

VHA PUBLIC-PRIVATE PARTNERSHIPS

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Directive establishes new VHA policy and clarifies existing policy regarding Public-Private Partnerships (P3) between VHA and non-governmental organizations (NGO).
- 2. SUMMARY OF CONTENTS:** This directive sets forth policy, roles, and responsibilities for developing, maintaining and establishing public-private partnerships with non-governmental organizations. Compliance with this directive will apply to newly formed public-private partnerships with NGO partners, whether they are new partners or existing partners, beginning FY 2016. This VHA directive does not rescind any existing directives related to partnerships.
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** Office of Community Engagement (10A) is responsible for the contents of this Directive. Questions should be referred to 202-461-7008 or CommunityEngagement@va.gov.
- 5. RESCISSIONS:** None.
- 6. RECERTIFICATION:** This VHA Directive is scheduled for recertification on or before the last working day of September 2020.

David J. Shulkin, M.D.
Under Secretary for Health

DISTRIBUTION: Emailed to the VHA Publications Distribution List on 9/16/2015.

VHA PUBLIC-PRIVATE PARTNERSHIPS

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes new VHA policy and integrates existing practices regarding public-private partnerships (P3) between VHA and non-governmental organizations (NGO). The purpose of this Directive is to promote the growth of responsible, productive, and innovative partnerships at the national, regional and community level by integrating existing practices regarding P3s into this new policy. VA has a number of authorities, including 38 U.S.C. 513, 523, and 6306 to enter into P3s. Section 523 of title 38, United States Code, authorizes VA to develop P3s with NGOs to achieve the effective coordination of the provision of VA benefits and services (and information about those benefits and services) with appropriate programs (and information about those programs) conducted by NGOs. Partnerships already defined by existing regulation or authority, such as gifts, volunteering, grants, contracts, sharing agreements, enhanced-use leases, academic affiliations, and interagency joint ventures, are not covered by this Directive.

2. BACKGROUND:

a. Veterans, their families, and their survivors exist within the greater community and interact with various organizations for a variety of services and resources. It is crucial for VHA to collaborate and coordinate with other agencies and NGOs in order to increase efficiency and improve outcomes for Veterans. Responsible and productive P3s also bring the added benefits of potential cost savings, improved public relations, and enhanced community investment on behalf of our Veterans. P3s are an important tool for VHA leaders when addressing the varied opportunities in their communities.

b. The Strategic Plans of both the Department of Veterans Affairs and the Veterans Health Administration highlight the importance of partnerships. VA seeks to enhance and develop trusted partnerships. Additionally, the VHA Strategic Plan puts forward the following objectives for partnerships:

(1) Leverage current P3s to expand capacity, resources and access for services for Veterans and service members;

(2) Explore and launch promising new partnerships with public and private partners to enhance services, health professions and wellness education; and

(3) Participate with federal agencies, states, health professional schools and associations, and NGOs on national strategies to improve health and mitigate threats.

c. As VHA seeks to fulfill its strategic objective of strengthening collaborations and launching promising new partnerships, guidance is needed for how to go about achieving this goal.

d. P3s should be entered into after careful and thorough evaluation of the objectives at hand, the involved stakeholders, the efficiencies to be gained, and the benefit to Veterans. While all partnerships contain inherent risk in that some aspects of service

delivery fall outside VA control, the nature of P3s should enable local facilities to expand available services.

3. POLICY: It is VHA policy that development of a P3 by VHA medical facility staff is appropriate when the goals of the NGO are consistent with the Department of Veterans Affairs strategic and priority goals. When common goals are shared among VHA and NGO providers, collaboration should lead to improved coordination of policies, programs and/or service delivery.

