



January 2022

VA MENTAL HEALTH CARE

Improvements Needed in Tracking and Overseeing Partnerships with Nongovernmental Entities

GAO Highlights

Highlights of [GAO-22-104674](#), a report to congressional committees

Why GAO Did This Study

Many veterans struggle with mental health conditions, several of which are risk factors for suicide. VA reported that almost two-thirds of veterans that died by suicide in 2019 did not receive VHA services in 2018 or 2019. VA partners with a variety of entities, such as non-profits or academic institutions, through formal agreements aimed at expanding awareness of and access to suicide prevention activities and mental health services, in part to reach veterans not receiving VHA services.

The Veterans' Care Quality Transparency Act contained a provision for GAO to review VA's agreements with non-VA entities that are related to suicide prevention activities and mental health services. This report examines (1) how VA tracks such agreements with nongovernmental entities across the department, and (2) how VA oversees individual agreements.

GAO reviewed VA and VHA policies, the agreements VA and VHA identified, and related documentation for tracking and oversight. GAO also received demonstrations of two VA databases and interviewed VA and VHA officials and representatives from 14 selected entities that have agreements with VA or VHA with variation in type of entity and services provided.

What GAO Recommends

GAO is making three recommendations, including that VA require use of the Strategic Relationships Application and that VA ensure staff know to document annual reviews as significant activity. VA concurred with these recommendations.

View [GAO-22-104674](#). For more information, contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov.

January 2022

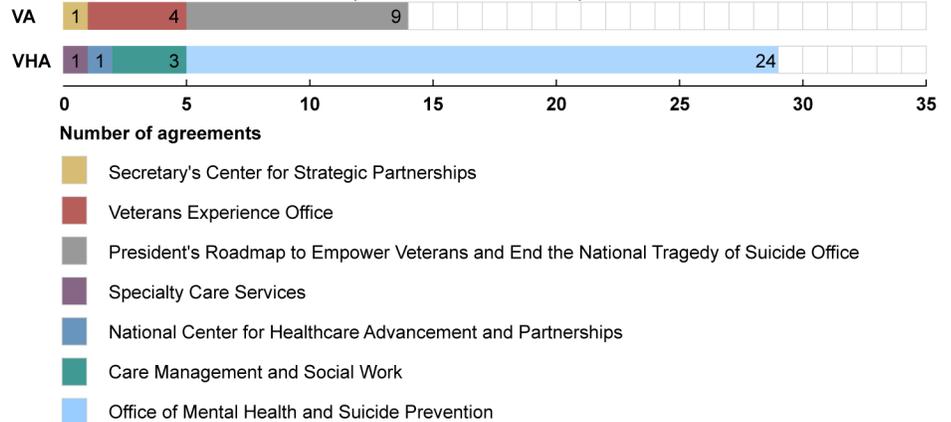
VA MENTAL HEALTH CARE

Improvements Needed in Tracking and Overseeing Partnerships with Nongovernmental Entities

What GAO Found

In an effort to reduce veteran suicides, the Department of Veterans Affairs (VA) tries to reach veterans through partnerships with nongovernmental entities using memorandums of agreement (agreements) focused on mental health and suicide prevention efforts. However, VA cannot readily track—that is, search for and identify—the full universe of its suicide prevention and mental health agreements. For example, it took officials from VA and its Veterans Health Administration (VHA) more than 4 months to identify for GAO 43 relevant agreements entered into across seven offices over a 5-year period.

Number of Suicide Prevention and Mental Health Agreements with Nongovernmental Entities across Seven VA and VHA Offices (Oct. 2015 to Oct. 2020)



Source: GAO summary of relevant memorandums of understanding and agreements identified by the Department of Veterans Affairs (VA) and Veterans Health Administration (VHA). | [GAO-22-104674](#)

GAO found that VA cannot readily track its agreements because VA policy does not require use of any single database to store agreement information. VA's Strategic Relationships Application, which VA designed to document agreement information, could be used for tracking, but only four of the seven offices with such agreements used it. Requiring its use would facilitate VA's ability to track all of its agreements and identify areas for improvement to better reach veterans not using its services.

Individual VA and VHA offices conduct ongoing oversight of their own suicide prevention and mental health agreements, as required by VA policy. For example, officials monitor performance metrics such as the number of veterans served. VA policy also requires annual reviews that are used to determine if a partnership is still needed. However, GAO found that officials did not always document the completion of these annual reviews. VA's policy requires that "significant activity" be documented, but it does not specify that annual reviews fall under that category, though officials managing the policy confirmed they do. Providing specificity on what VA wants documented as significant activity—e.g., by adding examples to the policy or providing specific guidance—would help ensure that annual reviews are being documented and maintained for future use.

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Abbreviations

IT	information technology
OMHSP	Office of Mental Health and Suicide Prevention
PREVENTS	President’s Roadmap to Empower Veterans and End the National Tragedy of Suicide
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
IEWS	Veterans Affairs Integrated Enterprise Workflow Solution

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January 13, 2022

The Honorable Jon Tester
Chairman
The Honorable Jerry Moran
Ranking Member
Committee on Veterans' Affairs
United States Senate

The Honorable Mark Takano
Chairman
The Honorable Mike Bost
Ranking Member
Committee on Veterans' Affairs
House of Representatives

Many veterans struggle with mental health conditions, several of which are risk factors for suicide.¹ Veterans suffer a disproportionately higher rate of suicide compared to non-veterans. An average of 17 veterans died by suicide daily in 2019, a rate 52 percent higher than the general adult population.² Beyond the loss of life to the victim, suicide takes a profound toll on survivors, caregivers, and the community. Suicide prevention is currently the Department of Veterans Affairs' (VA) stated top clinical priority.³

VA reported in 2021 that almost two-thirds of the veterans that died by suicide in 2019 had not received care in 2018 or 2019 from the Veterans Health Administration (VHA), which provides health care services—including mental health services—to eligible veterans and their

¹In fiscal year 2018, more than 1.7 million veterans received treatment in a Department of Veterans Affairs mental health specialty program.

²The rate for veterans was 52 percent higher than for the general adult population after accounting for differences in the demographic characteristics of veterans and non-veterans. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, *2021 National Veteran Suicide Prevention Annual Report* (Washington, D.C.: September 2021).

³See Department of Veterans Affairs, *Department of Veterans Affairs Fiscal Year 2018-2024 Strategic Plan* (Washington, D.C.: May 31, 2019).

dependents.⁴ Because not all veterans use or are eligible for VHA services, VA partners with a variety of nongovernmental stakeholders—non-profits, academic institutions, and private corporations—to expand awareness of and access to suicide prevention activities and mental health services.⁵

The objective of many partnerships is to improve veteran well-being or prevent suicide by raising awareness about VA and community support services, disseminating suicide prevention protocols and resources, or sharing expertise or publicly available data. For example, VHA has a partnership with an organization to educate veterans and their families about safe firearm storage to reduce the risk of suicide by firearms.

Partnerships can be informal, meaning there is no documentation defining the partnerships, or formal, meaning they are explicitly defined in documents such as memorandums of agreement or understanding (“agreements”).⁶ VA views agreements as generally nonbinding and not as contracts or legal partnerships.

The Veterans’ Care Quality Transparency Act included a provision for us to review memorandums of understanding and agreement entered into by VA and non-VA entities between October 2015 and October 2020 related to suicide prevention activities and outreach or to the provision or coordination of mental health services.⁷

This report examines:

1. how VA tracks (i.e., readily searches for and identifies) the universe of its suicide prevention and mental health agreements across the department; and

⁴See Department of Veterans Affairs, *2021 National Veteran Suicide Prevention Annual Report*.

⁵For example, veterans who are dishonorably discharged are generally not eligible for VHA services.

⁶For this report, we examined formal agreements documented as memorandums of understanding or agreement.

⁷Pub. L. No. 116-177, § 2, 134 Stat. 851, 851-852 (2020).

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2. how VA oversees the performance of individual suicide prevention and mental health agreements with nongovernmental entities over time.

