish internal workgroup to complete and implement system-wide policy and procedure review and realignment. (30 September 2020)

Performance Measures:

- Centralized organizational structure is realigned to support organizational needs.
- Transition to new EMR system is executed.
- Coordinated review of IT service provision complete and realignment executed.
- Comprehensive review of all policies and procedures complete and updated as appropriate.

OBJECTIVE 2.2: Advance Financial Sustainability. *The MVH builds and relies on an operational model that effectively balances the delivery of high quality of care and financial sustainability by August 1, 2021.*

(Primary: Executive Director, Secondary: ALL)

Description:

The ability to make the necessary investments in staff, equipment, and facilities for the MVH to build and maintain an innovative, high-performing organization hinges on our financial solvency and sustainability. Therefore, MVH must have a financial strategy that includes a number of components designed to reduce reliance on state general fund appropriations related to revenue shortfalls. In order to accomplish this, the MVH pursues the necessary steps to ensure that it maximizes reimbursement from federal funders; most notably, this means making sure that all beds in our new homes are eligible for Centers for Medicare and Medicaid Services (CMS) reimbursement.

Key Tasks:

- 2.2.1. Advocate using coordinated departmental legislative efforts with the National State Veteran Home Association to ensure:
- 1) The United States Department of Veteran Affairs (USDVA) SVH program per diem funding adjustments properly align with observed cost of care growth
 - 2) Construction grant investments properly align with observed construction escalation and increased costs associated with industry shifts. (1 February 2020 and ongoing)
- 2.2.2. Achieve VA recognition and CMS certification for all skilled nursing facilities (currently operating or under construction) to maximize federal funding for ongoing operations (cost of care). (1 August 2021)
- 2.2.3. Achieve VA and CMS certification for all new skilled nursing facilities. (Ongoing)

Performance Measures:

- Increased federal USDVA funding as a percentage of overall cost of care and capital investment (vs. state/private pay).

- Increased federal CMS funding as a percentage of overall cost of care (vs. state, private pay).
- Increased percentage of total MVH operational costs funded from non-General Fund sources.
- Annual assessment of total cost-per-member (compared to industry averages for skilled nursing care).
- Percentage variance of actual YE expenditures/revenue to budgeted expenditures/revenue.

OBJECTIVE 2.3: *Provide Care Consistent with Industry Best Practice.* *The MVH provides services consistent with industry best practices and establishes facilities as a premier long-term care location for veterans and their family members by September 30, 2024.*

(Primary: Clinical Outcomes Administrator, Secondary: Chief Operating Officer)

Description:

Ensuring nation-leading service delivery also requires that our organization analyze and benchmark our performance against quantifiable industry standards. The public has access to our performance data, as appropriate, to demonstrate to our veterans, their families, our staff, and external supporters and other stakeholders how well we are advancing our mission. In addition, we view the periodic audits of our operations by external organizations as opportunities to reflect on and learn from our past performance.

Key Tasks:

- 2.3.1. Fully incorporate American Health Care Association’s (AHCA) Quality Assurance and Performance Improvement (QAPI) program review at all levels of MVH organization. (31 March 2020)
- 2.3.2. Establish process to review and facilitate improved consistency with direct care continuity of care. (30 June 2020)
- 2.3.3. Obtain the AHCA Bronze Award for “Commitment to Quality” to demonstrate MVH’s progress in incorporating industry best practice standards. (30 September 2022 for existing facilities; within one year after opening for all new facilities)
- 2.3.4. Achieve and maintain a minimum of a 4-star rating, with a goal of a 5-star rating, in all certified facilities under the Centers for Medicare & Medicaid Services (CMS) Star Rating Program. (01 January 2023)
- 2.3.5. Obtain the AHCA Silver Award for “Achievement in Quality” (30 September 2024 for all existing facilities, within 3 years after opening for all new facilities)

Performance Measures:

- Document and review progress in implementation of AHCA QAPI program at all facilities by planned implementation date.
- Continuity of care documentation and tracking; review for implementation of PIPs biannually (for state and contract direct care provision).
- Document and review progress of all efforts associated with obtaining AHCA Bronze Award for “Commitment to Quality” by planned implementation date (all facilities).
- CMS 5-Star Program rating at all certified facilities.
- Document and review progress of all efforts associated with obtaining the AHCA Silver Award for “Achievement in Quality” by planned implementation date (all facilities).

CAMPAIGN GOAL 3 (CG3): Increase Access to Care

Expand geographic footprint to ensure that 95% of Michigan's residents have access to high-quality veteran-focused long-term care services within 75 miles of their home.

Description:

VA demographic data indicates that Michigan's total veteran population in 2016 was approximately 623,600 veterans, with 323,500 veterans (51.9%) over the age of 65. Of these veterans, an estimated 250,000 are likely to need long-term care in the next 7 years. Although the VA anticipates that the total veteran population in all states will decrease as Vietnam-Era veterans begin to pass away, the VA's most recent population estimates show Michigan will continue to have over 170,000 veterans over the age of 65 in 2040. While the vast majority of those veterans will receive care from family members or other care providers, MVH is expanding the number of homes where we directly serve veterans in order to meet the current and anticipated needs of our veterans.

Notably, nearly one third of Michigan's veteran population currently lives in the tri-county metropolitan area of Wayne, Oakland and Macomb counties, surrounding the city of Detroit. Although more than 100,000 veterans aged 65+ live in these three counties, veterans residing in this region currently have to travel approximately three hours (160+ miles) to reach the closest state veterans home in Michigan, located in Grand Rapids.

In order to meet the long-term care needs of veterans across Michigan, MVH will engage in a multi-facility bed replacement effort for the State of Michigan's existing state veterans facilities. The ultimate goal of this multi-phase plan is the gradual replacement of Michigan's existing certified beds (758 in Grand Rapids, 206 in Marquette) in a manner that accomplishes CG3's strategic objectives.

OBJECTIVE 3.1: *Create a Replicable Person-Centered Facilities Model.* *Creation of a replicable model that will provide quality long-term care options in alignment with industry standards, the VA community living center guidelines, and requirements for the receipt of federal Medicare and Medicaid reimbursement by September 30, 2022.*

(Primary: Executive Director, Secondary: Construction & Facilities Manager*)

Description:

In alignment with current best design practices as articulated in the USDVA Community Living Center (CLC) Design Guide, all of Michigan's planned bed replacement projects incorporate the "small house" long-term care model that focuses on providing person-centered care (PCC) to members using a Home-Neighborhood-Community Center design.

The CLC "small house" model provides a less institutional, more homelike environment than Michigan's existing multi-story "medical" model facilities in Grand Rapids and

Marquette. The small house model will provide all members with private rooms in individual “households” of 16 members. These members will have greater access to both indoor and outdoor wheelchair-accessible community spaces.

Characteristics of a small house design include the conscious elimination of the “signposts” of the medical model. With respect to facility design, that includes some or all of the following:

- Small, self-contained “homes” for 16 members or less
- Private rooms for each person
- Private bathrooms for each person with shower and sink
- Home configuration: front hall, living room, dining room, kitchen, den
- Short walking distances from bedrooms to living areas
- Members have access to all areas of the house (within safety guidelines)
- Residential finishes and hardware
- Access to outdoor space/connections with nature

The type of facility design allows members to engage in the following aspects of daily life, consistent with PCC philosophies (within safety guidelines):

- Participate in their own care planning meetings
- Participate in household activities of choice
- Member selection of bathing choices
- Opportunity to personalize their space
- Opportunity to access outdoors easily, without barriers to navigate or the need to secure permission
- Food at will
- Visitors at will
- Decisions honored regarding all aspects of care

Key Tasks:

- 3.1.1. Complete replicable VA-approved design for the construction of new homes in Macomb County and Grand Rapids that fully incorporates PCC design philosophies. (31 January 2021)
- 3.1.2. Perform review of Macomb County and Grand Rapids facility design to identify issue areas/“lessons learned” that will inform adjustments needed for future construction design. This should include, at a minimum, modifications/adjustments in (1) facility design; (2) budget; (3) process (ex: VA application process, procurement coordination); (4) construction schedule; (5) furniture, fixtures, equipment (FFE) schedule; and (6) site considerations. (31 December 2021)
- 3.1.3. Complete phased retrofit of currently operating facilities (DJJHV, older buildings on GR campus) to incorporate “small house” design concepts to the extent

feasible/necessary for ongoing operations (ex: DJJHV unit kitchen additions, DJJHV secured outdoor courtyard project etc.). (30 September 2022)

Performance Measures:

- Completion of post-construction assessment of projects in Macomb County and Grand Rapids, including comprehensive evaluation of anticipated vs actual (1) budget; (2) construction schedule; (3) design elements/value-based engineering decisions; (4) procurement issues & challenges (non-exhaustive list).
- Annual budget and schedule review of current facility retrofit efforts.

OBJECTIVE 3.2: *Expand geographic distribution of MVH beds.* *Expansion of geographic distribution of available beds in veteran population centers across the state to provide increased access to service by September 30, 2031.*

(Primary: Executive Director, Secondary: Construction & Facilities Manager*)

Description:

Michigan currently has two veterans homes located in Grand Rapids and Marquette, Michigan. Although these facilities serve a critical need for the veteran population in those regions, nearly three quarters of Michigan's veteran population live in other regions across the state. The proposed projects would allow Michigan to better distribute existing certified beds across the state while concurrently aligning its existing facilities with current industry standards.

Transparent Site Identification Criteria

It is critical that MVH has a clear, rigorous process for evaluating and deciding which Michigan communities represent the most appropriate places to locate our future homes and, then, which physical sites in those selected communities are likely to produce the best outcomes for those who live there.