4. RESPONSIBILITIES:

a. **Office of Community Engagement.** Office of Community Engagement (OCE) staff is responsible for:

(1) Supporting VHA staff by providing training, technical assistance and clarification regarding P3 policies contained in this Directive. This includes advising VA medical facilities and program offices when questions arise about how and whether to initiate, maintain or discontinue specific partnerships;

(2) Annually, or as otherwise required, gathering information regarding VHA P3s that will be analyzed and shared with VHA in the interest of sharing best practices, developing VHA's strategic direction regarding partnerships, and promoting the growth of more effective and responsible partnerships; and

(3) Serving as a VHA liaison and point of contact for community partnership related questions or issues.

b. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for:

(1) Ensuring partnerships at the VISN level develop a process similar to that which is described at the facility level (see below), so that the appropriate assets are allocated to ensure sufficient oversight and execution of partnerships developed at the network level;

(2) Providing oversight of facility level P3s, ensuring appropriate evaluation mechanisms as defined by the respective facility directors are in place, and ensuring that points of contact data remain current; and

(3) Submitting data periodically to the Office of Community Engagement (10A) reflecting field operations of P3s within the VISN.

c. **Medical Facility Director.** The medical facility Director is responsible for:

(1) Ensuring due diligence is completed before agreeing to collaborate or partner with an outside entity;

(2) Cataloging P3's that exist at the facility;

(3) Promoting current partnerships and available community resources, supporting the exploration and development of responsible and productive partnerships, and serving as an on-site resource to review questions about partnerships;

(4) Providing additional oversight of potential community partnerships among the medical facility and NGOs when due diligence efforts determine partnership is a possibility, but could pose excess risk to participating Veterans or VHA. The Director should consult with appropriate program offices, Regional Counsel, local VHA Privacy Officer, or the Office of Community Engagement if the medical Director deems additional review is appropriate;

(5) Ensuring that P3s comply with VHA policy;

(6) Establishing and distributing local medical facility policy and procedures consistent with this Directive; and

(7) Ensuring training is available and completed for new staff performing duties establishing relationships with nongovernmental organizations.

5. REFERENCES:

a. VA Directive XXXX, Developing Public-Private Partnerships with, and Accepting Gifts to VA from, Non-Governmental Organizations

b. VHA Handbook 1620.01, Voluntary Service Procedures

c. VA Directive 0311, Joint Ventures

d. VHA Directive 1400, Office of Academic Affiliations

e. VHA Handbook 1660.04, VA-DOD Direct Sharing Agreements

f. VHA Directive and Handbook 4721, General Post Fund

g. VHA Directive 2011-034, Homeless Veterans Legal Referral Process

h. VHA Handbook 1110.01, VA Fisher House Program

i. VA Guidance for Engaging in Public-Private Partnerships with Non-Governmental Organizations (VAIQ 7381698)

<http://vaww.pdush.med.va.gov/programs/oce/oceP3Guidance.aspx> **NOTE:** *This is an internal web site that is not available to the public.*

6. DEFINITIONS:

a. **Due Diligence.** Due diligence is the research and analysis of an organization prior to entering into a partnership that involves evaluating benefits and risks of the potential partnership.

b. **Non-Governmental Organization.** Any private, or commercial entity other than a Government agency (Federal, state, local, tribal), including but not limited to corporations, nonprofit organizations or associations, and international and multinational organizations.

c. **Memorandum of Understanding.** Memorandum of Understanding (MOU) is a formal written document between VA and an NGO that describes the agreement and each party's responsibilities for the agreement's success.

d. **Public-Private Partnership.** Public-Private Partnership is a voluntary, collaborative, working relationship between VA and one or more NGOs in which the goals, structures, governance, and roles and responsibilities are mutually determined to deliver the best possible services. A copy of the Veterans Health Administration Public Private Partnership Implementation Guideline can found on <http://vaww.pdush.med.va.gov/programs/oce/oceDefault.aspx> **NOTE:** *This is an internal web site that is not available to the public.*