To address these objectives, we obtained and reviewed copies of the 43 suicide prevention and mental health agreements VA and VHA central offices entered into with nongovernmental entities between October 2015 and October 2020, as identified by these offices.⁸ We reviewed specific characteristics about these 43 agreements, such as their objectives and duration. We also interviewed officials from each of the seven offices that entered into these agreements about their efforts to track and oversee them.⁹

To examine how VA tracks the universe of its suicide prevention and mental health agreements, we reviewed VA and VHA's partnership policies and other VA and VHA documentation, such as software user guides. We interviewed VA and VHA officials about how they track agreements across the department. We interviewed officials from the offices responsible for writing VA's and VHA's partnership policies about their documentation requirements for agreements and relevant training offered to staff.¹⁰ We also received demonstrations of two internal software applications relevant to managing agreements. We assessed VA's efforts to track the universe of agreements against federal standards for internal control, including determining if control activities designed to help management achieve its objectives—such as through training and

⁸Our review focused on VA and VHA central office agreements with nongovernmental entities. Central offices are offices at the VA headquarters level with a national scope. Our review included central offices that had a department-wide scope and those located within VHA, but not those in the Veterans Benefits Administration or the National Cemetery Administration. In addition to central offices, VA medical centers and VA's regional networks, known as Veterans Integrated Service Networks, may enter into agreements with nongovernmental entities. Procedures for medical centers and regional networks may differ from central office procedures. The department also enters into agreements with other government agencies, but interagency agreements have different requirements than those with nongovernmental entities.

⁹These seven offices included the Secretary's Center for Strategic Partnerships, the Veterans Experience Office, the President's Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) Office, the Office of Mental Health and Suicide Prevention, the National Center for Healthcare Advancement and Partnerships, the office of Specialty Care Services, and the office of Care Management and Social Work.

¹⁰VA's Secretary's Center for Strategic Partnerships is responsible for VA's partnership policy. VHA's National Center for Healthcare Advancement and Partnerships is responsible for VHA's partnership policy.

information system design—were consistent with these federal standards.¹¹

To examine how VA oversees the performance of individual suicide prevention and mental health agreements with nongovernmental entities over time, we reviewed VA and VHA partnership policies to identify general oversight requirements for agreements, and reviewed the individual agreements with nongovernmental entities to identify any specific oversight requirements in those agreements. We interviewed officials from each of the seven VA and VHA offices that entered into suicide prevention or mental health agreements about their oversight processes and obtained relevant documentation of their oversight efforts, such as e-mails and data reports. We compared this documentation to the requirements in the agreements as well as to the oversight requirements in VA and VHA policies.

Further, we interviewed representatives of 14 nongovernmental partners with agreements in our scope about VA's and VHA's oversight efforts and any challenges they have faced with their agreements.¹² These partners were selected from among those agreements that were active during our review from each VA or VHA program office that had a suicide prevention or mental health agreement in our review. Partners were selected for variation in type (i.e., non-profit, for-profit, or academic) and types of services offered, among other qualities.

We conducted this performance audit from December 2020 to January 2022 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for

¹¹See GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014). In particular, the control activities component of internal control was significant to this objective, along with the underlying principles that management should design an information system's control activities to achieve objectives and design control activities to help fulfill responsibilities, such as through training. We assessed control activities for maintaining partnership documentation and related training and guidance to determine if the activities enabled officials to achieve objectives.

¹²We interviewed representatives from America Salutes You, America's Warrior Partnership, the American Psychological Association, the American Red Cross, Cigna Health and Life Insurance Company, The Independence Fund, the Institute for Veterans and Military Families at Syracuse University, the Marcus Institute for Brain Health, the National Shooting Sports Foundation, OnStar, Post Acute Recovery, Inc. (doing business as Forge Health), the PsychArmor Institute, the U.S. Chamber of Commerce Foundation, and Warrior Canine Connection.

our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

With suicide prevention as its top clinical priority, many VA offices are involved in suicide prevention activities. Two primary offices involved in these activities are the

- **President’s Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) Office.** The PREVENTS Office carried out VA’s efforts as part of the PREVENTS Task Force. The task force, co-chaired by the Secretary of VA, was established in March 2019 by executive order and required federal stakeholders to work alongside partners from state, local, and tribal governments, as well as private and non-profit entities, to reduce the suicide rate among veterans, regardless of a veteran’s involvement with VA services. In April 2021, before its sunset date in June 2022, the PREVENTS Office was subsumed into VHA’s Office of Mental Health and Suicide Prevention (OMHSP).¹³ As of December 2021, OMHSP officials said PREVENTS agreements will continue to be reviewed for alignment with the National Strategy for Preventing Veteran Suicide, as with other OMHSP agreements.
- **Office of Mental Health and Suicide Prevention.** OMHSP, within VHA, is responsible for improving the quality and availability of mental health services and overseeing VA’s suicide prevention program, among other things. The suicide prevention program is guided by VA’s 2018 National Strategy for Preventing Veteran Suicide that focuses on using community and clinical resources.

Many VA offices are also involved in exploring, establishing, managing, and sustaining partnerships for the department, according to officials. Two offices—one within VA and one within VHA—have developed policies related to managing agreements. VA’s partnership policy applies

¹³The executive order that established PREVENTS required the task force to sunset two years after its namesake document was submitted; the PREVENTS Roadmap was published in June 2020. Exec. Order No. 13861, 84 Fed. Reg. 8585 (March 5, 2019). According to VHA officials, the transition of PREVENTS to OMHSP occurred because the missions of the two offices aligned and opportunities existed to streamline efforts.

to all offices throughout the department—including those within VHA and others—while VHA’s policy only applies within VHA.¹⁴

- **VA Directive 0008, *Developing Public-Private Partnerships with, and Accepting Gifts to VA from, Non-Governmental Organizations*.**¹⁵ This policy is managed by the VA Secretary’s Center for Strategic Partnerships.¹⁶ It includes some general requirements and responsibilities for developing partnerships, including those documented through agreements. For example, the policy requires that each administration (e.g., VHA) and staff office (i.e., VA offices that are not part of an administration, such as the Veterans Experience Office) ensure there are record-keeping mechanisms for documenting information related to partnerships, and that agreements include plans for evaluating performance.
- **VHA Directive 1098, *VHA Public-Private Partnerships*.**¹⁷ This policy is managed by VHA’s National Center for Healthcare Advancement and Partnerships.¹⁸ It provides further detail on implementing VA Directive 0008, including, for example, assigning responsibilities for maintaining partnership information, providing training, and communicating with partners.

To assist offices in developing agreements, VA developed an agreement template. The template includes standard sections such as the purpose of the agreement, the legal authority under which VA enters the agreement, and the responsibilities of each party. These sections can be customized for each partnership; for example, the legal authority may vary by agreement, and specific performance metrics can be included.

All agreements go through an internal review process, which VA refers to as its concurrence process. Reviewers include the Office of General

¹⁴Other offices covered under VA’s department-wide policies include VA central offices, such as the Veterans Experience Office, and offices within the Veterans Benefits Administration and National Cemetery Administration.

¹⁵VA Directive 0008, *Developing Public-Private Partnerships with, and Accepting Gifts to VA from, Non-Governmental Organizations* (May 29, 2015).

¹⁶According to a VA official, as of October 2021, the department plans to review the role and responsibilities of the Secretary’s Center for Strategic Partnerships.

¹⁷See Department of Veterans Affairs, Veterans Health Administration Directive 1098, *VHA Public-Private Partnerships* (April 30, 2020).

¹⁸The National Center for Healthcare Advancement and Partnerships was previously named the Center for Compassionate Care Innovation and Community Engagement.

Counsel as well as the relevant office's Under Secretary or Assistant Secretary or their designee, as applicable, who gives VA approval and signs the agreement. The agreement is subsequently signed by the partner and considered final.

