



# A Case Study in Partnerships:

## LESSONS LEARNED FROM ENGAGEMENT OF VA MEDICAL CENTERS IN AMERICASERVES NETWORKS

### Objective:

Our goal was to identify barriers and facilitators to forming effective cross-sector collaborations between VA medical centers and community-based social service networks that cover similar catchment areas.

### Method:

We interviewed 17 individuals from seven [AmericaServes](#) coordination centers and 14 employees from VA medical centers operating in the same regions. All interviewees were familiar with how the VA medical center and AmericaServes coordination centers worked together and/or in parallel to link Veterans with health care and social services.

### Partner Engagement:

The research team engaged an Advisory Panel to contextualize the study findings and generate guidance for building effective collaborative partnerships between VA medical centers and community-based social service networks such as AmericaServes. The Panel consisted of AmericaServes staff, Veteran representatives from four Community Veteran Engagement Boards, and representatives from VA and VHA Program Offices with a vested interest in working collaboratively to address unmet social needs of Veterans.

### What We Learned:

In some regions, the relationship was strong between VA medical centers and the local AmericaServes coordination center. A strong collaborative relationship enabled both organizations to establish efficient workflows and coordination protocols to refer and receive Veterans across the organizations. However, in other regions, the relationship between organizations was strained or non-existent, often because logistical barriers prevented the organizations from establishing a formal relationship that would allow individuals to coordinate effectively across organizations to make Veteran referrals. In those instances, individuals from both organizations still worked together informally by developing interpersonal connections with members of the other organization. This brief summarizes some essential components to establishing and sustaining successful partnerships based on our study findings.

### Study Information:

VA HSR&D [SDR 20-353](#): Developing cross-sector collaborations to meet the social needs of Veterans (Lead Investigator: Leslie R.M. Hausmann, PhD); For more details, go to <https://doi.org/10.1111/1475-6773.14286>.

# 1 First Things First

The following components were deemed essential to the success of any partnership. These should be considered from the start and maintained throughout the life of a new partnership.

## **Buy-in from VHA Leadership**



It was clear that the success of any partnership was dependent on support from VHA leaders. **Leaders** were defined as people who were in positions in which they could make and implement decisions related to formalizing the partnership. Identifying “the right” VHA leaders to work with was often a challenge (see **Navigating Levels of Leadership when Developing Partnerships**). Without leadership engagement, partnering across organizations was more difficult or impossible, as was establishing formal processes that would allow front-line staff to work together across organizations.

## **Routine Interactions**



Cultivating strong partnerships required regular interactions between the partnering organizations’ staff and leadership. Routine interactions facilitated a deep understanding of the needs for which Veterans were requesting assistance and the resources each organization had available to address those needs. Routine interactions also helped establish general rapport and trust across organizations.

## **Points of Contact**



To facilitate routine interactions, partnering organizations designated points of contact and shared these points of contact across organizations. Sharing up-to-date lists of the team members responsible for working across organizations was deemed essential for the health of any partnership.

## ***Navigating Levels of Leadership when Developing Partnerships***

The importance of having “buy-in from VHA leadership” came up in nearly every interview with AmericaServes and VA medical center staff. When there was strong support from leadership, partnerships were strengthened because leaders helped to develop and communicate goals for the partnership. Leaders within VA medical centers were also essential to setting up processes for sharing Veteran data and using shared referral platforms. In some cases, the lack of leadership support was noted as a major barrier to partnering across organizations.

For AmericaServes staff, the large and hierarchical nature of VA posed a challenge to finding appropriate entry points to explore new partnerships with VA medical facilities. What follows is a description of different levels of VA leadership and considerations about when each level might be appropriate to engage based on our study.

## Navigating Levels of Leadership when Developing Partnerships (Continued)

### Level 1: **NATIONAL**

VETERANS HEALTH  
ADMINISTRATION (VHA)

VETERANS BENEFITS  
ADMINISTRATION (VBA)

NATIONAL CEMETERY  
ADMINISTRATION (NCA)

VA Leadership at the national level includes people and programs that span across Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and National Cemetery Administration (NCA).