APPENDIX A

PUBLIC-PRIVATE PARTNERSHIP IMPLEMENTATION GUIDELINES

Table of Contents

- a. Why Enter Into A Partnership.
- b. Considerations for Partnership Development.
- c. Initial Steps.
- d. Assessing the Viability of a Public-Private Partnership (P3).
- e. Partnership Development.
- f. When a MOU/MOA is Recommended.
- g. Tracking and Monitoring Partnerships.
- h. Sharing Space or Other Resources with Partners.
- i. Endorsements and Referrals.
- j. Raising Awareness of Available Community Resources,
- k. Raising the Community Awareness of Veterans Health Administration.
- l. Examples of Public Private Partnerships.
- m. VHA Partnership Training.
- a. **Why Enter into a Partnership:**

1. **Overview.** A P3 is a voluntary, collaborative, working relationship between VA and one or more Non-Governmental Organization (NGOs) in which the goals, structures, governance, and roles and responsibilities are mutually determined to deliver the best possible services. When optimized, P3s work to focus the creativity, strengths and resources of allied organizations upon a common goal. Conversely, a poorly conceived P3 may strain already limited capabilities and erode hard earned public good will. The following guidance has been compiled to ensure VHA enters into such endeavors with an understanding of best practices and potential pitfalls of P3s.

2. **Suitability.** VHA staff should first consider the value a P3 will create keeping in mind that collaboration with an NGO is a tool to enhance and expand healthcare services to benefit Veterans, family members, caregivers, survivors, and other beneficiaries. Four possible reasons for pursuing P3s are to:

- a. Advance a shared objective;
- b. Enhance impact through resource sharing;
- c. Improve programmatic reputation/visibility; and
- d. Achieve mutual programmatic goals.

b. Considerations for Partnership Development:

1. VHA staff venturing into P3s should:

(a) Develop a stable foundation for the membership, rationale, and activities of the partnership while allowing sufficient flexibility for these components to develop and evolve in response to external and internal demands;

(b) Understanding that partnerships go through a life cycle of development, from initial set-up stages through full-scale implementation to maturity; and

(c) Ensure that services resulting from the P3 are not required to be provided by appropriated funding.

2. The aforementioned considerations may be applied within the context of a P3 in multiple ways and it is recommended that these principles be revisited throughout the life cycle of such endeavors.

c. Initial Steps:

1. Partnerships may arise through new opportunities or from preexisting relationships between organizations. The designee as defined by the VA medical facility Director or as outlined in the local partnership procedures should be able to recognize these opportunities and evaluate them based upon their merits, organizational needs, and current strategic priorities. Following due diligence evaluation of a proposed partner organization will help to ensure that the partnership will work effectively and meet the needs of the partnering VA medical facility, while simultaneously introducing transparency to the partnership process. Paragraph D outlines best practices for assessing a P3 and includes examples of due diligence tools.

2. Common steps that may be beneficial for VA medical facilities to incorporate into their initial process of evaluating a potential partnership include:

(a) Identifying desired partnership goals or outcomes;

(b) Determining what service the partner is going to be provided;

(c) Identifying any barriers to the partnership or risks associated with collaboration, such as sharing personally identifiable information;

(d) Considering the organizations' past performance; and

(e) Evaluating the merits and potential disadvantages of associating with the specific organizations involved.

d. Assessing the Viability of a Public-Private Partnership:

1. Partnerships are developed to maximize the shared efforts of multiple groups. The goal of partnerships is to achieve more than individual organizations are capable of achieving independently. From VHA's perspective this would include maximizing the efficacy of, and access to, available resources, enhancing programs and services for Veterans, and leveraging community and stakeholder support. However, that is not to say that a partnership will always be the appropriate choice for addressing a given service need. There will be times when a binding contractual action or some other mechanism will prove to be a preferable option. Nevertheless, P3s are a potent instrument available to VHA for addressing the full range and varying needs of a particular Veteran community at the medical facility, Veterans Integrated Service Network (VISN) and national level.

Participating in a Discovery Meeting.