VA Cannot Readily Track the Full Universe of Its Agreements

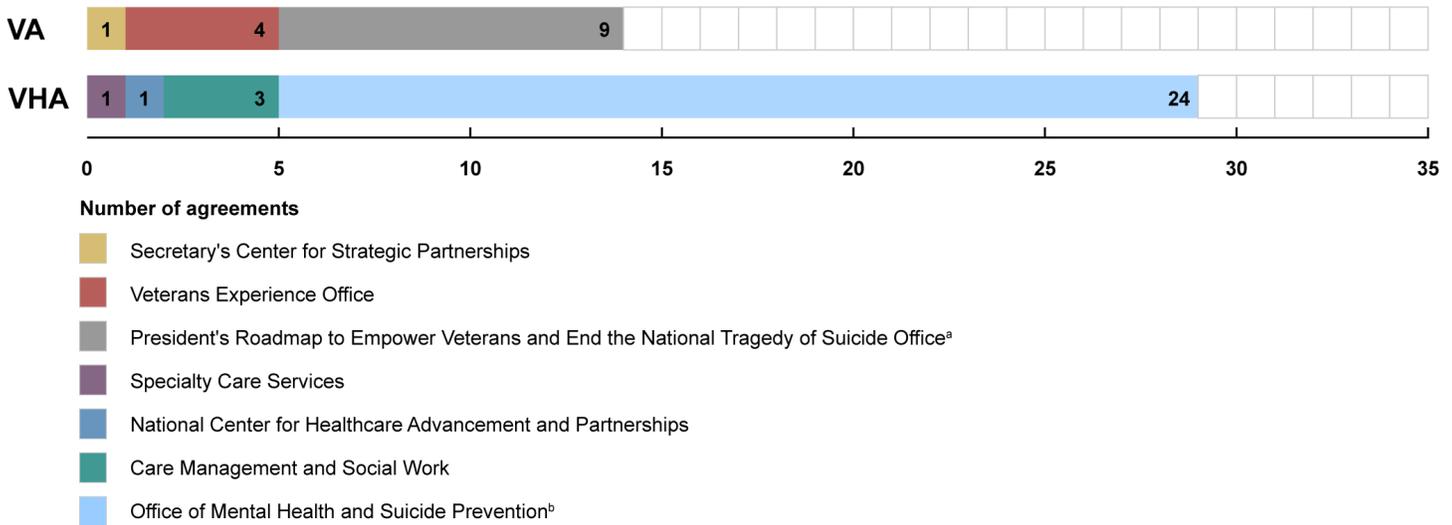
Inconsistent Use of VA's Strategic Relationships Application Impedes VA's Ability to Readily Track Its Suicide Prevention and Mental Health Agreements

VA and VHA offices that enter into mental health or suicide prevention agreements do not consistently enter their agreements into any single database that would enable VA to readily track (i.e., search for and identify) all agreements across the department. VA has a database called the Strategic Relationships Application that was designed to store signed agreements and maintain specific information about each partnership, such as its objectives, and the VA point of contact, among other details. While this application could be used to track agreements across the department, VA's policy does not require all offices to use it.

As a result, VA struggled to readily identify its universe of suicide prevention and mental health agreements. Specifically, it took numerous VA and VHA officials more than 4 months (from January to May 2021) to identify for us a total of 43 relevant agreements across seven VA and VHA offices (see figure 1).¹⁹ (See Appendix I for more information about each agreement.)

¹⁹These seven offices are: the Secretary's Center for Strategic Partnerships, the Veterans Experience Office, the President's Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) Office, the Office of Mental Health and Suicide Prevention, the National Center for Healthcare Advancement and Partnerships, the Specialty Care Services office, and the Care Management and Social Work office.

Figure 1: Number of Suicide Prevention and Mental Health Agreements with Nongovernmental Entities across Seven VA and VHA Offices, October 2015 to October 2020



Source: GAO summary of relevant memorandums of understanding and agreements identified by the Department of Veterans Affairs (VA) and Veterans Health Administration (VHA). | GAO-22-104674

Note: Agreements include memorandums of agreement and understanding with nongovernmental entities entered into between October 2015 and October 2020. This figure includes agreements entered into by VA and VHA central offices with a national scope and excludes any agreements that may have been entered into by VA medical centers, VA's regional networks—known as Veterans Integrated Service Networks—and offices within the Veterans Benefits Administration and National Cemetery Administration.

^aUntil April 2021, the President's Roadmap to Empower Veterans and End the National Tragedy of Suicide Office was housed under VA. In April 2021, this office transitioned to VHA's Office of Mental Health and Suicide Prevention.

^bNumber of agreements for VHA's Office of Mental Health and Suicide Prevention includes three entered into jointly with the Veterans Experience Office (2) and VA Innovation Center (1).

We found that three of the seven offices had not entered their agreements into the Strategic Relationships Application.²⁰ A fourth office began entering agreements into the application during our review, in June 2021.²¹ Even so, officials—including those that have entered agreements into the Strategic Relationships Application—told us they separately track

²⁰The three offices that had not entered their agreements into the Strategic Relationships Application were VA's PREVENTS Office, VHA's Care Management and Social Work office, and VHA's Specialty Care Services office.

²¹The office that entered agreements into the Strategic Relationship Application during our review was VHA's OMHSP.

agreements entered into by their own office. Several officials stated they are not always aware of other offices' agreements, though they may learn of them through internal VA partnership meetings or other means.²² Additionally, if an office enters into an agreement related to another's work, officials reported that they coordinate. For example, officials in OMHSP told us that other offices may consult them on adding suicide prevention components to new agreements.

VA's partnership policy—which applies department-wide—requires officials to have a recordkeeping mechanism for their office's partnerships, but it does not require officials to use a specific mechanism, such as the Strategic Relationships Application.²³ Officials from VA's Secretary's Center for Strategic Partnerships, the office that manages VA's partnership policy and the Strategic Relationships Application, told us that this application has the capability to track agreements department-wide, and any official can request to use it. However, officials from the office told us the application has not been deployed across VA because expanding its use would require dedicated funding for continuous quality improvements and additional staff to manage a larger user base and expanded database. While funds for quality improvements may be necessary, VA could find ways to limit the resources needed to fully deploy the application. For example, each office could have a single designated official that maintains agreement information in the application, limiting the size of the user base.

In addition to VA's department-wide policy, VHA has a partnership policy—applicable to VHA only. VHA's policy builds upon VA's policy, in part by requiring its officials to enter signed agreements and partnership information, such as whether agreements are active or expired, in the Strategic Relationships Application.²⁴ Despite this requirement, an official from VHA's National Center for Healthcare Advancement and Partnerships, the office that wrote the policy, told us they do not always instruct VHA offices to use the application. Rather, the official told us it is acceptable for offices to document their agreements in either the Strategic Relationships Application or the VA Integrated Enterprise

²²For example, the Secretary's Center for Strategic Partnerships holds bi-monthly meetings with offices across VA where officials can share about any partnership efforts, according to officials.

²³See Department of Veterans Affairs Directive 0008.

²⁴See Department of Veterans Affairs, Veterans Health Administration Directive 1098.

Workflow Solution (VIEWS), since both are part of the same information technology (IT) system. VIEWS is a separate department-wide application, designed for facilitating reviews and approval of any departmental documents, including agreements.²⁵

According to VA officials, VIEWS contains all agreements for which VA's Office of General Counsel provides official concurrence. However, it was not designed to maintain and manage information specific to agreements. For example, in VIEWS, officials can enter the office responsible for an agreement and store a copy of it but cannot enter additional details, such as the status or focus area of an agreement, as is possible in the Strategic Relationships Application (see table 1).

Table 1: Comparison of Selected Partnership Information Contained in Two VA Applications

Partnership Information	Strategic Relationships Application	VA Integrated Enterprise Workflow Solution (VIEWS)
VA office responsible for the agreement	●	●
Document type (e.g., memorandum of agreement, policy)	●	●
Date on which the agreement was signed	●	●
Status of agreement	●	○
Focus of agreement (e.g., mental health, suicide prevention)	●	○
Objectives or goals of the agreement	●	○
Partner point of contact for the agreement	●	○
Partner entity type (e.g., non-profit, academic)	●	○

Legend: ● = Contained in application; ○ = Not contained in application.