When examining - and ultimately selecting - communities and sites in which to locate future facilities, MVH gathers data and information on the following variables and uses that to compare and prioritize among the possible locations:

- **Density of veteran population**
 - Total number of veterans living within 75 miles of the community
 - Number of those veterans who will likely need residential care
- **Likelihood of area veterans choosing to live in a state veterans' home** (i.e., via a survey) or require care services from our continuum of care
- **Availability of labor for key care roles** (includes looking at the availability of affordable housing in the community)
- **Economic vibrancy of community**

- **Availability of local care facilities and providers that could ensure an extended continuum of care** (ranging from in-home to short-stay, adult day facilities to hospitals)
- **Availability of community amenities** (libraries, parks, lodging, grocery stores, post-secondary institutions, etc.)
- **Availability of multimodal transportation options** (public transportation, “walkability” score, proximity to highway interchange)

Once MVH narrows down the communities where it would like to locate a new home, it partners with the State’s real estate division as well as local units of government and real estate professionals to identify potential sites. When evaluating these sites, MVH uses the following variables to assess their feasibility and prioritize them accordingly.

- **Size of site** (appropriate size and configuration to permit acceptable and professional site planning with adequate open space, circulation, and parking)
- **Availability of adjacent vacant parcel for future expansion opportunities**
- **Cost to acquire site** (purchase price or possibility of donation)
- **Environmental remediation** (cost and complexity to address environmental issues)
- **Access to necessary utilities** (served by a municipally owned water supply, storm and sanitary sewer system that is adequate for the number of units proposed)
- **Complexity of restrictions** (zoning issues, deed restrictions, post-sale conditions placed by owner, environmentally related land use restrictions)
- **Neighborhood/residential character** (near existing residential areas; preferably single family and aesthetically pleasing)
- **Proximity to town center and associated amenities**
- **Good vehicular access** (safe ingress/egress routes)
- **Significant frontage on main thoroughfare** (opportunities for adequate signage, lighting, and landscaping to establish a pleasing and noticeable residential presence)
- **Safety and security of area** (crime rate, etc.)

Key Tasks:

- 3.2.1. Complete construction and occupy completed MVH facilities in Macomb County and Grand Rapids (under construction). (30 April 2021)
- 3.2.2. Open MVH in Wayne County. (30 September 2024)
 - Secure property in Detroit/Wayne County (possible dual-use campus with MIARNG) (NLT 01 July 2021).
 - Secure match funding. (NLT 01 August 2021)
- 3.2.3. Open MVH in Flint/Saginaw region. (30 September 2025)

- Secure property in Flint/Saginaw region (possible dual-use campus with MIARNG) (NLT 01 July 2022).
- Secure match funding. (NLT 01 August 2022)
- 3.2.4. Open MVH in southwest region of I-94 corridor. (30 September 2027)
 - Secure property in I-94 corridor (NLT 01 July 2024).
 - Secure match funding. (NLT 01 August 2024)
- 3.2.5. Open new MVH replacement facility in Marquette. (30 September 2029)
 - Secure property in Marquette region (NLT 01 July 2026)
 - Secure match funding (NLT 01 Aug 2026)
- 3.2.6. Open new MVH in Northern Lower Peninsula. (30 September 2031)
 - Secure property in NLP. (NLT 01 July 2028)
 - Secure match funding. (NLT 01 Aug 2028)

Performance Measures:

- Successful completion of the proposed new construction plans, including schedule and budget tracking (goals vs. actual).
- Percentage of Michigan residents who live within 75 miles of an MVH facility.

CAMPAIGN GOAL 4 (CG4): Expand Availability of Care

Increase the capacity and availability of options across the long-term continuum of care through expansion of operations and/or development of strategic partnerships.

Description:

State veterans homes are most frequently associated with the provision of long-term residential skilled nursing care and this will continue to be MVH's core service. While MVH's objective is to be best known for how we care for veterans in the skilled nursing facilities that we operate, we foresee continued involvement in facilitating the provision of services to many veterans seeking continuum of care² (CC) services in other settings – either ancillary services housed on one of our campuses or in other locations. This could include a variety of services such as medical adult day health care, independent/assisted living, or behavioral health services.

OBJECTIVE 4.1: Complete system wide scalable MVH master plan. *Complete a system-wide scalable master plan related to services provided by the MVH and partner organizations which can be adapted by location to meet the specific continuum of care needs in that community by September 30, 2024.*

(Primary: Executive Director, Secondary: Chief Operating Officer, Strategy & Outreach Director*)

Description:

In providing both skilled nursing and ancillary CC services, MVH evaluates how to best facilitate the delivery of those services. MVH develops partnerships with a variety of other public, private, and non-profit organizations in our communities to support us in the delivery of more predictable, evidence-based care for our members and other veterans we serve.

When we utilize outside partnerships to provide services on or off our campuses, MVH selects providers that meet our high standards, provide rigorous monitoring of the care they are delivering, and establish clear performance agreements with them. In this way, we can expand the continuum of care provided to our veterans and leverage the talent and resources of other professionals in addition to those working directly in our homes. These partnerships can also be leveraged to enhance the perception of our homes among local providers as a place to which they feel comfortable referring their patients.

² A "continuum of care" refers to the increasing intensity of healthcare services that a person may need as they age. It includes long-term care services that are both home-based and residential. Examples along the continuum include: home-based health care services, adult day health care/PACE programs, adult foster care, residential behavioral health care, independent living, assisted living, skilled nursing care, and hospice (palliative) care.

Key Tasks:

- 4.1.1. Conduct regional service-related feasibility studies for all areas being considered for location of an MVH campus between FY21 - FY26 to determine the desire/need for related ancillary services in that region (behavioral health programming, adult day health care and other continuum of care services, cemetery locations). (30 September 2021)
- 4.1.2. Develop a master plan for the MVH system that prioritizes any non-skilled service provision by geographic region (e.g. centralized support, behavioral health programming, adult day health care and other continuum of care services, cemetery locations, and departmental shared campus locations). (31 August 2022)
- 4.1.3. Conduct regional service-related feasibility studies for all areas being considered for location of an MVH campus between FY27 – FY31 to determine the desire/need for related ancillary services in that region (behavioral health programming, adult day health care and other continuum of care services, cemetery locations). (30 September 2024)

Performance Measures:

- Approval by the Executive Office of site-specific plans, including scope of services to be provided and budget associated with provision of services.
- Expansion of continuum of care options for Michigan veterans, with respect to both access and spectrum of available services (behavioral health programming, adult day health care and other continuum of care services, cemetery locations).
- Increased economic impact created by presence of MVH facility in a community (payroll, locally sourced procurement, health care cost saving realized by veterans and families).

OBJECTIVE 4.2: *Develop and implement Grand Rapids campus transition plan.*

Develop and implement a site-specific transition plan for Grand Rapids campus to ensure continued care for current residents by December 31, 2020.

(Primary: Chief Operating Officer, Secondary: Administrator (Grand Rapids campus))

Description:

Although strongly informed by many of the considerations involved in the development of a system-wide master plan, a separate site-specific plan must be developed for the Grand Rapids campus. One core principle of the transition will be that no current resident of the Grand Rapids Home will be left without a place to receive appropriate services (either at the GRHV campus or elsewhere), given that the replacement facility currently under construction will only serve members in need of skilled nursing services.

A Campus Planning Workgroup comprised of staff, board, community members, and other stakeholders developed a set of broad recommendations for this transition in Fall

2018/Spring 2019. The MVH team, comprised of management and staff, then used these recommendations to develop realistic plans for future operation of the existing buildings on the GRHV campus. These are likely to include plans for the future management of the cemetery as well as the repurposing of buildings for the provision of other services along the long-term continuum of care. This plan will necessarily consider the needs of current members receiving services other than skilled nursing care.

Key Tasks:

- 4.2.1. Complete development of Grand Rapids campus transition plan, including any non-skilled nursing services provided on that campus following FY21. (31 October 2019)
- 4.2.2. Submit associated budget requests for consideration by the Executive Office and Legislature. (31 December 2019)

Performance Measures:

- Successful repurposing of existing facility space at the Grand Rapids campus, including continuation and/or expansion of services, as approved by the Executive Office.

OBJECTIVE 4.3 *Establish USDVA-Funded Behavioral Health Pilot.* *Work with the USDVA to develop a behavioral health pilot program at Grand Rapids campus to address the service needs gap for veterans in need of long-term behavioral healthcare service options by December 30, 2020.*

(Primary: Psychosocial Services & Quality of Life Administrator*; Secondary: Chief Operating Officer)

Description:

Across the country, as older adults with moderate infirmities become much more likely to reside in assisted living facilities or at home, skilled nursing facilities like our state veteran homes are seeing their populations shift toward members with much higher levels of medical acuity. This has included an increase in the number of adults seeking care who, in addition to needing skilled nursing care, have significant behavioral health conditions.

According to a study published in the Journal of Aging & Social Policy in 2011, the percentage of new nursing home admissions with mental illness now exceeds the percentage presenting with dementia only. Despite these profound changes, little has changed in many skilled nursing facilities with respect to the physical characteristics, staffing patterns, staff training or professional staffing that facilities use to address the specific needs of this unique population.

Consistent with the rest of the industry, there is an observable shortage of available beds for veterans in need of residential long-term care, who also have significant behavioral health needs. With appropriate resources and support from state and federal partners, MVH is in a unique position to provide care to this significantly underserved population.