2. A discovery meeting is an opportunity to get to know the potential partner and to conduct an initial assessment of the organization's intentions in partnering with VA. VHA staff has discretion to convene and participate in discovery meetings. During the discovery meeting, VA employees can get answers to "common sense questions" such as who or what organizations will be participating; whether independent action, contracted services, or other mechanisms will prove to be more appropriate options; or if the partnership will enhance healthcare services to Veterans, family members, survivors, or other beneficiaries. VHA staff should ensure that appropriate staff and SMEs are present during discovery meetings to provide an initial assessment of the viability of a potential partnership and address "common pitfalls" such as:

(a) Miscommunication, whereby one or more parties leaves the meeting believing the other party has agreed to something that, in fact, the other party does not believe it has agreed to; and

(b) Procurement/contracting conflict of interest: Is the organization currently bidding on a contract with VHA or involved in a procurement or do they have plans to bid on one in the future? If so, VHA staff should not participate in the meeting until they have consulted with leadership or VA legal counsel.

Evaluating the Partner.

3. Evaluating and understanding the potential partner organization is a necessary step before entering any productive and responsible partnership. Such an evaluation can help predict the success or failure of a venture by providing an honest assessment of an outside agency's abilities, assets and track record. Consideration must also be

given to the fact that when VHA partners with an organization, the Department's reputation becomes associated with the reputation of that organization.

a. Due diligence should be completed before agreeing to collaborate or partner with an outside entity. VHA staff should become familiar with the potential partner's goals and objectives, look for similarities that overlap with VA and VHA's goals; and discern whether conflicts exist with VHA priorities and values. Before committing to work with an outside partner, it is highly recommended that VHA staff consider the following basic questions to help understand the potential partner and to assess the merits of the potential partnership.

(1) What type of organization is the potential partner, e.g., Veterans Service Organization (VSO), nonprofit, for-profit, faith-based, etc.?

(2) What are the prospective partner's mission and goals? Do they align with VHA's interests, mission, and goals?

(3) Whom does this organization serve (Veterans, caregivers, Service members, family members, survivors, etc.)?

(4) Does the partnership help to address an identified need for Veterans, their families, Survivors, or VHA?

(5) What is the organization's purpose and motivation for entering into the partnership?

(6) Does the prospective partner have any previous or current grants, contracts, or partnerships with VHA? If yes, does a real or potential conflict of interest exist, or could the appearance of a conflict of interest negatively impact the potential partnership?

(7) Does the prospective partner have the resources necessary to fulfill its contribution to the partnership?

(8) Is the organization fiscally responsible?

(9) What are the expectations of the partnership? What will the organization contribute to the partnership?

(10) What are the risks associated with a partnership with this organization, and if so, are these risks acceptable? What are the potential benefits to Veterans and their families and do they justify an investment by VHA in this partnership?

(11) What information do the potential partners in this effort need and is VHA confident that any risk to Veteran information can be addressed?

(12) How will the VA and the potential partner measure the success of the relationship? What are the expected outcomes and/or potential impact?

b. Other considerations should be addressed to ensure:

- (1) Potential affect that the relationship may have on VA's image or reputation;
- (2) Detrimental impact to programs and services

(3) Previous or current interactions between the partner and VHA do not create the appearance of preferential treatment, conflict of interest, or the appearance of conflict.

4. There are a variety of resources available for public use to aid in the assessment of a nongovernmental organization that may be easily assessed on the Internet. Such tools typically operate by making an evaluation based upon a variety of factors including publicly available IRS 990 tax statements, the agency's governance structure, asset allocation and more. These tools then assign a rating based upon their evaluation criteria.

a. Other due diligence tools includes charity websites such as GuideStar, Charity Navigator, and the Better Business Bureau. In addition, each state requires nonprofits to register before the organizations can engage in activities. The majority of the states have a searchable nonprofit and charity database. For example, the following links are provided for the state of California: <http://kepler.sos.ca.gov/> and Maryland: <http://www.oag.state.md.us/nonprofits/>. Other states have similar links.

b. This information may aid a facility during the evaluation process, however, meeting the standards set forth in these various tools is not the only way to judge whether VHA should partner with an organization. If an organization does not meet certain criteria, yet the potential gains for engaging in the partnership are significant, it is recommended that additional consultation be incorporated in the decision-making process to determine whether to move forward with the partnership. Because there are often numerous factors that affect the decision to collaborate, seeking guidance from multiple and varied sources is advised. VHA Staff may seek additional guidance from facility leadership, local facility Privacy Officer, Regional Counsel, and the VHA Office of Community Engagement.