Source: GAO observation of applications' functions and analysis of Department of Veterans Affairs (VA) documents. | GAO-22-104674

Officials demonstrated that while they could search VIEWS for a specific agreement if they knew the partner's name or the office responsible, they could not use it to identify all of the department's suicide prevention or mental health agreements.²⁶ As a result, allowing the use of either the Strategic Relationships Application or VIEWS prevents VA from having a single application that has the information needed to readily track

²⁵For example, officials also use VIEWS to facilitate reviews of new internal policies and obtain signatures when needed.

²⁶Officials could also search by document type or for key terms, such as "mental health," which may yield relevant results if the term was included in certain text fields, but such details are not required to be included in VIEWS. Additionally, an official reported that document type is not consistently entered in VIEWS, making this field unreliable for searches.

agreements. Further, VHA's requirement to use the Strategic Relationships Application does not apply to all VA offices; even if VHA officials were instructed to use the application, offices outside of VHA (e.g., those in the VA Veterans Experience Office) do not have the same requirement.

Federal internal control standards state that an IT system and related policies—including policies to ensure that the system has complete information—should enable officials to achieve their agency's objectives.²⁷ Having complete information in its Strategic Relationships Application—i.e., information about all agreements in a single database—would allow VA to readily access information about its universe of partnerships. This would facilitate VA's ability to identify all of VA's partnerships focused on suicide prevention or mental health and identify any gaps. It would also facilitate VA's ability to assess its universe of partnerships, such as by examining the extent to which suicide prevention agreements across the department align with its National Strategy for Suicide Prevention, or the extent to which existing partnerships could be better leveraged to reach veterans not using VA services.

Insufficient Training and Guidance May Limit Officials' Use of the Strategic Relationships Application

We found that some VA officials may not be using or fully realizing the value of the Strategic Relationships Application because they do not fully understand its capabilities and functions. For example, one official mistakenly believed it had not been fully developed and stated that the application would be useful when it had certain capabilities that we observed it already has (e.g., the ability to indicate which VA office is responsible for the agreement). According to federal standards for internal control, agencies need training and guidance to ensure officials have the knowledge and skills to help meet their goals.²⁸ However, training and guidance for the Strategic Relationships Application are insufficient.

VA's Secretary's Center for Strategic Partnerships, the office that manages the Strategic Relationships Application, offers training, but it is not required. Officials from this office told us the training is periodically provided to new users on an ad-hoc basis upon request. According to one official who provides it, 177 individuals—most of whom learned of it by word of mouth—attended a recent training in May 2021. The official stated that VA plans to offer monthly training beginning in fiscal year

²⁷See [GAO-14-704G](#).

²⁸See [GAO-14-704G](#).

2022. VHA, however, did not offer training on the Strategic Relationships Application as of October 2021, even though it requires the subset of officials within VHA that manage partnerships to use the application.

VA also has guidance for the application—a user guide—but we found that it is not comprehensive based on our review of the content and a demonstration of the Strategic Relationships Application. Specifically, we found that the user guide does not explain how to develop and use key features in the application, such as “reports,” which function as structured, replicable searches. The user guide also does not explain the meaning of certain terms. For example, it states that the status of an agreement can be marked as “inactive” or “suspended” but does not define these terms, which could be interpreted as having similar meanings. Officials acknowledged that the guidance should be more explicit in defining key terms and said they would like to incorporate information such as definitions into the application. Officials indicated they have not made such changes in part because the application is not required to be used across the department.

Requiring training and developing more comprehensive guidance for officials using the Strategic Relationships Application would be consistent with federal standards for internal control on training and guidance.²⁹ Without doing so, VA cannot ensure officials understand the capabilities or benefits of using the application, potentially limiting its use.

VA Has Processes to Oversee Individual Agreements and Evaluate Performance, but Does Not Always Document Annual Reviews

²⁹See [GAO-14-704G](#).

VA Conducts Required Ongoing Oversight of Individual Suicide Prevention and Mental Health Agreements via Regular Contact and Performance Metrics

VA's department-wide policy requires ongoing oversight of agreements with nongovernmental entities. Specifically, it requires that there are processes to oversee agreements and that agreements include a plan for evaluating performance. We found that the seven VA and VHA offices managing suicide prevention and mental health agreements generally met these requirements for their own agreements. For example, VA and VHA officials told us that their oversight efforts included regular contact to discuss progress and potential challenges with partners via e-mail and phone calls. (See Appendix II for information about potential challenges identified by selected partners.)

In addition, VA and VHA officials generally collect information on various performance metrics as a part of their plans for evaluating performance as outlined in their agreements. For example, several agreements included terms requiring partners to report the number of users accessing VA online resources through partners' websites or electronic communications (e.g., email, social media). Additional examples of metrics include

- reports on partner organization efforts and effectiveness, including any analysis of risk factors and trends and details on suicidal behaviors;
- the number of health care professionals who complete suicide prevention training;
- the number of veterans served; and
- the number of veteran family members/caregivers served.

VA Does Not Always Document the Completion of Required Annual Reviews for Individual Suicide Prevention and Mental Health Agreements

VA's department-wide partnership policy states that agreements should include an annual review to determine if (1) the partnership is still needed, (2) goals are being achieved, (3) expectations are being met, and (4) the roles and responsibilities of each partner are being fulfilled.³⁰ However, we found that VA and VHA officials did not always document the completion of these reviews.

³⁰See Department of Veterans Affairs Directive 0008. See also [GAO-14-704G](#). Annual reviews provide VA with feedback on the effectiveness of their ongoing oversight. Federal Standards for Internal Control require management to establish and operate monitoring activities, which includes both ongoing monitoring and separate evaluations. Separate evaluations are done periodically and used to monitor the design and operating effectiveness of internal controls at a specific time or of a specific function or process.

We found the following examples of inconsistent documentation for annual reviews:

- An official from an office managing four suicide prevention and mental health agreements told us that annual reviews happen during regular check-in meetings. The official said that these reviews may be documented in some cases but are typically done verbally.
- Another official from an office managing one agreement in our review acknowledged that the office did not consistently document annual reviews and that there was no formal process for doing so.
- In one instance, officials from a third office did not meet with one partner after the first few months of an agreement and did not complete an annual review. According to officials, the office re-established communication with the partner in June 2021 and was conducting the review as of October 2021.

VA's department-wide partnership policy requires that "significant activity" related to partnerships be recorded but does not include further specificity, such as examples of what types of activity this would include.³¹ According to officials who manage this policy, they did not want to be too prescriptive, since the policy applies across the department, and different offices may have different needs. Nonetheless, the officials who manage the policy confirmed that they intended for significant activity to include annual reviews. Conversely, officials managing some of the individual suicide prevention and mental health agreements told us they did not interpret significant activity to include these reviews. In these instances, officials thought documenting significant activity would mean major events (e.g., conferences) or deliverables (e.g., workload data).

In the absence of specific guidance requiring the documentation of annual reviews, officials from two offices noted that they were considering or had begun implementing their own standardized processes that could improve documentation of annual reviews. Without more specificity on how and what VA wants documented as significant activity, VA and VHA officials

³¹See Department of Veterans Affairs Directive 0008. We also found that, at the time of our review, guidance VA identified as relevant to agreements did not cover documentation of significant activity with any specificity. As of October 2021, VHA was in the process of publishing new guidance that discussed documenting and sharing results, including a statement that the subset of VHA officials managing partnerships should evaluate the partnership at least annually and use the information to inform decisions regarding continuing, modifying, or sunseting the partnership. This guidance will apply to VHA offices but not VA offices, according to an official from the office that developed the guidance.

do not always ensure that annual reviews are documented. Without such documentation, VA lacks assurance that these reviews are happening as required, which is important in determining whether the benefits of a particular agreement are worth maintaining. Additionally, having these reviews recorded is important for ensuring continuity when there is staff turnover. For example, we found one office that could not provide documentation of an annual review that would have occurred under the current official's predecessor and thus could not confirm whether any review was conducted.