Key Tasks:

- 4.3.1. Brief USDVA on proposed pilot program for behavioral health programming at the GRHV campus and receive feedback regarding USDVA interest in establishing partnership to provide services/determine next steps. (31 January 2020)
- 4.3.2. Complete feasibility study to identify potential costs, risks and needs of a behavioral health unit. (31 July 2020)
- 4.3.3. Develop proposed budget and resource needs for program to present to appropriate executive and legislative leadership and USDVA. (30 September 2020)

Performance Measures:

- Successful implementation of a USDVA-funded (partial or full) behavioral health pilot program on the Grand Rapids campus.
- % of federal funding vs % of state GF funding provided to support behavioral health pilot program
- Admissions/waitlist data for program to validate program necessity (continuation/expansion)

CAMPAIGN GOAL 5 (CG5): Cultivate a Workplace of Choice

Cultivate and environment in which those who serve our members feel proud to contribute their talents and feel supported by MVH as they do so.

Description:

MVH is an employer of choice by providing a workplace committed to our employees and stakeholders, promoting positive relationships among coworkers, providing opportunities for growth, and freely sharing information. Staff are always willing to lend a hand to each other in support of the team.

Work-life balance and a culture of performance and servant leadership permeate MVH, resulting in successful talent attraction and retention. We strive to provide competitive wages and benefits that make us an employer of choice, particularly among those who already possess strong long-term care experience and skills. Staff are empowered to make appropriate decisions and lead execution.

MVH works continuously to enhance the knowledge, skills and capabilities of our staff to deliver the compassionate, high-quality care that our members deserve. This includes developing and implementing robust training and development programs that position our staff to not only succeed in their current positions but also to put them on a fulfilling, financially sustainable long-term career path in our organization. In addition, we acquire, build, and maintain the modern equipment and facilities that make MVH not only a great place to live and receive care but also to work.

OBJECTIVE 5.1: *Create a positive workplace culture. Create hiring and management policies that cultivate a positive workplace culture of respect, inclusion, and servant leadership by September 30, 2020.*

(Primary: Chief Operating Officer, Secondary: Executive Director)

Description:

MVH is committed to creating and maintaining a work environment that supports employee quality of life by promoting respect and understanding of diverse cultures, social groups, and individuals. Staff are empowered to advocate for themselves and for their teammates without fear of repercussion. Staff feel safe and respected and are treated how they would like to be treated. This commitment to maintaining a culturally competent organization increases our effectiveness, credibility and transparency for staff, members and stakeholders.

Key Tasks:

- 5.1.1. Require staff at all MVH facilities to complete Relias cultural competence training annually or within 3 months of hire (commencing 01 March 2020).

- 5.1.2. Expand/replicate successful facility-specific employee engagement team initiatives, including semi-annual employee appreciation events (Ex: GRHV Team 212). (30 September 2020)
- 5.1.3. Work with DMVA Director of Human Resources to ensure all non-compliance complaints and grievances (discrimination, harassment, assault) are logged, investigated and acted on for those found to be substantiated. (Ongoing)

Performance Measures:

- Lowered percentage of employees receiving a rating of “not meeting expectations” on employee performance review.
- State of Michigan Employee Survey - Diversity & Inclusion Section:
 - Increase from 54% Agree (2018) at GRHV and 50% Agree (2018) at DJJHV to 79% Agree (High Performing (HP) Benchmark) at both facilities for “I provide my opinions without fear of retaliation or retribution.”
 - Increase from 61% Agree (2018) at GRHV and 50% Agree (2018) at DJJHV to 80% Agree (HP Benchmark) at both facilities for “My work group has a climate in which diverse perspectives are encouraged and valued.”

OBJECTIVE 5.2: *Expand and augment direct care recruitment and retention programs.* *Expand and augment direct nursing care employee recruitment and retention programs that invest in MVH’s talent through the pursuit of grant funding opportunities and the development of a career management program by September 30, 2021.*

(Primary: Chief Operating Officer; Secondary: Clinical Compliance Administrator)

Description:

Within the long-term care industry, instability in the workforce is an ongoing challenge for providers and is shaped by trends impacting skilled nursing facilities across the country.

- **Growing Demand for Services:** The demand for long-term care services continues to grow: among those currently reaching retirement age, more than half (52%) will require long-term care services at some point. Additionally, the number of adults aged 65 and older will nearly double from 49 to 95 million between 2016 and 2060.³
- **Labor Force Lagging Demand:** During the same time period, the number of adults aged 18 to 64 will only increase by 14%.⁴

³ Favreault, Melissa and Judith Dey. 2016. *Long-Term Services and Supports for Older Americans. Risks and Financing Research Brief.* Washington, DC: Office of the Assistant Secretary for Planning and Evaluation (ASPE). <https://aspe.hhs.gov/basic-report/long-term-services-and-supports-older-americans-risks-and-financing-research-brief>.

⁴ *Id.*

- **Direct Care Jobs Struggle to Compete:** Especially in a stronger economy, many workers move to other industries that offer better job quality, higher wages, more stable hours, the perception of safer working conditions, opportunities for advancement, or other advantages.⁵

Because of this, conservative estimates of turnover across the long-term care sector range from 45 to at least 66%. One in four nursing assistants report that they are actively looking for another job.⁶ In order to remain competitive, MVH works to ensure it has recruitment programs that attract candidates to work for the organization.

Key Tasks:

- 5.2.1. Complete feasibility assessment with Michigan Department of Civil Service re: state or MVH foundation support for staff recruitment and retention incentive programs (signing bonuses; assistance for academic pursuits that support career advancement, career growth/talent management opportunities). (31 December 2020)
- 5.2.2. Submit facility-specific applications to USDVA State Veterans Home (SVH) grant program for federal assistance in the hiring and retention of nurses for the purpose of reducing nursing shortages (38 CFR 53). (30 September 2021).

Performance Measures:

- Decreased voluntary and mandated overtime.
- Decreased vacancies as a percentage of total FTE count.
- 85% of State of Michigan non-direct nursing care hires are retained for 3 years.
- 75% of State of Michigan direct nursing care hires are retained for 3 years.
- State of Michigan Employee Engagement Survey⁷:
 - Maintain the strong results of 88% (2018) at GRHV and 85% (2018) at DJJHV for the percentage of employees who intend to stay with the State of Michigan for at least another 12 months. (86% is considered the HP Benchmark and a leading indicator of turnover.)

OBJECTIVE 5.3: *Develop partnerships to foster employee recruitment and career advancement.* *Develop partnerships with local educational institutions to improve employee recruitment and foster career advancement/educational opportunities for staff by August 31, 2021.*

⁵ U.S. Bureau of Labor Statistics, Employment Projections Program. 2017. Employment Projections: 2016-2026, National Employment Matrix - Occupation. <https://www.bls.gov/emp/>; analysis by PHI (3/27/2018).

⁶ Understanding Direct Care Workers: A Snapshot of Two of America's Most Important Jobs: Certified Nursing Assistants and Home Health Aides. Washington, DC: U.S. Department of Health and Human Services. <http://aspe.hhs.gov/daltcp/reports/2011/cnachart.pdf>.

⁷ The scores included from the State of Michigan Employee Engagement Survey are facility specific.

(Primary: Executive Director; Secondary: Strategy & Outreach Director*)

Description:

In order to attract, recruit and retain employees, it is critical that MVH support targeted recruitment outreach strategies and career advancement opportunities. Although broad outreach tends to attract a larger pool of candidates, it also often contributes to higher staff attrition. Instead, more effective employee recruitment strategies typically include the following:

- **Build partnerships** with schools, colleges, workforce development organizations
- **Connect personally** with potential workers through job fairs, information sessions, and other events in the community
- **Seek referrals** from current employees and partner organizations

Furthermore, as with all employees, our staff need opportunities to learn and grow in their jobs; otherwise, they will start looking elsewhere for new challenges. By offering specialty training and advancement opportunities, MVH maximizes a worker's ability to contribute to our mission and rewards that dedication. This improves MVH's ability to retain our employees.

Key Tasks:

- 5.3.1. Complete an inventory/assessment of regional educational partners in the communities where we are currently operating or will soon operate. (1 March 2020)
- 5.3.2. Initiate regular communication with identified institutions and participate in all career/job fairs, etc. to increase visibility and involvement. (30 April 2020)
- 5.3.3. Coordinate with identified colleges/universities to establish internship agreements for social work and health administration internship programs. (30 September 2020)
- 5.3.4. Coordinate with identified nursing schools to establish MVH facilities as location for clinical rotations. (31 December 2020)
- 5.3.5. Develop partnerships with local Certified Nursing Assistant training programs to establish MVH facilities as clinical training sites. (31 December 2020)
- 5.3.6. Coordinate with identified nursing schools to establish CNA to licensed nursing educational partnership opportunities. (31 August 2021)

Performance Measures:

- Increase the number of new hires from identified educational partners.
- Increase availability of college/university-associated training opportunities/partnership programs at MVH facilities.

Objective 5.4: Encourage employee performance improvement. *Implement enhanced performance accountability and recognition programs to encourage and incentivize improved employee performance by April 1, 2020.*

(Primary: Chief Operating Officer; Secondary: Administrators)

Description:

Across long-term care settings, supervisors play a pivotal role in employee retention. By effectively implementing a proactive “coaching” style of supervision, MVH significantly reduces disciplinary actions, boosts worker satisfaction, and reduces turnover. This approach also improves employee relationships and care quality: a coaching style of supervision focuses on supporting workers’ growth while also setting high standards for performance and accountability.

Additionally, as with employees in any industry, our staff need opportunities for advancement. By developing clearly structured advancement opportunities, MVH maximizes our employees’ ability to contribute and feel appreciated for their commitment, which improves employee retention.

Key Tasks:

- 5.4.1. Every employee has completed an Annual Performance Measurement Plan in conjunction with their supervisor with clear measurements for success within three weeks of hire or annual review starting immediately. (Ongoing)
- 5.4.2. Develop Administrator-in-Training (AIT) program to identify organizational leaders and facilitate development of appropriate advancement plan. (01 April 2020).