Evaluating the Partnership.

5. The medical facility Director should ensure business processes related to P3s include due diligence prior to forming the partnership. Further, the medical facility Director should direct program officials to monitor the partnership to ensure fulfillment of the partnership expectations and responsibilities. When considering a P3, each medical facility Director should ensure the process for developing and tracking partnerships addresses the following:

a. What are the potential benefits to each of the proposed non-VHA partners?

b. What is there to be gained by the medical facility or VA at large should this partnership be implemented? Some examples include cost avoidance, increased

flexibility in service delivery, enhanced public interest, increased community investment in VA's mission, etc.

c. Are there other potential gains in entering into this partnership such as learning opportunities or improved access to other organizations?

d. What are the potential benefits for the entities seeking partnership with VHA and what is their interest in the issue being addressed by the partnership?

e. What are the short and long term benefits of this partnership; will it require a sustained effort?

f. Is there interest within VA, the community, or both to sustain the partnership?

g. What are the costs to VA associated with this partnership, and how do these costs compare to other potential solutions to the issue being addressed?

h. Does the potential partner have a demonstrable track record that conveys that the organization will be capable of delivering upon their commitments?

i. Is there a partnership or some other solution already in place that addresses the identified need?

e. Partnership Development:

1. Robust and successful partnerships are developed in an environment that recognizes the contributions and capabilities each entity brings to the table, and respects each entity's voice in the process; leadership and clearly defined roles are essential. A partnership is not an employer/employee relationship and participants should be alert to addressing any power dynamics as they arise.

2. Successful partnership development processes in general follow these five steps:

a. Potential partners come together and explore common needs and the viability of a partnership;

b. Targets and roles are identified;

c. The partnership is formalized with detailed assignments, defined responsibilities, and measurable outcomes; and

d. The partnership objectives has measurable outcomes;

e. The partnership is carried out as outlined in the agreement.

3. Every partnership must eventually consider issues of continuance, transition and termination.

a. A specified time for this consideration may have should be defined early in the relationship when the coalition decides upon its outcomes and targeted accomplishments.

b. In some cases, a partnership may need to come to an early conclusion due to unforeseen circumstances. Some partnerships may use this time to renew goals and commitments or it may be determined that continued partnership is no longer desirable for the parties involved.

c. It is recommended that during P3 development all parties involved engage in open discussion regarding the termination of the partnership and identify to the extent possible, when and how the partnership will end.

f. When a Memorandum of Understanding (MOU) is Recommended:

1. During the initial stage of a P3, processes are formalized and roles are delineated. Written agreements are used to clarify expectations and minimize the likelihood for future missteps and misunderstandings. There are several documents that can facilitate this process, including a Memorandum of Agreement (MOA), a Memorandum of Understanding (MOU) and a Letter of Intent (LOI). While it should be specified that these documents are not intended to be legally binding agreements (such as formalized contracts), they do provide a common understanding between the parties involved, provide a structure within which to work and help to prevent or alleviate conflict between P3 participants.