Conclusions

Suicide prevention is VA's top stated clinical priority, but VA risks not capitalizing on its ability to reach at-risk veterans—particularly those not using its services—due to difficulties in tracking its mental health and suicide prevention agreements. Although VA's Strategic Relationships Application has the type of information and capabilities needed to track these agreements, its use has been inconsistent because it is not required by VA policy, resulting in incomplete information that is not readily accessible. Compounding this issue is a lack of required training for users of the application and a user guide that is not comprehensive. This has left officials across the department unclear about the application's functions and capabilities. Requiring the use of the Strategic Relationships Application for all agreements and providing better guidance will significantly improve VA's ability to track agreements department-wide and ensure that it is maximizing its intended efforts.

Furthermore, VA's lack of specificity on the types of significant activities that should be documented for agreements has resulted in annual reviews not being recorded as intended. Without documentation of these reviews, VA has no assurance that they are happening as required or insight as to whether the benefits of a particular partnership are commensurate with the resources required to maintain it. More specific documentation requirements would ensure consistency as well as promote continuity during staff turnover, which could otherwise lead to lapses in agreement activity and potential gaps in services for veterans that need help.

Recommendations for Executive Action

We are making the following three recommendations to VA:

The Secretary of Veterans Affairs should require offices department-wide to use the Strategic Relationships Application to document agreement information. (Recommendation 1)

The Secretary of Veterans Affairs should require training and provide a more comprehensive user guide to officials using the Strategic Relationships Application. (Recommendation 2)

The Secretary of Veterans Affairs should take steps to ensure staff understand that requirements for documenting significant activity for agreements include documenting annual reviews, such as by updating VA's partnership policy with examples or by providing additional guidance. (Recommendation 3)

Agency Comments

We provided a draft of this report to VA for review and comment. In its written comments, reproduced in Appendix III, VA concurred with all recommendations and reported plans for their implementation. VA also provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Veterans Affairs, and other interested parties. In addition, the report is available at no charge on the GAO website at <https://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or silass@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.



Sharon M. Silas
Director, Health Care

Appendix I: Department of Veterans Affairs (VA) Suicide Prevention and Mental Health Agreements with Nongovernmental Entities

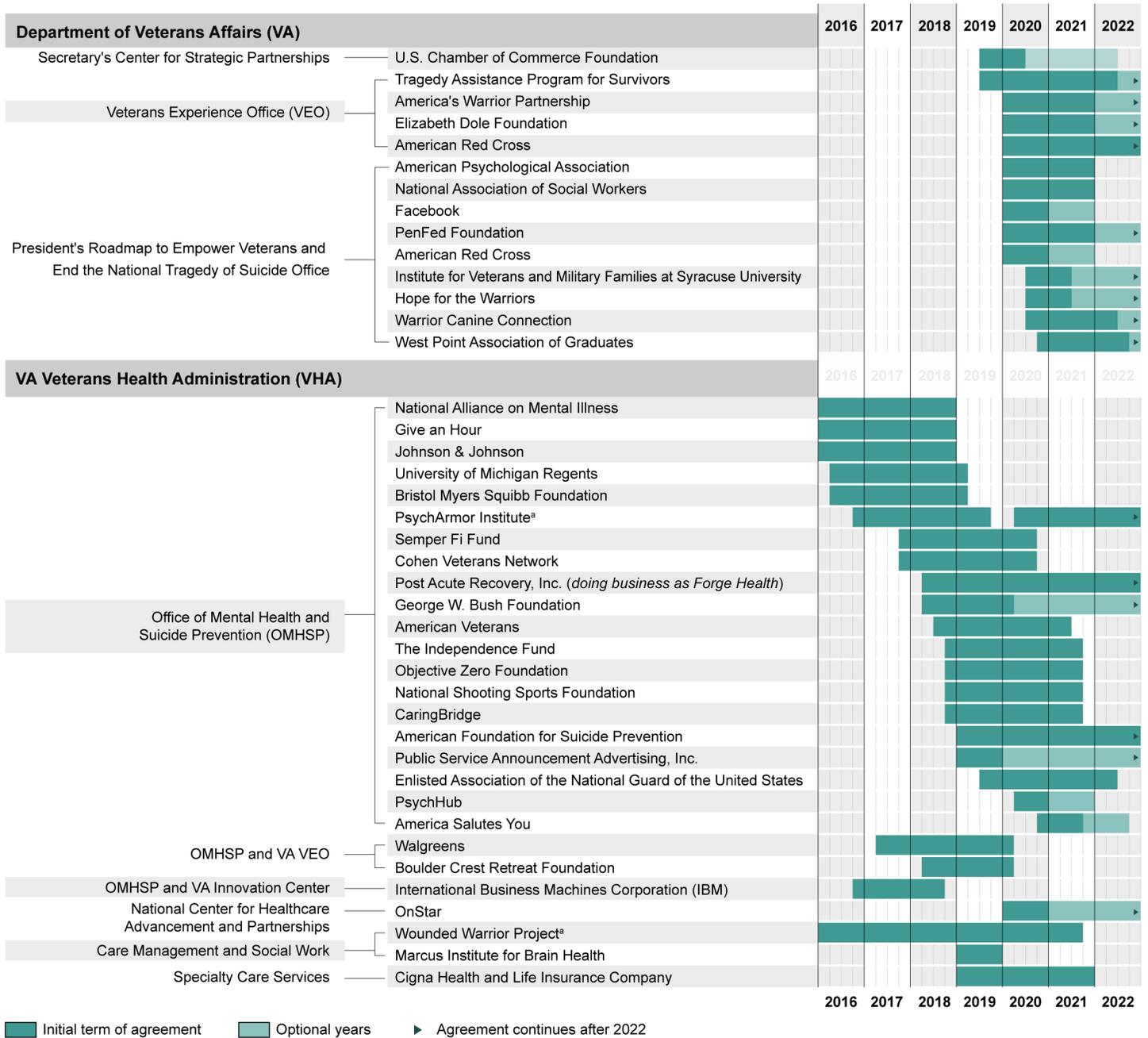
We obtained copies of 43 suicide prevention or mental health memorandums of understanding or agreement (agreements) that VA and Veterans Health Administration (VHA) central offices entered into with nongovernmental entities between October 2015 and October 2020.¹

We reviewed each agreement to identify specific characteristics, including their duration, the entities with whom VA partnered, and the objectives of the agreements. As of July 2021, more than half of the agreements were active. The objective of many of these agreements is to improve veteran well-being or prevent suicide by raising awareness about VA and community support services, disseminating suicide prevention protocols and resources, or sharing expertise or publicly available data. Figure 2 lists the offices that entered into these agreements and the names of VA's partners and depicts the time frame of each agreement.

¹Our review focused on VA and VHA central office agreements. VA medical centers, VA's regional networks—known as Veterans Integrated Service Networks—and offices within the Veterans Benefits Administration and National Cemetery Administration also may enter into agreements with nongovernmental entities. Policies and procedures for those offices may differ from VA and VHA central office procedures and were not included in our review.

Appendix I: Department of Veterans Affairs (VA) Suicide Prevention and Mental Health Agreements with Nongovernmental Entities

Figure 2: Timeline of VA and VHA Suicide Prevention and Mental Health Agreements, October 2015 to October 2020



Source: GAO analysis of VA and VHA agreements. | GAO-22-104674

Note: Agreements include memorandums of agreement and understanding with nongovernmental entities entered into between October 2015 and October 2020. The office listed as responsible for managing a given agreement is based on the office that entered into it. Until April 2021, the

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PREVENTS Office was housed under VA. In April 2021, this office transitioned to VHA's OMHSP. This figure includes agreements entered into by VA and VHA offices with a national scope and excludes any agreements that may have been entered into by VA medical centers, VA's regional networks—known as Veterans Integrated Service Networks—and offices within the Veterans Benefits Administration and National Cemetery Administration.