Performance Measures:

- Increased percentage of staff performance reviews completed on time.
- State of Michigan Employee Engagement Survey⁸:
 - Increase from 46% (2018) at GRHV and 49% (2018) at DJJHV to 74% (HP Benchmark) at both facilities for the percentage of Champions within their respective facility.

⁸ The scores included from the State of Michigan Employee Engagement Survey are facility specific.

CAMPAIGN GOAL 6 (CG6): Build Community Awareness and Support

Ensure that the people of Michigan – particularly veterans – know about the work of the MVH and are enthusiastic with the results we are producing.

Description:

As a public body, MVH recognizes the importance of conducting our work in a transparent and ethical manner. The people of Michigan – particularly our veterans – expect to know how we are performing and the direction that we are headed. In addition, many want to be involved in providing input and support towards our mission in serving veterans and their families.

Therefore, we have an intentional strategy to engage stakeholders in several ways. First, we regularly report to state elected officials and the public-at-large on our performance via in-person meetings and the publication of periodic performance reports. Second, we create forums through which veteran service organizations, long-term care professionals, volunteers, and other community members can participate in providing recommendations to the MVFA board and MVH staff on critical issues. Finally, we develop and implement a multi-channel communication strategy that raises awareness among Michigan residents about the long-term care needs of veterans and informs them about how the MVH is meeting that challenge.

OBJECTIVE 6.1: Continued compliance with all legislative reporting requirements.

Ensure all legislatively mandated reporting occurs within the timelines established in statute and budget boilerplate by November 1, 2019.

(Primary: Strategy and Outreach Director*, Secondary: Executive Director)

Description:

MVH is subject to a number of statutory reporting requirements, identified in both enabling legislation and annual budgetary boilerplate requirements; these reporting requirements range from the number of complaints received to the results of any relevant surveys by the VA or CMS. Ensuring timely completion and submission is an important aspect of MVH's goals of maintaining transparent communication with both the legislature and the public.

Key Tasks:

- 6.1.1. Create a tracking matrix for all legislatively required reports. (November 1, 2019)
- 6.1.2. Complete and submit all necessary reports by the deadlines created in statute or budget boilerplate (as required by law). (Ongoing)

Performance Measures:

- Complete and timely submission of all legislatively required reports.

OBJECTIVE 6.2: Develop and Implement Strategic Communications and Outreach Plan. *Develop and implement a comprehensive Strategic Communication and Outreach Plan by December 31, 2020, to include the creation of a strategic communications team and the development of a website with the capability to handle online admissions requests, outreach opportunities and community engagement strategy.*

(Primary: Strategy and Outreach Director*, Secondary: Executive Director)

Description:

An effective communication strategy is crucial to MVH's long-term success. MVH has a multitude of stakeholders – from the members we serve or hope to serve in the future to the legislators and community members who support us. While OBJ 6.1 helps MVH keep an open line of communication with stakeholders who are already aware of MVH's work, additional effort is required to engage those who do not yet know about MVH and the services it is providing to veterans and their families. A proactive strategic communications and outreach plan will allow MVH to not only work with current stakeholders, but also to engage new support.

Key Tasks:

- 6.2.1. As part of central organization realignment (see OBJ 2.1, Key Task 2.1.1.), include the creation of a Strategy and Outreach Director, responsible for overseeing team responsible for strategic communications, community outreach, and philanthropic efforts. (31 March 2020)
- 6.2.2. Create a clearly defined brand identity for MVH and its system of services. (31 March 2020)
- 6.2.3. Develop and launch an MVH specific website that is improves ease of use and navigation, as well as increased functionality from current platform. (30 September 2020)
- 6.2.4. Develop and implement an MVH communication and strategic outreach plan. Ensure that this plan includes messages and themes that coordinate with DMVA strategic communications and that appropriate outreach is conducted with those populations we serve. (31 December 2020)

Performance Measures:

- Development and hiring of Strategy & Outreach Director position. Ensure funding for position and support team.
- Completion of branding campaign, including logo, brand statement and marketing plan.
- Creation of MVH-specific website that has fully incorporated design elements that improve user experience. Website must include, at a minimum, (1) “universal” system pre-application and application for admission to MVH facilities, (2) eligibility information and resources, (3) governance/board information, (4) staff recruitment/employment information, (5) information for community members re: volunteer and charitable support.

- Increased inquiries/engagements tied to specific outreach efforts (electronic and print).

OBJECTIVE 6.3: *Establish MVH charitable foundation.* *Establish the means and processes necessary to allow for MVH to accept charitable donation to support its initiatives by May 1, 2021.*

(Primary: Strategy and Outreach Director*, Secondary: Executive Director)

Description:

State of Michigan Public Act 1188 of 2018 mandates the governing board of MVH, the Michigan Veterans' Facility Authority (MVFA), to modernize MVH's facilities and services and it received broad legislative authority to solicit and raise charitable contributions in order to meet this mandate. MVH's ability to build and maintain an innovative, high-performing organization requires that the system seek opportunities to ensure the organization's financial sustainability and the resources to make continuous improvement in its facilities, services and operations.

The MVFA Board believes that a key pillar to the MVH's future financial success is the ability to secure contributions from private individuals and organizations passionate about MVH's mission and the veterans it serves. In order to best accomplish this, the MVH is in the process of establishing a charitable foundation in 2019/20 that will enable MVFA/MVH to raise money from the philanthropic community. While the Foundation would focus its efforts on raising capital funding to support the construction of the five additional veterans' homes planned, it would also provide an avenue for donors to contribute toward other efforts aimed at enhancing the quality of care for veterans served by MVH.

Key Tasks:

- 6.3.1. Establish infrastructure, policy and processes to facilitate the pursuit of all available community and non-governmental charitable support. (01 May 2020)
- 6.3.2. Integrate volunteer and fundraising stakeholder networks to resource and support foundation and operational initiatives. (01 May 2021)
- 6.3.3. Identify additional initiatives appropriate for MVH foundation promotion and initiate fundraising efforts to support them (e.g. member special activities and initiatives, employee recruitment and retention programs). (31 September 2022)

Performance Measures:

- Establishment of policies and processes that enable receipt of donations to support the current and future needs of the MVH.
- Full integration of existing donor and volunteer network with newly created MVH foundation network to facilitate consistent communication with community stakeholders.

- Prioritized inventory of current and proposed MVH services, programs and initiatives appropriate for foundation support, to include clearly articulated budget/fundraising goals.

OBJECTIVE 6.4: *Utilize community and philanthropic support to achieve capital Campaign Goals.* *By February 1, 2028, utilize philanthropic support to leverage pathways that maximize community and other non-governmental funding support for the expansion of the MVH geographic footprint.*

(Primary: Strategy and Outreach Director*, Secondary: Executive Director)

Description:

As stated in OBJ 6.3, a key function of the MVH’s foundation will be related to raising capital funding to support the construction of the five additional veterans’ homes planned.

MVH’s capital campaigns, like all capital campaigns, differ from other forms of fundraising in that they involve clearly articulated large-scale fundraising efforts that can span multiple years and cost thousands of dollars. As such, these capital campaigns require targeted fundraising efforts with specific phases. Whereas MVH’s other fundraising efforts might have more general goals and benchmarks, the goals of MVH’s capital campaign must be specific and clearly laid out, as MVH’s 15-year construction objectives have specific time frames and financial requirements.

The first phase of MVH’s capital campaign efforts include development of a fundraising feasibility study, outlining the foundation’s short- and long-term philanthropic goals and long-term opportunities for financial success. The feasibility study would accomplish the following:

- Test basic planning assumptions with potential donors
- Determine potential campaign support
- Develop potential campaign support and prospect matrices
- Set realistic campaign goals

The second phase of MVH’s capital campaign efforts would include determination of appropriate campaign strategies and development of a capital campaign and fundraising plan, utilizing the information gathered and synthesized in Phase I to conduct a successful capital and fundraising campaign.

Key Tasks:

- 6.4.1. Complete capital campaign and fundraising feasibility study to inform the MVH campaign and fundraising goal setting. (31 January 2020)

- 6.4.2. Execute a minimum of one capital campaign for construction of new facilities with goals informed by the capital campaign and fundraising feasibility study. (01 February 2023)
- 6.4.3. Complete a 5-year update to the capital campaign and fundraising feasibility study informed by FY22 capital campaign outcomes and any changes in the fundraising environment. (01 May 2025)
- 6.4.4. Execute a minimum of one new capital campaign for the construction of new facilities, informed by the updated capital campaign and fundraising feasibility study. (01 February 2028)

Performance Measures:

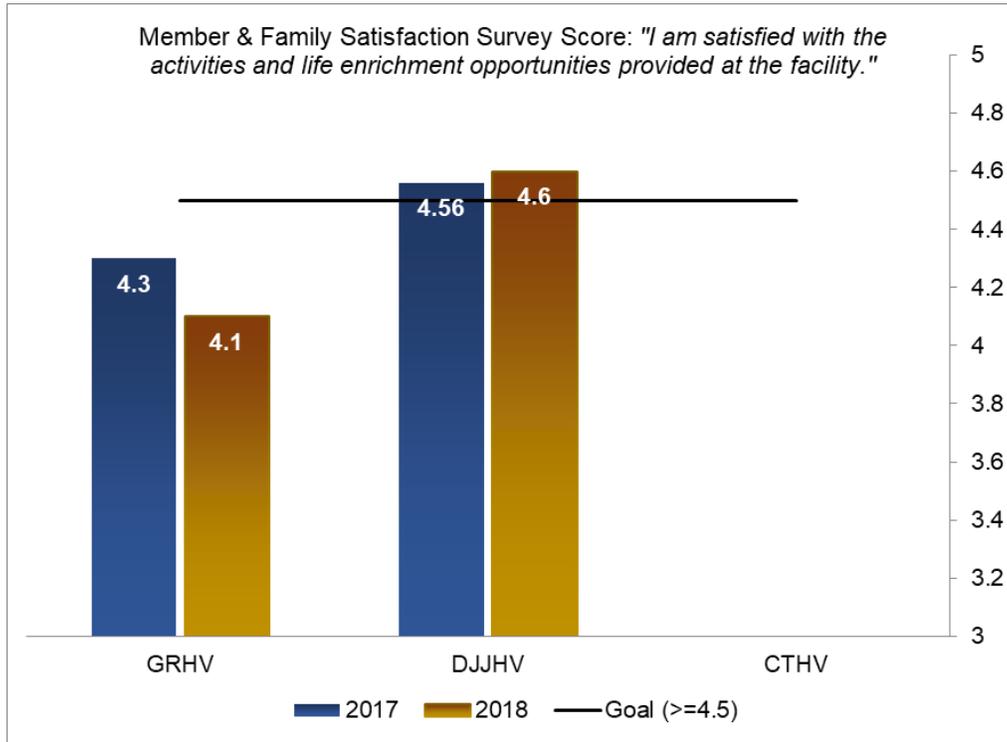
- Capital campaign fundraising goal vs. actual dollars raised.
- Cost per dollar raised (CPDR)/ Fundraising Return on Investment (ROI)
- % of new capital projects & initiatives funded via non-governmental support.