2. The Memorandum of Understanding (MOU) remains the most common of these documents. A MOU is an agreement between two or more parties that expresses an intended common line of action but does not amount to a binding legal contract. It is recommended that MOUs contain the following elements:

- a. Legal name, address and description of each partner's agency/organization;
- b. Statement of the purpose of the MOU;
- c. A clear description of the agreed upon roles and responsibilities each organization or agency will be providing to ensure project success. The roles and responsibilities should align with project goals, objectives and target outputs;
- d. Identification of the staff accountable for completing the specific responsibilities;
- e. Agreements must be compliant with all relevant Federal, privacy regulations. Consultation with VHA's Privacy Office is strongly recommended whenever personal identifiable information is involved in a partnership). Note, personal identifiable information should not be included in a MOU.
- f. Description of how the collaboration/partnership will benefit the project;

g. Description of the resources each partner will contribute to the project. This may include contributions of staff time or other in-kind contributions, delivery of services, offers of training or expertise, etc. Note- an MOU should not be used when there is any type of cost or obligation on VA involved. Whenever there is a cost involved or the exchange of services it should be considered a contract.

h. A clause that the MOU is non-binding.

i. Description of the duration in which this MOU will remain in effect and termination clause.

j. The MOU must be signed by all partners. Signatories must be officially authorized to sign on behalf of the agency and include title and agency name.

g. Tracking and Monitoring Partnerships: The medical facility Director should establish a process for tracking and monitoring community partnerships at the facility. This process does not have to be overly detailed or extensive but should be able to reflect the types of collaborations currently underway and the involvement of the medical facility's program staff in them. The following information should be used as a foundation for the facility's tracking process:

(1) Organization name.

(2) Contact information (NGO, VHA).

(3) Program office (mental health, homeless, etc.).

(4) Level of due diligence performed and date.

(5) Description of the partnership goals, outcomes, or metrics.

(6) MoU/ MoA / Lol / LoA date (if applicable).

(7) Noteworthy partnership activities.

(8) Status (active / inactive).

h. Sharing Space or Other Resources with Partners:

1. In some cases, VHA will be asked to contribute resources in the interest of a partnership, such as space at a VA medical facility, use of equipment or supplies, or staff time. For example, an NGO that offers a free class or service that benefits Veterans or their family members may request the use of some space at a VA medical facility on a recurring basis. Sharing these types of resources in the context of a partnership is permissible, but is at the discretion of the medical facility Director or according to whatever process he or she has delegated to review these requests. See VHA Handbook 1820.01.

2. In space sharing situations, as indicated in paragraph 2 above, due diligence of the NGO should be performed prior to permitting an organization to use facility space. It should be noted that the partner's presence does not constitute an endorsement or referral.

i. Endorsements and Referrals:

1. Federal regulations (see 5 CFR §2635.702(c)) state that an employee shall not use or permit the use of his/her Government position or title or any authority associated with his/her public office to endorse any product, service or enterprise except: 1) in furtherance of statutory authority to promote products, services or enterprises (e.g., Veterans Canteen Service); or 2) as a result of documentation of compliance with agency requirements or standards or as the result of recognition for achievement given under an agency program of recognition for accomplishment in support of the agency's mission.

2. According to these regulations, while VHA staff cannot specifically endorse one NGO's products or services, VHA staff may offer community resource referrals.

3. Community resource referrals allow VHA staff to share information about available products or services that may be beneficial to Veterans or their family members. This is not an endorsement as long as VHA staff have made a good faith effort to provide information about equally beneficial and available services to the Veteran.

4. As an example, Organizations A, B and C all provide free asthma education classes to children of Veterans and their parents. If VHA staff were aware of Organizations A, B and C's services but only provided the name and contact information of Organization A to Veterans, it could be interpreted as an endorsement. However, VHA staff may provide information about the services of all three organizations without concern about violating the endorsement regulation. If VHA staff were not aware of Organizations B and C, there would not be an issue. Additionally, if Organization A charged for the educational classes but Organization B and C did not, the VHA staff could also share this information with interested Veterans.

j. Raising Awareness of Available Community Resources:

1. It is important for Medical Centers to maintain awareness of locally available community resources that could benefit Veterans, their families, caregivers or survivors. As previously stated VHA alone cannot meet all of the needs of Veterans or their families but by partnering with others, VHA can enhance and expand its ability to care for Veterans. The availability of resources varies greatly from community to community. For this reason, a medical facility Director should ensure that a process is in place for raising and maintaining awareness about currently available local community resources that benefit Veterans, as well as facilitating the dissemination of this information among community partners on behalf of Veterans. Processes that can support this include: a

website, electronic database, or even recurring meetings to share information among individual VHA staff who regularly work with community partners.