^aVHA's OMHSP and Care Management and Social Work office entered into agreements with PsychArmor Institute and Wounded Warrior Project, respectively and renewed them (i.e., entered into new agreements with the same partner) during our review period. OMHSP's agreements with PsychArmor Institute were entered into in November 2016 and April 2020. VHA's Care Management and Social Work office's agreements with Wounded Warrior Project were entered into in February 2016 and October 2018. Thus, the 41 entries in the figure represent 43 agreements. At least three other nongovernmental entities listed in the figure had additional agreements that were either renewed subsequent to our review period (Marcus Institute for Brain Health and The Independence Fund) or were renewals of agreements entered into prior to our review period (National Alliance on Mental Illness) and, therefore, were not included in our review. In addition, the American Red Cross had two separate agreements—one with the Veterans Experience Office and one with the PREVENTS Office—and thus the figure's 41 entries represent 40 nongovernmental entities.

The characteristics of the agreements vary. For example:

- A majority (70 percent) of VA's partners for mental health and suicide prevention are non-profit organizations, about a quarter are for-profit companies, and the remainder are academic entities;
- About half of the entities work exclusively with veterans or military personnel; and
- More than half of the agreements aim to help all veterans, as opposed to specific sub-populations such as post-9/11 veterans or student veterans.

See table 2 for details about each entity and their agreement(s) with VA.

Table 2: Department of Veterans Affairs (VA) and Veterans Health Administration (VHA) Suicide Prevention and Mental Health Agreements, October 2015 to October 2020

VA or VHA office	Entity name	Entity type	Date signed (duration)	Objective(s)	Veteran population served
VA Secretary's Center for Strategic Partnerships	U.S. Chamber of Commerce Foundation	Non-profit	August 20, 2019 (1 year, plus 2 option years)	Launch an Employer Challenge that encourages employers of all sizes to adopt best practices for supporting mental well-being and suicide prevention services in the workplace for all employees, including veterans.	All veterans
VA Veterans Experience Office	Tragedy Assistance Program for Survivors	Non-profit	August 26, 2019 (3 years, plus 3 option years)	Assist families and friends of service members and veterans who died by suicide with navigating and securing various VA benefits and services and community support.	Families or friends of veterans who died by suicide

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VA or VHA office	Entity name	Entity type	Date signed (duration)	Objective(s)	Veteran population served
	America's Warrior Partnership	Non-profit	January 6, 2020 (2 years, plus 3 option years)	Coordinate outreach and engagement with veterans to improve their quality of life and access to and navigation of services in the local community.	All veterans
	Elizabeth Dole Foundation	Non-profit	January 15, 2020 (2 years, plus 3 option years)	Collaborate to develop community-based partnerships for coordinating care for veterans choosing to age at home and their caregivers, coordinate VA's community engagement activities with the foundation's Hidden Heroes Cities, promote and continue select ongoing efforts, and provide expertise and best practices on suicide prevention.	Veterans who are wounded, ill, or injured
	American Red Cross	Non-profit	March 10, 2020 (3 years, plus 3 option years)	Collaborate to coordinate outreach and engagement with veterans, families, and caregivers to improve their quality of life and access to and navigation of services in the local community.	Veterans living with wounds, injuries, illnesses, and/or aging
VA President's Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS) Office ^a	American Psychological Association	Non-profit	January 22, 2020 (2 years)	Educate healthcare professionals and promote dissemination of evidence-based suicide prevention protocols and tools, measure outreach of protocols and tools, and reduce the burden of suicide by increasing awareness about mental health and suicide prevention and empowering all individuals to play a role in prevention.	All veterans
	National Association of Social Workers	Non-profit	January 23, 2020 (2 years)	Educate individuals and organizations on evidence-based suicide prevention protocols and tools. Expand and measure the reach of suicide prevention protocols for health professionals and other complementary educational resources. Reduce the burden of suicide by increasing awareness about mental health and suicide prevention and empowering individuals to play a role in prevention.	All veterans

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VA or VHA office	Entity name	Entity type	Date signed (duration)	Objective(s)	Veteran population served
	Facebook	For-profit	February 26, 2020 (1 year, plus 1 option year)	Reduce risk of isolation and feelings of helplessness, depression, and suicide ideation of veterans and their caregiver or family support system by providing donated Facebook Portal devices.	Veterans enrolled in specific VA programs or flagged as at-risk for suicide by VA
	PenFed Foundation	Non-profit	March 9, 2020 (2 years, plus 2 option years)	Develop a multimedia campaign to inform the public about suicide and inspire them to be part of the solution, including by designing a memorable brand for the campaign, disruptive messaging, storyboards, social media content, and a website, and recruiting high-profile individuals as spokespeople.	All veterans
	American Red Cross ^b	Non-profit	March 11, 2020 (1 year, plus 1 option year)	Enhance VA's ability to provide services and benefits that support veterans and caregivers, increase access to support systems, and reduce risk of isolation, feelings of helplessness, depression, and suicide ideation by providing storage for and distributing Facebook Portal devices to selected veterans and their caregivers or family support system.	Veterans enrolled in specific VA programs or flagged as at-risk for suicide by VA
	Institute for Veterans and Military Families at Syracuse University	Academic	August 11, 2020 (1 year, plus 3 option years)	Expand and measure the reach of suicide prevention protocols for health professionals and other complementary educational resources. Reduce the burden of suicide by increasing awareness about mental health and suicide prevention and empowering individuals to play a role in prevention.	All veterans
	Hope for the Warriors	Non-profit	August 24, 2020 (1 year, plus 3 option years)	Expand and measure the reach of suicide prevention protocols for health professionals and other complementary educational resources. Reduce the burden of suicide by increasing awareness about mental health and suicide prevention and empowering individuals to play a role in prevention.	All veterans

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VA or VHA office	Entity name	Entity type	Date signed (duration)	Objective(s)	Veteran population served
	Warrior Canine Connection	Non-profit	September 18, 2020 (2 years, plus 3 option years)	Increase awareness of PREVENTS efforts by amplifying PREVENTS ambassador messages. Expand and measure the reach of suicide prevention protocols for health professionals and other complementary educational resources. Reduce the burden of suicide by increasing awareness about mental health and suicide prevention and empowering individuals to play a role in prevention.	Veterans who were injured during combat
	West Point Association of Graduates	Non-profit	October 1, 2020 (2 years, plus 3 option years)	Expand and measure the reach of suicide prevention protocols for health professionals and other complementary educational resources. Reduce the burden of suicide by increasing awareness about mental health and suicide prevention and empowering individuals to play a role in prevention.	West Point graduates
VHA Office of Mental Health and Suicide Prevention (OMHSP)	National Alliance on Mental Illness (NAMI)	Non-profit	January 1, 2016 (3 years)	Coordinate to provide evidence-based, peer-led family education to family members of veterans with mental illness as part of the continuum of services available to family members of veterans.	Family members of veterans
	Give an Hour	Non-profit	January 5, 2016 (3 years)	Provide evidence-based mental health services to veterans, increase providers' awareness of VA and Give an Hour resources, facilitate local providers' competence in serving veterans and veterans' families, enhance suicide prevention efforts, and use messaging to reduce negative perceptions of mental health.	Post-9/11 veterans
	Johnson and Johnson	For-profit	January 11, 2016 (3 years)	Identify opportunities to reduce negative perceptions of mental health and promote help-seeking behavior among veterans and their caregivers and families, increase health care providers' competence serving the military community, and enhance veteran suicide prevention efforts.	All veterans