DATA & METRICS

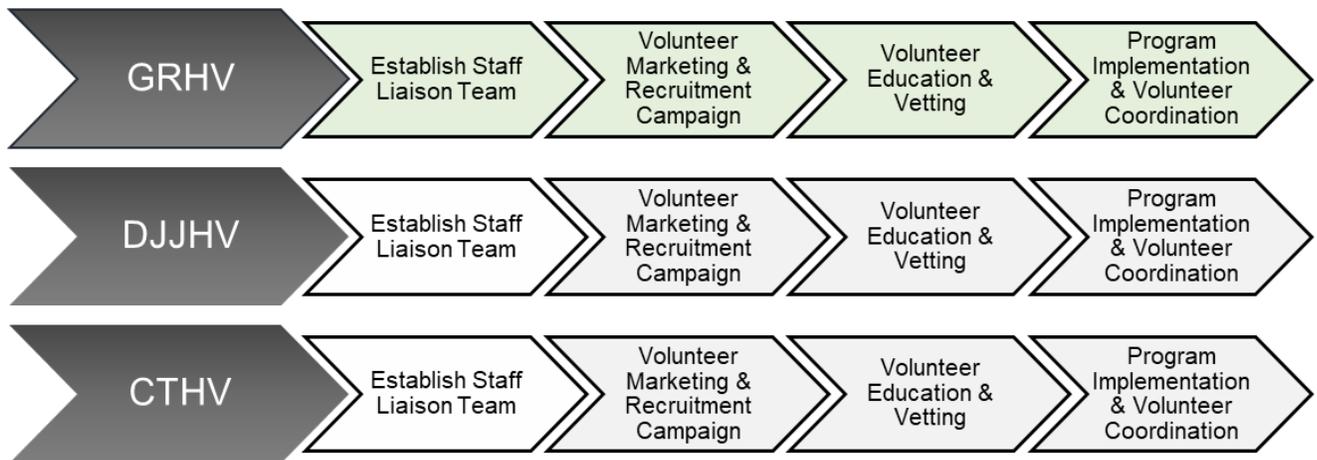
CAMPAIGN GOAL 1 (CG1): Deliver High Quality Member-Centric Care

Deliver services that enhance members' wellbeing and independence.

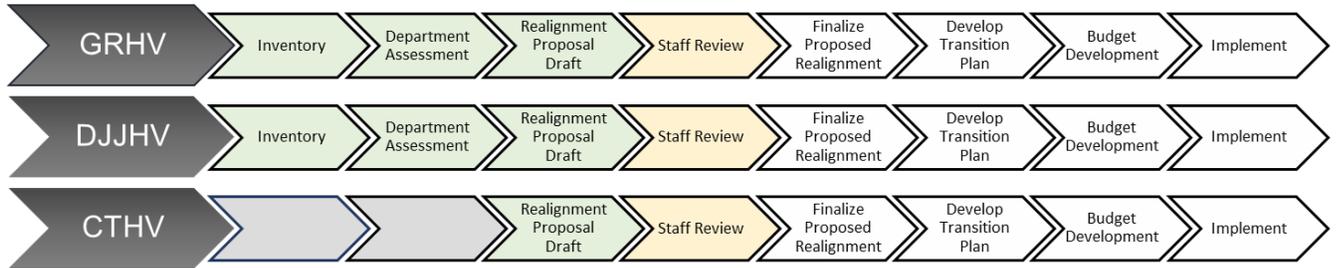
OBJ 1.1: Member/Family Satisfaction Surveys indicate an average score of $\Rightarrow 4.5$ to the question "I am satisfied with the activities and life enrichment opportunities provided at the facility."



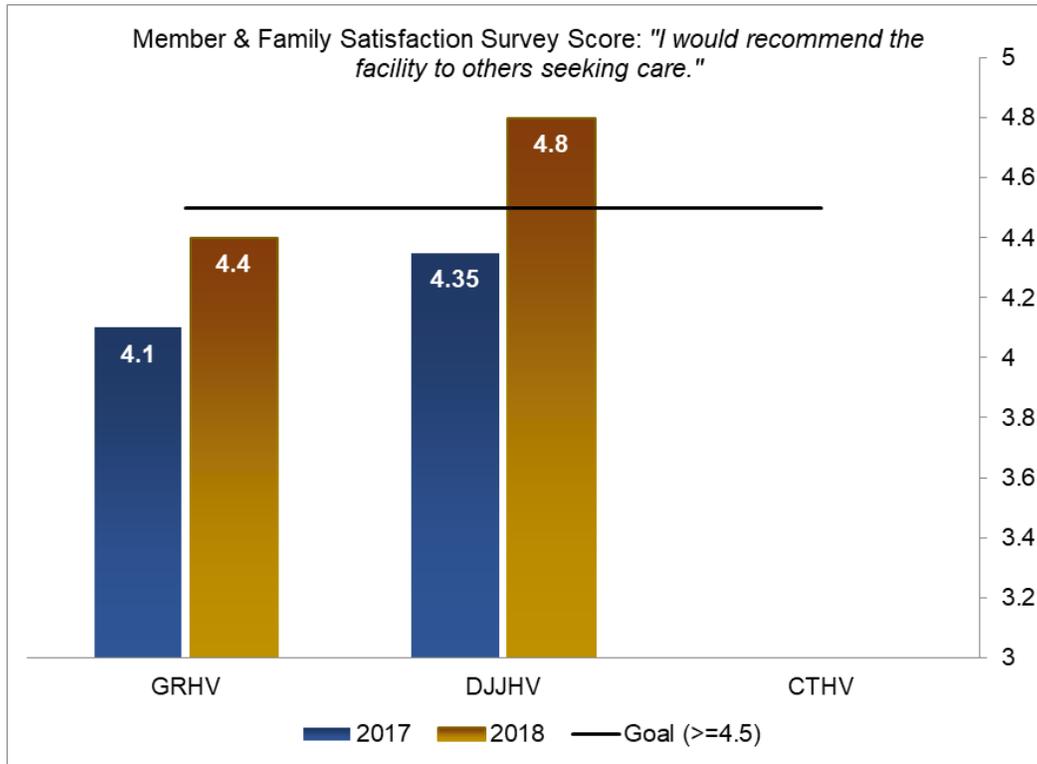
OBJ 1.1: Establish "No Member Dies Alone" Program in all MVH Facilities



OBJ 1.2: Status of organizational structure realignment (development of end state, progress towards end-state implementation).



OBJ 1.3: Member/Family Satisfaction Surveys indicate an average score of ≥ 4.5 to the question "I would recommend the facility to others seeking care" annually.



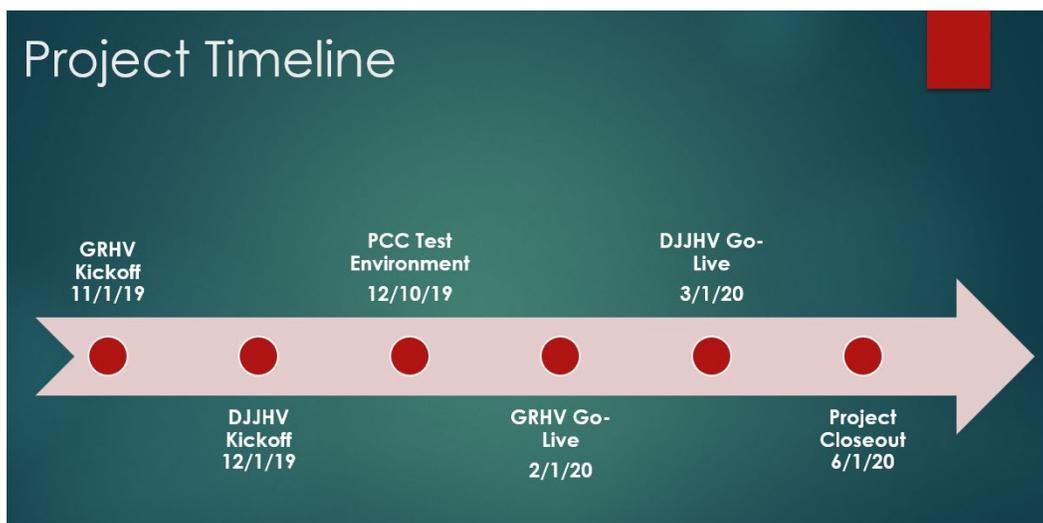
CAMPAIGN GOAL 2 (CG2): Improve Service Delivery

Improve service delivery through an organizational commitment to innovation and responding proactively to industry shifts.