2. The process should ensure that information about local community partnerships is made available and in a format that:

(a) Is easily updated and disseminated (such as a web site or a regularly occurring town hall or staff meetings);

(b) Is easily accessible and understandable to medical facility staff and volunteers;

(c) Ideally, could be available publicly so Veterans and their families can access the information directly;

(d) Includes input from surrounding CBOCs and/or Vet Centers as appropriate;

(e) Is informed by partners in the community.

3. For support or guidance in establishing this process, VHA staff are encouraged to contact the Office of Community Engagement at CommunityEngagement@va.gov or at <http://vaww.pdush.med.va.gov/programs/oce/oceDefault.aspx>. **NOTE:** *This is an internal Intranet site that is not available to the public.*

k. Raising the Community Awareness of Veterans Health Administration:

While VHA is the largest integrated healthcare center in the United States, its facilities are nestled in communities where are Veterans, their families, caregivers, and survivors live and work. Responsible and productive partnerships not only expand VA's services to Veterans and their beneficiaries, they are also a direct reflection on the VA. P3s build interpersonal contacts that work to personalize what otherwise might be regarded an isolated outpost of an imposing national system, rather than a health center integrated into its community. Greater familiarity with VA enhances the efficacy of individuals and groups within the community who are committed to the well-being of Veterans by refining their abilities to match up Veteran needs with VA resources.

l. Examples of Public Private Partnerships:

1. The following are common examples of public private partnerships affected by policy contained within VHA Directive 1098:

a. a farmer's market held regularly on VA medical facility grounds;

b. VHA staff working with an organization to coordinate a service that VHA is statutorily authorized to deliver to Veterans or their families; or

c. An organization offering a free service regularly on VA medical facility grounds and seeking referrals for expanding the free service.

d. A nonprofit partnering with the VHA Homeless Office to provide furnishings for Veterans.

2. Partnerships affected by this policy may be better understood by defining what they are not:

a. A partnership is not a relationship based on “if...then” terms where one party can impose conditions or prescribe the terms of the relationship that the other party would not accept without compensation. Doing so would better describe a grant or contracting relationship.

b. A partnership is not simply a team activity where everyone has exactly the same interest. While VA and its partners are likely to have strong interests in common (e.g. serving Veterans), they are likely to have some divergent interests too. For example, a partnering organization may meet a gap in services for VHA, but Veterans may not be the only recipient for which services are offered.

c. A gift or donation to VHA does not necessarily constitute a partnership. Policy guidance for the solicitation of assets or funds is defined within VHA Directive and Handbook 4721, General Post Fund. For expanded instructions on gifts and donations, refer to VHA Handbook 1620.01, Voluntary Service Procedures.

3. Examples of what are NOT public-private partnerships as covered and defined by this Directive:

a. An individual volunteer at a VA medical facility;

b. A medical school affiliated with a VA medical facility;

c. VHA staff speaking at a conference;

d. VHA staff attending a networking event and meeting individuals from outside organizations; and

e. A contract with a corporation to provide services to a VA medical facility or program office.

m. VHA Partnership Training:

1. The primary goal of the VHA Directive on Public Private Partnerships is to promote the growth of responsible, productive, and innovative partnerships at the national, regional and community level by integrating existing practices regarding P3s into this new policy. A Talent Management System (TMS) VHA Public Private Partnership training module is designed to provide employees tips and tools for effective partnering.

2. Employees who perform duties establishing public-private partnerships should complete the online training module. A record of the training will be recorded in TMS.