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VA or VHA office	Entity name	Entity type	Date signed (duration)	Objective(s)	Veteran population served
	University of Michigan Regents	Academic	June 30, 2016 (3 years)	Support student veterans transitioning from military to civilian life; identify ways to coordinate VA's Veterans Integration to Academic Leadership program, VA's peer support program, and University of Michigan's Peer Advisors for Veteran Education program; and explore other opportunities for mental health collaborations.	Student veterans
	Bristol Myers Squibb Foundation	Non-profit	June 30, 2016 (3 years)	Share information and resources for clinicians serving veterans and their families; identify ways to coordinate veteran-serving community mental health, student veteran, caregiver training, and faith-based mental health programs; and explore opportunities for future mental health collaborations	All veterans
	PsychArmor Institute ^b	Non-profit	November 28, 2016 (3 years) and April 1, 2020 (3 years)	Coordinate to expand the reach and maximize the impact of VA and PsychArmor educational resources developed jointly and separately on supporting veterans and their families and provide complementary educational resources to VHA officials, PsychArmor staff, and those using these educational resources.	All veterans
	Semper Fi Fund	Non-profit	October 3, 2017 (3 years)	Collaborate to expand the reach and awareness of mental health educational tools and resources to veterans and Semper Fi Fund employees, volunteers, and clients; make VA training available to Semper Fi Fund employees; and identify veterans not enrolled in VHA to increase awareness of VHA enrollment opportunities and resources.	Post-9/11 veterans who are wounded, critically ill, and injured
	Cohen Veterans Network	Non-profit	October 17, 2017 (3 years)	Collaborate to expand the reach and awareness of mental health educational tools and resources. Exchange publicly available data on veterans served by Cohen Veterans Network and VA and ensure staff from both entities benefit from this clinical and administrative information.	Post-9/11 veterans

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VA or VHA office	Entity name	Entity type	Date signed (duration)	Objective(s)	Veteran population served
	Post Acute Recovery, Inc., doing business as Forge Health	For-profit	June 14, 2018 (effective in perpetuity)	Collaborate to expand the reach and awareness of mental health educational tools and resources to veterans and their families, exchange publicly available de-identified data on veterans served by Post Acute Recovery, Inc. and VA, and ensure staff from both entities benefit from publicly available clinical and administrative information.	All veterans
	George W. Bush Foundation	Non-profit	June 26, 2018 (2 years, plus 3 option years)	Collaborate to reduce suicide and empower everyone to play a role in prevention by connecting health care providers and peer veteran networks to veterans, service-members, and their family and caregivers; create a national public-private partnership model for local communities to measure effectiveness of working across organizations; understand how to help local communities identify unmet care and benefits needs; improve collaboration between VA and the foundation; create a mechanism for organizations serving post-9/11 veterans to collaborate; and identify and address gaps in access to services that support health and well-being of post-9/11 families and caregivers.	Post-9/11 veterans
	American Veterans (AMVETS)	For-profit	August 8, 2018 (3 years)	Collaborate to reduce suicide and empower everyone to play a role in prevention by ensuring AMVETS users have access to public VA resources, share public data on those served by AMVETS, and collaborate to resolve issues and identify barriers to access for veterans seeking VA care.	All veterans
	The Independence Fund	Non-profit	November 28, 2018 (3 years)	Collaborate to expand the reach and awareness of mental health educational tools and resources to veterans in need of resources; increase awareness of available VA training opportunities; and find ways to identify veterans not enrolled in VHA to increase awareness of VHA enrollment opportunities and veteran-focused resources.	Veterans who are severely wounded, injured, or ill

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VA or VHA office	Entity name	Entity type	Date signed (duration)	Objective(s)	Veteran population served
	Objective Zero Foundation	Non-profit	December 3, 2018 (3 years)	Collaborate to reduce suicide, empower everyone to play a role in prevention, ensure Objective Zero users benefit from publicly available VA resources, and share publicly available de-identified Objective Zero user information.	All veterans
	National Shooting Sports Foundation	Non-profit	December 11, 2018 (3 years)	Establish best practices for community-based firearm safety education. Educate veterans and their families about safe firearm storage, preventing suicide by firearms, warning signs and risk factors of suicide, and support resources. Facilitate community engagement in suicide prevention and firearm safety.	All veterans
	CaringBridge	Non-profit	December 19, 2018 (3 years)	Collaborate to increase connectedness and ensure CaringBridge users who identify as veterans benefit from publicly available VA resources. Share publicly available de-identified data on veterans served by CaringBridge.	Veterans on a mental health, substance abuse, acute illness, or other health-related journey
	American Foundation for Suicide Prevention	Non-profit	January 14, 2019 (5 years)	Implement research-informed suicide prevention programs, increase awareness about suicide prevention, and empower suicide prevention survivors by collaborating on research, outreach, awareness, and postvention ^c	All veterans
	Public Service Announcement Advertising, Inc.	For-profit	February 20, 2019 (1 year, plus 3 option years)	Use advertising space gifted to VA by Public Service Announcement Advertising, Inc. in a way that aligns with VA's values and mission, reach as many veterans as possible with veteran-focused health, well-being and suicide prevention advertising, and optimizing resources by ensuring advertising is placed where most likely to reach veterans.	All veterans
	Enlisted Association of the National Guard of the United States	Non-profit	August 12, 2019 (3 years)	Collaborate to expand the reach and awareness of VA enrollment opportunities and VA suicide prevention, substance use, and mental health educational tools and web resources. Provide VA training opportunities to the association's employees and members.	Current and former members of the Army and Air National Guard

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VA or VHA office	Entity name	Entity type	Date signed (duration)	Objective(s)	Veteran population served
	PsychHub	For-profit	April 24, 2020 (approx. 8 months, plus 1 option year)	Create and maintain a COVID-19 mental health resource hub to provide free digital mental health resources to the public, including anyone eligible for VA benefits.	All veterans
	America Salutes You	Non-profit	October 9, 2020 (1 year, plus 1 option year)	Share publicly available information and collaborate to establish an event to raise awareness about mental health, social determinants of suicide, and suicide prevention through various media channels.	All veterans
VHA OMHSP and VA Veterans Experience Office	Walgreens	For-profit	April 5, 2017 (3 years)	Collaborate to expand the reach and awareness of mental health tools and resources to veterans. Increase awareness and availability of VA training for Walgreen health care and pharmacy providers. Find ways to identify veterans not enrolled in VHA to increase awareness of VHA enrollment opportunities and veteran-focused resources. Explore opportunities for collaborative pilot projects to raise awareness of VA mental health resources at community pharmacies.	All veterans
	Boulder Crest Retreat Foundation	Non-profit	April 16, 2018 (2 years)	Collaborate to share information on curriculum, training, therapeutic models, resources, and research related to the delivery of mental health services and transition assistance and to ensure veterans and their families and caregivers are included in the creation of VA partnerships.	Combat veterans
VHA National Center for Healthcare Advancement and Partnerships	OnStar	For-profit	March 10, 2020 (1 year, plus 2 option years)	Increase veteran suicide prevention efforts by supporting veterans who experience crisis through warm handoffs between OnStar and the Veterans Crisis Line and use of OnStar as a resource when VA clinicians are developing enhanced suicide safety prevention plans for veterans, among other efforts.	All veterans who have an OnStar enabled vehicle or use the mobile application <u>and</u> have a subscription to OnStar

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VA or VHA office	Entity name	Entity type	Date signed (duration)	Objective(s)	Veteran population served
VHA OMHSP and VA Innovation Center	International Business Machines Corporation (IBM)	For-profit	October 24, 2016 (2 years)	Create an application to assist veterans with mental health challenges by helping users work through emotions or thoughts and connecting with third-party applications, such as crisis hotlines, among other features.	All veterans
VHA Care Management and Social Work	Marcus Institute for Brain Health	Academic	January 8, 2019 (1 year)	Expand provision of integrative medical and behavioral health care services for veterans with TBI who may or may not be eligible for VA services, optimize care coordination, and provide a plan for eligible veterans to enroll in VHA health care and maintain continuity of care.	Veterans with traumatic brain injury (TBI) diagnosis
	Wounded Warrior Project ^b	Non-profit	February 16, 2016 (3 years) and October 19, 2018 (3 years)	Provide holistic medical and mental health services for wounded veterans at a local level and provide care and support networks for veteran families at a local level. Improve access and timely care for veterans with mental health conditions and increase the number of community-based providers competent in caring for these veterans and their families. Improve safe transition and continuum of care through a standardized process.	Post-9/11 veterans
VHA Specialty Care Services	Cigna Health and Life Insurance Company	For-profit	March 7, 2019 (3 years)	Develop and distribute educational materials on opioid safety for a broad audience, share resources and best practices, and develop a joint innovative initiative to address the opioid crisis and suicide risk.	Veterans with chronic pain who are at risk for substance abuse

Source: GAO analysis of Department of Veterans Affairs (VA) and Veterans Health Administration (VHA) documents, including agreements, and public information about these nongovernmental entities. | GAO-22-104674

Notes: Agreements include memorandums of agreement and understanding with nongovernmental entities entered into between October 2015 and October 2020. An option year is a one-year extension that VA and the partner may execute if they choose to continue their partnership beyond the initial duration. This table includes agreements entered into by VA and VHA offices with a national scope and excludes any agreements that may have been entered into by VA medical centers, VA's regional networks—known as Veterans Integrated Service Networks—and offices within the Veterans Benefits Administration and National Cemetery Administration.