OBJ 2.1: Centralized organizational structure is realigned to support organizational needs.



OBJ 2.1: Transition to new EMR system is executed.



OBJ 2.1: Comprehensive review of all policies and procedures complete and updated as appropriate.

QAPI Program Implementation Step	GRHV	DJJHV	CTHV
Inventory of all current policies and procedures (facility-level, central)	100%	100%	100%
Develop system-level policy categorization hierarchy			75%
Review separate facility "policies" for duplication/inconsistency	50%	50%	50%
Identify "policies" miscategorized as "procedures" and vice versa	50%	50%	50%
Establish review process to system policy-development and adoption			25%
Alignment and/or redevelopment of facility "policies" into single consistent system-wide policy			25%
Complete initial draft of proposed central policies			25%
Review of initial draft of proposed central policies by appropriate staff	0%	0%	0%
Finalize proposed central policies for review and approval by COO and ED	0%	0%	0%
Approval by COO and ED	0%	0%	0%
Clearly communicate system policy/procedure redevelopment actions to facility leadership for further facility action on procedure development	0%	0%	0%
Annual review of central policies for updates and additions			0%

Key
Complete
In Progress
Not Started

OBJ 2.2:

- Increased federal USDVA funding as a percentage of overall cost of care and capital investment (vs. state/private pay).
- Increased federal CMS funding as a percentage of overall cost of care (vs. state, private pay).
- Increased percentage of total MVH operational costs funded from non-General Fund sources.

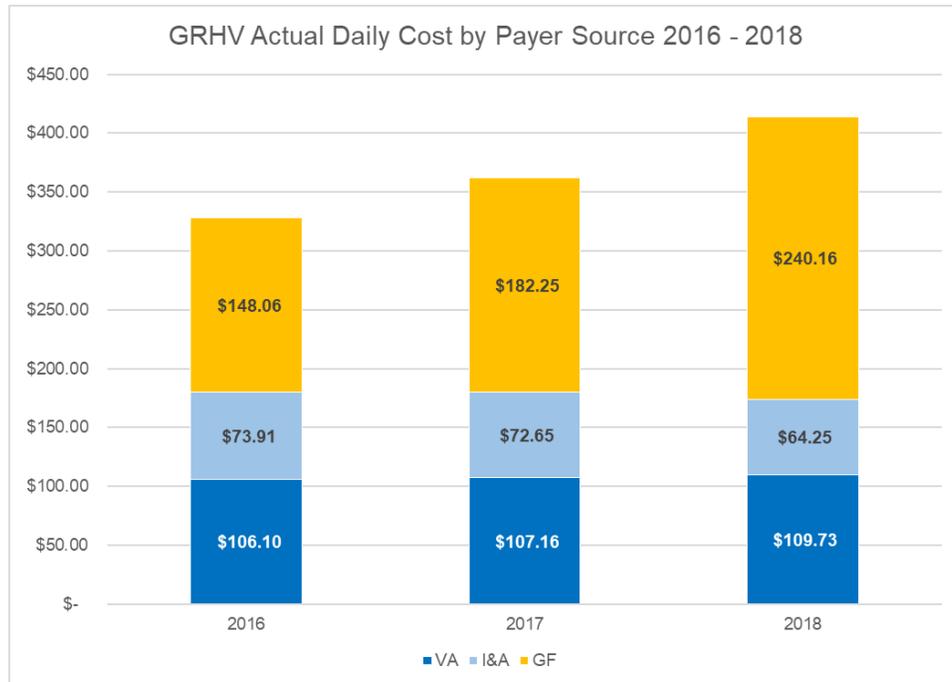
	2010	2011	2012	2013	2014	2015	2016	2017	2018
GRHV	\$ 51,890,199	\$ 49,754,237	\$ 50,998,096	\$ 47,706,702	\$ 45,447,770	\$ 46,116,899	\$ 47,282,291	\$ 44,097,183	\$ 43,166,894
USDVA (Federal)	\$ 20,265,893	\$ 19,407,721	\$ 21,836,777	\$ 19,720,331	\$ 20,019,579	\$ 19,319,793	\$ 19,388,900	\$ 15,780,716	\$ 13,868,844
CMS (Federal)	\$ 2,553,719	\$ 2,303,444	\$ 1,141,347	\$ 1,234,242	\$ 948,772	\$ 559,200	\$ 707,263	\$ 663,850	\$ 604,020
General Fund	\$ 14,776,589	\$ 14,411,176	\$ 15,614,779	\$ 15,322,764	\$ 14,057,545	\$ 16,688,812	\$ 18,894,028	\$ 21,696,600	\$ 23,242,050
Private-Pay	\$ 14,275,529	\$ 13,550,455	\$ 12,377,827	\$ 11,420,971	\$ 10,417,986	\$ 9,534,657	\$ 8,260,847	\$ 5,920,265	\$ 5,408,734
Other	\$ 18,468	\$ 81,441	\$ 27,366	\$ 8,395	\$ 3,887	\$ 14,437	\$ 31,252	\$ 35,751	\$ 43,246
DJJHV	\$ 16,939,262	\$ 16,893,430	\$ 19,526,834	\$ 17,462,833	\$ 18,123,874	\$ 20,969,016	\$ 20,888,837	\$ 23,884,964	\$ 24,506,645
USDVA (Federal)	\$ 7,015,507	\$ 6,982,755	\$ 8,695,010	\$ 6,786,434	\$ 6,585,152	\$ 8,440,957	\$ 8,123,085	\$ 10,516,774	\$ 8,960,063
CMS (Federal)	\$ 477,917	\$ 525,069	\$ 606,004	\$ 526,577	\$ 445,619	\$ 404,138	\$ 422,793	\$ 471,315	\$ 500,783
General Fund	\$ 4,337,384	\$ 4,549,857	\$ 5,188,377	\$ 5,095,112	\$ 6,110,184	\$ 6,683,968	\$ 6,859,100	\$ 7,944,600	\$ 10,081,400
Private-Pay	\$ 5,108,454	\$ 4,835,749	\$ 5,037,444	\$ 5,054,710	\$ 4,982,919	\$ 5,439,954	\$ 5,483,859	\$ 4,952,275	\$ 4,964,399
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

	2010	2011	2012	2013	2014	2015	2016	2017	2018
GRHV	\$ 51,890,199	\$ 49,754,237	\$ 50,998,096	\$ 47,706,702	\$ 45,447,770	\$ 46,116,899	\$ 47,282,291	\$ 44,097,183	\$ 43,166,894
USDVA (Federal)	39.1%	39.0%	42.8%	41.3%	44.0%	41.9%	41.0%	35.8%	32.1%
CMS (Federal)	4.9%	4.6%	2.2%	2.6%	2.1%	1.2%	1.5%	1.5%	1.4%
General Fund	28.5%	29.0%	30.6%	32.1%	30.9%	36.2%	40.0%	49.2%	53.8%
Private-Pay	27.5%	27.2%	24.3%	23.9%	22.9%	20.7%	17.5%	13.4%	12.5%
Other	0.0%	0.2%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%
DJJHV	\$ 16,939,262	\$ 16,893,430	\$ 19,526,834	\$ 17,462,833	\$ 18,123,874	\$ 20,969,016	\$ 20,888,837	\$ 23,884,964	\$ 24,506,645
USDVA (Federal)	41.4%	41.3%	44.5%	38.9%	36.3%	40.3%	38.9%	44.0%	36.6%
CMS (Federal)	2.8%	3.1%	3.1%	3.0%	2.5%	1.9%	2.0%	2.0%	2.0%
General Fund	25.6%	26.9%	26.6%	29.2%	33.7%	31.9%	32.8%	33.3%	41.1%
Private-Pay	30.2%	28.6%	25.8%	28.9%	27.5%	25.9%	26.3%	20.7%	20.3%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

OBJ 2.2: Annual assessment of total cost-per-member (compared to industry averages for skilled nursing care)

Grand Rapids Home for Veterans

GRHV	2016	2017	2018
Annual Revenue by Payer Source			
VA	\$ 18,894,028.00	\$ 15,780,716.19	\$ 13,851,021.88
I&A	\$ 8,260,847.11	\$ 5,920,264.92	\$ 5,408,733.00
GF	\$ 19,388,900.00	\$ 21,696,600.00	\$ 23,242,050.00
	\$ 46,543,775.11	\$ 43,397,581.11	\$ 42,501,804.88
Days of Care Provided	141,872	119,864	102,625
Daily Cost of Care	\$ 328.07	\$ 362.06	\$ 414.15
Daily Annual Revenue by Payer Source			
VA	\$ 106.10	\$ 107.16	\$ 109.73
I&A	\$ 73.91	\$ 72.65	\$ 64.25
GF	\$ 148.06	\$ 182.25	\$ 240.16
SNF Cost of Care	\$ 235.00	\$ 244.65	\$ 251.97



OBJ 2.3: Document and review progress in implementation of AHCA QAPI program at all facilities by planned implementation date.