^aUntil April 2021, the PREVENTS Office was housed under VA. In April 2021, this office transitioned to VHA's OMHSP.

^bVHA's OMHSP and Care Management and Social Work office entered into agreements with PsychArmor Institute and Wounded Warrior Project, respectively, and renewed them (i.e., entered into new agreements with the same partner) during our review period (October 2015 to October 2020). Thus, the 41 entries in the table represent 43 agreements. At least three other nongovernmental entities listed in the table had additional agreements that were either renewed subsequent to our review period (Marcus Institute of Brain Health and The Independence Fund) or

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were renewals of agreements entered into prior to our review period (National Alliance on Mental Illness) and, therefore, were not included in our review. In addition, the American Red Cross had two separate agreements—one with the Veterans Experience Office and one with the PREVENTS Office—and thus the table's 41 entries represent 40 nongovernmental entities.

^cAccording to VA, postvention adds to suicide prevention efforts by providing support to those who lost someone to suicide.

Appendix II: Challenges Reported by Selected Department of Veterans Affairs (VA) Partners with Suicide Prevention and Mental Health Agreements

We interviewed 14 of 40 nongovernmental partners with suicide prevention and mental health agreements entered into by VA or the Veterans Health Administration (VHA) between October 2015 and October 2020.¹ These partners were selected from among those agreements that were active as of April 2021 from each VA or VHA program office that had a suicide prevention or mental health agreement. Partners were selected for variation in type (i.e., non-profit, for-profit, or academic) and types of services offered.

During these interviews, partners discussed when, if at all, they encountered challenges in either developing their agreements or in fulfilling the terms of those agreements:

- **Developing agreements.** The majority of partners we spoke with (10 of 14) did not identify any major challenges in developing their agreements with VA and VHA. Of the partners that reported challenges, two partners said staff turnover had complicated the process. Another partner had difficulty identifying an office to work with—the partner had first attempted to develop an agreement with a local VA medical center and then a regional VA network, but ultimately ended up developing an agreement with a central office.
- **Fulfilling agreement terms.** Seven partners did not cite any major challenges in fulfilling the terms of their agreements with VA and VHA. Of the remaining seven partners that identified challenges, four reported challenges related to the Coronavirus Disease 2019 (COVID-19) pandemic. For example, one partner said that regular meetings with VHA were paused until the fall of 2020 because staff at both VHA and the partner organization were temporarily reassigned to duties responding to the pandemic. The meetings have since resumed. Another partner described needing to adapt in-person events to a virtual environment.

In addition to challenges related to the COVID-19 pandemic, six partners also cited other challenges in fulfilling the terms of their

¹VA and VHA identified 43 agreements entered into with these 40 partners during this timeframe. In one instance, a partner had two different agreements with different VA offices. In the remaining two instances, the original agreement that VA entered into during this timeframe was also renewed during the timeframe. We interviewed America Salutes You, America's Warrior Partnership, the American Psychological Association, the American Red Cross, Cigna Health and Life Insurance Company, The Independence Fund, the Institute for Veterans and Military Families, the Marcus Institute for Brain Health, the National Shooting Sports Foundation, OnStar, Post Acute Recovery, Inc. (doing business as Forge Health), the PsychArmor Institute, the U.S. Chamber of Commerce Foundation, and Warrior Canine Connection.

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agreement. For example, one partner mentioned difficulties in staying connected with VHA during times of staff turnover. Two other partners noted challenges with developing collaborative relationships with local VA medical centers when needed for fulfilling the terms of their agreements.

Appendix III: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

December 15, 2021

Ms. Sharon Silas
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Silas:

The Department of Veterans Affairs (VA) reviewed the Government Accountability Office (GAO) draft report: ***VA MENTAL HEALTH CARE: Improvements Needed in Tracking and Overseeing VA's Partnerships with Nongovernmental Entities*** (GAO-22-104674).

The enclosure contains technical comments and the actions that will be taken to address the draft report recommendations. VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tanya J. Bradsher".

Tanya J. Bradsher
Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Response to
Government Accountability Office (GAO) Draft Report
***VA Mental Health Care: Improvements Needed in Tracking and Overseeing VA's
Partnerships with Nongovernmental Entities***
(GAO-22-104674)

Recommendation 1: The Secretary of Veterans Affairs should require offices department wide to use the Strategic Relationships Application to document agreement information.

VA Response: Concur. The Secretary of Veterans Affairs (SECVA) will release a memo outlining that offices engaging in partnerships will be required to utilize the Strategic Relationships Application (SRA) as the main resource tool to document partnerships. A multi-phased implementation approach will be taken, starting with offices at the national level (VA Central Office, Veterans Benefits Administration, Veterans Health Administration, National Cemetery Administration and Staff/Special Offices) working towards those at the field level. Additionally, in this memo, SECVA will rename the Secretary's Center for Strategic Partnerships (SCSP) to the VA Office of Partnerships.

Target Completion Date: February 2022

Recommendation 2: The Secretary of Veterans Affairs should require training and provide more comprehensive user guide to officials using the Strategic Relationships Application.

VA Response: Concur. Proposed updates to the SRA and its user guide are currently being documented. Once updates are fully documented, VA staff will begin updating and expanding the user guide's content. Once a request for access to the SRA is submitted, the VA user will be required to complete training within 45 days. SCSP will offer pre-recorded and/or live training sessions monthly.

Target Completion Date: August 2022

Enclosure

Department of Veterans Affairs (VA) Response to
Government Accountability Office (GAO) Draft Report
***VA Mental Health Care: Improvements Needed in Tracking and Overseeing VA's
Partnerships with Nongovernmental Entities***
(GAO-22-104674)

Recommendation 3: The Secretary of Veterans Affairs should take steps to ensure staff understand that requirements for documenting significant activity for agreement include documenting annual reviews, such as by updating VA's partnership policy with examples or by providing additional guidance.

VA Response: Concur. SCSP will be leading a work group to perform an extensive review of VA Directive 0008, Developing Public-Private Partnerships with and Accepting Gifts to VA from Non-Governmental Organizations, and amend it as appropriate. Amendments will include at a minimum an expanded glossary defining collaborations, partnerships, significant activity and other key terms, and a partnership lifecycle roadmap from cradle to grave with requirements for documenting partnerships in the SRA, annual reviews and other key milestones. SCSP will also be leading the development of a robust partnership toolkit that will include comprehensive partnership guidance, numerous examples and other helpful resources.

Target Completion Date: February 2023

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

Sharon M. Silas, (202) 512-7114 or silass@gao.gov

Staff Acknowledgments

In addition to the contact named above, Bonnie Anderson, Assistant Director; Kaitlin Asaly and Hannah Marston Minter, Analysts-in-Charge; and Melanie Magnotto made key contributions to this report. Also contributing were Jennie Apter, Jackie Hamilton, Diona Martyn, and Ethiene Salgado-Rodriguez.

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Automated answering system: (800) 424-5454 or (202) 512-7700

Congressional Relations

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