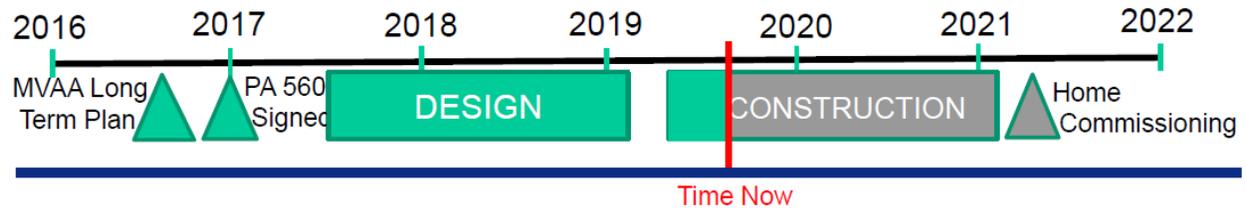
QAPI Program Implementation Step	GRHV	DJJHV	CTHV
<i>Leadership Responsibility & Accountability</i>	100%	100%	0%
<i>Develop Deliberate Approach to Teamwork</i>	100%	100%	0%
<i>QAPI Self Assessment</i>	100%	100%	0%
<i>Identify Organization's Guiding Principles</i>	100%	100%	0%
<i>Develop QAPI Plan</i>	100%	100%	0%
<i>Conduct QAPI Awareness Campaign</i>	100%	50%	0%
<i>Develop Strategy for Collecting and Using QAPI Data</i>	100%	25%	0%
<i>Identify Gaps & Opportunities</i>	100%	25%	0%
<i>Prioritize Quality Outcomes and Charter PIPs</i>	100%	25%	0%
<i>Plan, Conduct, and Document PIPs</i>	75%	25%	0%
<i>Develop and Implement Root Cause Analysis Process</i>	50%	25%	0%
<i>Take Systemic Action</i>	0%	0%	0%

Key
Complete
In Progress
Not Started

CAMPAIGN GOAL 3 (CG3): Increase Access to Care

Expand geographic footprint to ensure that 95% of Michigan's residents have access to high-quality veteran-focused long-term care services within 75 miles of their home.

Obj. 3.2: Successful completion of the proposed new construction plans, including schedule and budget tracking (goals vs. actual).



Chesterfield Township Project

Contract Metrics:	
▪ Contract No.	DTMB
▪ Contract Award Amount	\$65.5M
▪ Buyout Savings	\$521K
▪ Current Contract Amount	\$64.9M
▪ Award Date	26 April 2019
▪ Estimated Completion Date	Jan 2021
▪ Project Progress (As of 31 August 19)	15% Compl/15% Schld
Cost ●	Schedule ●
Quality ●	Overall ●
▪ Manhours w/o incidents: 28,233 (as of July 2019)	●
▪ Veterans on the Job: XX Vets; 1 Major Trade Contractor	
VA Reimbursement Progress: \$6,088,202.61 or 13.2%	
Payment No. 1 -- July 2019: \$1,801,557.40	
Payment No. 2 -- Aug 2019: \$2,969,618.83	
Payment No. 3 -- Aug 2019: \$1,317,026.38	

Contract Metrics:

▪ Contract No.	DTMB
▪ Contract Award Amount	\$53.3M
▪ Buyout Savings	\$386,777
▪ Current Contract Amount	\$52.9M
▪ Award Date	26 April 2019
▪ Estimated Completion Date	Jan 2021
▪ Project Progress (As of 31 July 19)	8% Compl/8% Schld

Cost ● **Schedule** ● **Quality** ● **Overall** ●

- Manhours w/o incidents: **28,000** (as of July 2019)
- Veterans on the Job: 4 Veterans (as of August 2019)

VA Reimbursement Progress: \$3,826,299.96 or 9.3%
Payment No. 1 -- July 2019: \$1,738,006.81
Payment No. 2 -- Aug 2019: \$2,088,293.15

CAMPAIGN GOAL 4 (CG4): Expand Availability of Care

Increase the capacity and availability of options across the long-term continuum of care through expansion of operations and/or development of strategic partnerships.

Performance Metrics: In Development

CAMPAIGN GOAL 5 (CG5): Cultivate a Workplace of Choice

Cultivate and environment in which those who serve our members feel proud to contribute their talents and feel supported by MVH as they do so.

OBJ 5.1: State of Michigan Employee Survey - Diversity & Inclusion Section:

- Increase from 54% Agree (2018) at GRHV and 50% Agree (2018) at DJJHV to 79% Agree (High Performing (HP) Benchmark) at both facilities for "I provide my opinions without fear of retaliation or retribution."
- Increase from 61% Agree (2018) at GRHV and 50% Agree (2018) at DJJHV to 80% Agree (HP Benchmark) at both facilities for "My work group has a climate in which diverse perspectives are encouraged and valued."

Grand Rapids Home for Veterans

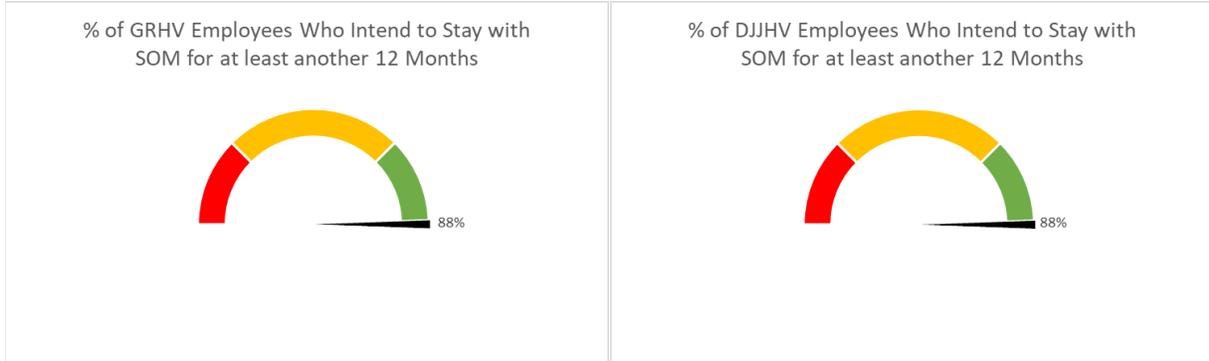


D.J. Jacobetti Home for Veterans



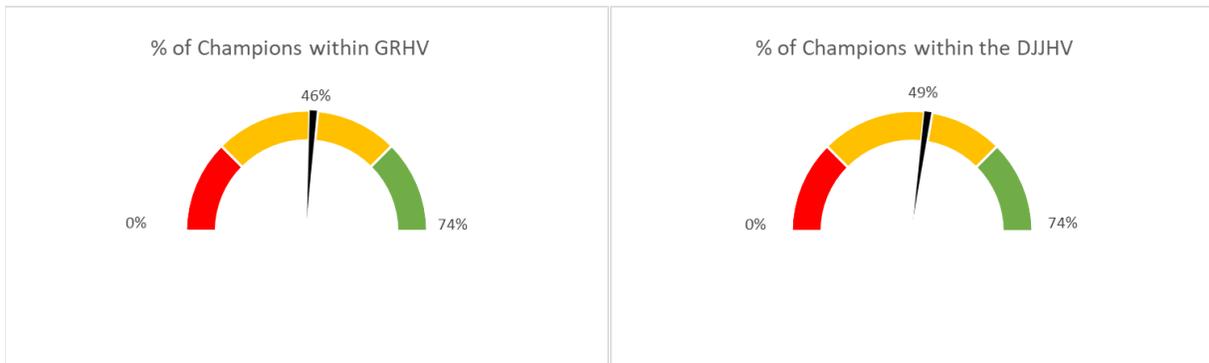
OBJ 5.2: State of Michigan Employee Engagement Survey:

- Maintain the strong results of 88% (2018) at GRHV and 85% (2018) at DJJHV for the percentage of employees who intend to stay with the State of Michigan for at least another 12 months. (86% is considered the HP Benchmark and a leading indicator of turnover.)



OBJ 5.4: State of Michigan Employee Engagement Survey:

- Increase from 46% (2018) at GRHV and 49% (2018) at DJJHV to 74% (HP Benchmark) at both facilities for the percentage of Champions within their respective facility.



CAMPAIGN GOAL 6 (CG6): Build Community Awareness and Support

Ensure that the people of Michigan – particularly veterans – know about the work of the MVH and are enthusiastic with the results we are producing.

Performance Metrics: In Development

TIMELINE AND DMVA CROSSWALK

Overall timeline for completion of the MVH/MVFA Campaign Plan and Crosswalk to the DMVA Strategic Plan.

Michigan Veteran Homes Strategic Plan Timeline and Crosswalk			Annually	Ongoing	10/1/19-	10/1/20-	10/1/21-	10/1/22-	10/1/23-	10/1/24-	10/1/25-	10/1/26-	10/1/27-	10/1/28-	10/1/29-	10/1/30-
DMVA OBJ	GOAL OBJ	KEY TASK			FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30	FY31
SG1	Goal 1: Deliver High Quality Member-Centric Care															
1.3	1.1: Provide a Tailored and Unique Care Environment for Our Members						1/31/22									
1.3.4	1.1.1.	Provide specific and tailored experience for veterans		x	10/1/19											
1.3.4	1.1.2.	Facilitate monthly Member Council meetings		x	10/1/19											
1.3.4	1.1.3.	Involvement of appropriate individuals in Process Improvement Plans (PIPs)		x		12/31/20										
1.3.4	1.1.4.	Expand "No Member Dies Alone" program to all facilities		x			1/31/22									
1.3	1.2: Transition to Person-Centered Care Model						8/1/21									
1.3.4	1.2.1.	Leadership team commitment to person-centered care model		x	1/31/20											
1.3.4	1.2.2.	Operationalize facility-level "Interdisciplinary Team" (IDT)			1/31/20											
1.3.4	1.2.3.	Complete facility-level organizational and staffing realignment				6/30/21										
1.3.4	1.2.4.	Establish "household"/"neighborhood" units at all facilities				6/30/21										
1.3	1.3: Ensure Member and Family Satisfaction						10/1/19									
1.3.4	1.3.1.	Complete Member and Family Satisfaction Survey		x	10/1/19											
1.3.4	1.3.2.	Assess feedback for any areas receiving score <4.5		x	10/1/19											
SG1	Goal 2: Improve Service Delivery															
3.2	2.1: Enhance Organizational Capabilities						9/30/20									
1.3.3	2.1.1.	Complete transition to new Electronic Medical Records system			5/1/20											
1.3.3	2.1.2.	Complete MVH central staff reorganization and realignment			9/30/20											
1.3.3	2.1.3.	Perform review of DTMB IT service provision and complete coordinated realignment			9/30/20											
1.3.3	2.1.4.	Establish internal workgroup to complete and implement system-wide policy and procedure review and realignment			9/30/20											
1.3	2.2: Advance Financial Sustainability						8/1/21									
1.3.2	2.2.1.	Coordinated advocacy effort to increase VA per diem and new construction investments		x	2/1/20											
1.3.2	2.2.2.	Achieve VA recognition and CMS certification to maximize federal funding for ongoing operations				8/1/21										
1.3.2	2.2.3.	Achieve VA and CMS certification for all new skilled nursing facilities (based on future approved new construction)		x												
1.3	2.3: Provide Care Consistent with Industry Best Practice								9/30/24							
1.3.4	2.3.1.	Fully incorporate American Health Care Association's (AHCA) Quality Assurance and Performance Improvement (QAPI) program review at all levels			3/31/20											
1.3.4	2.3.2.	Establish process to review and facilitate improved consistency with direct care continuity of care			6/30/20											
1.3.4	2.3.3.	Obtain the AHCA Bronze Award for "Commitment to Quality"					9/30/22									
1.3.4	2.3.4.	Achieve and maintain a minimum of a 4-star rating, with a goal of a 5-star rating, in all certified facilities under the Centers for Medicare & Medicaid Services (CMS) Star Rating Program					1/1/23									
1.3.4	2.3.5.	Obtain the AHCA Silver Award for "Achievement in Quality"							9/30/24							

Michigan Veteran Homes Strategic Plan Timeline and Crosswalk			Annually	Ongoing	10/1/19-	10/1/20-	10/1/21-	10/1/22-	10/1/23-	10/1/24-	10/1/25-	10/1/26-	10/1/27-	10/1/28-	10/1/29-	10/1/30-
DMVA OBJ	GOAL OBJ	KEY TASK			FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30	FY31
SG1 Goal 3: Increase Access to Care																
1.3	3.1: Create a Replicable Person-Centered Facilities Model						9/30/22									
1.3.4	3.1.1.	Complete replicable VA-approved design for the new homes in Macomb County and Grand Rapids that fully incorporates PCC design philosophies			1/31/21											
1.3.4	3.1.2.	Perform review of Macomb County and Grand Rapids facility design to identify issue areas/"lessons learned" that will inform adjustments needed for future construction design				12/31/21										
1.3.4	3.1.3.	Complete phased retrofit of currently operating facilities to incorporate "small house" design concepts to the extent feasible/necessary for ongoing operations				9/30/22										
1.4	3.2: Expand geographic distribution of MVH beds															9/30/31
1.4.2	3.2.1.	Complete construction and occupy completed MVH facilities in Macomb County and Grand Rapids			4/30/21											
1.4.2	3.2.2.	Open MVH in Wayne County						9/30/24								
1.4.2	3.2.3.	Open MVH in Flint/Saginaw region							9/30/25							
1.4.2	3.2.4.	Open MVH in SW region of 1-94 corridor									9/30/27					
1.4.2	3.2.5.	Open MVH replacement facility in Marquette											9/30/29			
1.4.2	3.2.6.	Open MVH in Northern Lower Peninsula														9/30/2031
SG1	Goal 4: Expand Availability of Care															
1.3	4.1: Complete system wide scalable MVH master plan									9/30/24						
1.3.1	4.1.1.	Conduct regional service-related feasibility studies for all areas being considered for location of an MVH campus between FY21 - FY26			9/30/21											
1.3.3	4.1.2.	Develop a master plan for the MVH system that prioritizes any non-skilled service provision by geographic region				8/31/22										
1.3.1	4.1.3.	Conduct regional service-related feasibility studies for all areas being considered for location of an MVH campus between FY27 - FY31						9/30/24								
1.3	4.2: Develop and implement Grand Rapids campus transition plan						12/31/19									
1.3.3	4.2.1.	Complete development of Grand Rapids campus transition plan					10/31/19									
1.3.3	4.2.2.	Submit associated budget requests for consideration by the Executive Office and Legislature					12/31/19									
1.3	4.3: Establish USDVA-Funded Behavioral Health Pilot															
1.3.3	4.3.1.	Brief USDVA on proposed pilot program for behavioral health programming at the GRHV and receive feedback			1/31/2020											
1.3.3	4.3.2.	Complete feasibility study to identify potential costs, risks and needs of a behavioral health unit			7/31/20											

Michigan Veteran Homes Strategic Plan Timeline and Crosswalk			Annually	Ongoing	10/1/19- 9/30/20	10/1/20- 9/30/21	10/1/21- 9/30/22	10/1/22- 9/30/23	10/1/23- 9/30/24	10/1/24- 9/30/25	10/1/25- 9/30/26	10/1/26- 9/30/27	10/1/27- 9/30/28	10/1/28- 9/30/29	10/1/29- 9/30/30	10/1/30- 9/30-31
DMVA OBJ	GOAL OBJ	KEY TASK			FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30	FY31
SG4 Goal 5: Cultivate a Workplace of Choice																
4.1	5.1: Create a positive workplace culture				9/30/20											
4.1.2	5.1.1.	Require staff at all MVH facilities to complete Relias cultural competence training	x		3/1/20											
4.1.2	5.1.2.	Expand/replicate successful facility-specific employee engagement team initiatives	x		9/30/20											
4.1.2	5.1.3.	Work with DMVA Director of Human Resources to ensure all non-compliance complaints and grievances are handled appropriately		x	10/1/19											
4.1	5.2: Expand and augment direct care recruitment and retention programs				9/30/21											
4.1.1	5.2.1.	Complete feasibility assessment with Michigan Department of Civil Service re: state or MVH foundation support for staff recruitment and retention incentive programs				12/31/20										
4.1.1	5.2.2.	Submit facility-specific applications to USDVA State Veterans Home (SVH) grant program for federal assistance in the hiring and retention of nurses				9/30/21										
3.1	5.3: Develop partnerships to foster employee recruitment and career advancement				8/31/21											
3.1.1	5.3.1.	Complete an inventory/assessment of regional educational partners in the communities where we are located				3/1/20										
3.1.1	5.3.2.	Initiate regular communication with identified institutions and participate in all career/job fairs				4/30/20										
3.1.1	5.3.3.	Coordinate with identified colleges/universities to establish internship agreements for social work and health administration internship programs				9/30/20										
3.1.1	5.3.4.	Coordinate with identified nursing schools to establish MVH facilities as location for clinical rotations				12/31/20										
3.1.1	5.3.5.	Develop partnerships with local Certified Nursing Assistant training programs to establish MVH facilities as clinical training sites				12/31/20										
3.1.1	5.3.6.	Coordinate with identified nursing schools to establish CNA to licensed nursing educational partnership opportunities						8/31/21								
4.2	5.4: Encourage employee performance improvement				4/1/20											
4.2.1	5.4.1.	Every employee has completed an Annual Performance Measurement Plan	x		10/1/19											
4.2.1	5.4.2.	Develop Administrator-in-Training (AIT) program to identify organizational leaders			4/1/20											

Michigan Veteran Homes Strategic Plan Timeline and Crosswalk			Annually	Ongoing	10/1/19- 9/30/20	10/1/20- 9/30/21	10/1/21- 9/30/22	10/1/22- 9/30/23	10/1/23- 9/30/24	10/1/24- 9/30/25	10/1/25- 9/30/26	10/1/26- 9/30/27	10/1/27- 9/30/28	10/1/28- 9/30/29	10/1/29- 9/30/30	10/1/30- 9/30-31
DMVA OBJ	GOAL OBJ	KEY TASK			FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30	FY31
SG 1.3 Goal 6: Build Community Awareness and Support																
1.3	6.1: Continued compliance with all legislative reporting requirements				11/1/2019											
1.3.1	6.1.1.	Create a tracking matrix for all legislatively required reports			11/1/19											
1.3.1	6.1.2.	Complete and submit all necessary reports by the deadlines created in statute or budget boilerplate	x		10/1/2019											
1.3	6.2: Develop and Implement Strategic Communications and Outreach Plan							12/31/2020								
1.3.1	6.2.1.	Hire a Strategy and Outreach Director			3/31/2020											
1.3.1	6.2.2.	Create a clearly defined brand identity for MVH			3/31/2020											
1.3.1	6.2.3.	Develop and launch an MVH specific website			9/30/2020											
1.3.1	6.2.4.	Develop and implement an MVH communication and strategic outreach plan						12/31/2020								
1.3	6.3: Establish MVH charitable foundation									9/30/2022						
1.3.1	6.3.1.	Establish infrastructure, policy and processes to facilitate the pursuit of all available community and non-governmental charitable support			5/1/2020											
1.3.1	6.3.2.	Integrate volunteer and fundraising stakeholder networks						5/1/2021								
1.3.1	6.3.3.	Identify additional initiatives appropriate for MVH foundation promotion and initiate fundraising efforts						9/30/2022								
1.3	6.4: Utilize community and philanthropic support to achieve capital strategic goals												2/1/2028			
1.3.1	6.4.1.	Complete capital campaign and fundraising feasibility study			1/31/2020											
1.3.1	6.4.2.	Execute a minimum of one capital campaign for construction of new facilities						2/1/2023								
1.3.1	6.4.3.	Complete a 5-year update to the capital campaign and fundraising feasibility study								5/1/2025						
1.3.1	6.4.4.	Execute a minimum of one new capital campaign for the construction of new facilities based on revised feasibility study											2/1/2028			