#### Where to start:

- [VetResources Community Network \(VRCN\)](#)  
Established in 2022, the VRCN provides tools, connections, and advice to community partners to increase engagement and support collective efforts to serve the Veteran community.
- [VHA National Center for Healthcare Advancement and Partnerships](#)

#### Considerations:

- Partnerships that are established at the national level do not always translate into positive working relationships at the local or regional levels. Engaging leaders at local or regional levels will still be necessary.
- Partnerships that operate in specific cities, counties, or regions may not need engagement from national VA leaders.

### Level 2: **REGIONAL**

VHA:  
VETERAN INTEGRATED SERVICE NETWORKS

VBA:  
REGIONAL OFFICES

VHA and VBA are further organized into regional divisions that are overseen by regional directors.

#### Where to start:

- Find your regional point of contacts
- [VHA Veteran Integrated Service Networks \(VISNs\)](#)
  - [VBA Regional Offices](#)

#### Considerations:

- Partnerships that span multiple VA medical facilities or VBA offices may benefit from engaging with regional VA leaders.
- Partnerships that are established at the regional level do not always translate into positive working relationships at the local level. Engaging leaders at the local level will still be necessary.

### Level 3: **LOCAL**

MEDICAL CENTER  
DIRECTOR

ASSOCIATE  
DIRECTOR

SERVICE  
DEPARTMENTS

SUPERVISORS

Local organizations have multiple levels of leadership ranging from Medical Center Directors, their immediate leadership team (e.g., Associate Director, Chief of Staff, Associate Director of Patient Care Services, etc.), Service Departments (e.g., Primary Care, Social Work, etc.), Supervisors, and Clinical and Support Staff involved in delivering services.

#### Where to start:

- Identify the executive leadership team at the VA medical center with which you seek a partnership
- Identify the nearest points of contact for the [Veteran Community Partnerships \(VCP\) program operated by VHA Geriatrics and Extended Care](#)

#### Considerations:

- All informal Memorandums of Agreement and formal contracts require approval of the Director.
- The strongest partnerships between AmericaServes and VA medical facilities often had buy-in from leaders involved in Social Work, Homelessness Services, and Eligibility and Enrollment in specific VA medical facilities.

## 2

# Defining the Terms

*New partnerships must be clearly defined to be successful. The following considerations emerged as important to navigate when the partnership is being defined.*



### **Get the right players at the table.**

Most cross-sector partnerships are at the local or regional level, and therefore need buy-in from leadership at local VA Medical Centers or VISNs (see **Navigating Levels of Leadership when Developing Partnerships**).



### **Memorandums of Agreement or Understanding (MOA/MOU)**

According to current VA policies, partnerships that do not involve financial obligations do not require an MOA/MOU or contract. However, there is a national level MOA/MOU between the VHA and AmericaServes. In addition, some VA medical centers have annually updated MOA/MOU's with their local AmericaServes coordinating center, and this practice facilitates stronger partnerships. A local MOA/MOU not only clarifies standards for data sharing, staff training, use of a shared referral platform, and coordination protocols but also helps the local VA medical center to formally connect to the network of community organizations that participate in AmericaServes. If you are considering an MOA/MOU, seek out examples of successful MOA/MOU's that can be tailored to the priorities of your specific region.



### **If data will be shared, be prepared to navigate concerns about what data will be shared and how it will remain secure.**

Navigating data security concerns was a common barrier to making referrals across organizations. At times, the concerns from VA medical center staff about data sharing went beyond legal constraints about sharing information.



### **Consider use of a shared referral platform.**

When defining the terms of a new partnership, consider the potential benefits of utilizing a shared referral platform to facilitate inter-organization communication and collaboration. In the case of AmericaServes, partnerships were strongest when VA medical center staff could enter and receive referrals via the AmericaServes Network shared referral platform instead of relying on phone and encrypted emails. Referrals that came through the platform were not only attended to more quickly than those that came in through other means, but also could be tracked and updated by members of both organizations.

# 3 Sustaining the Partnership

The following considerations emerged as important to sustaining partnerships.



## **Maintain accurate information for Veterans and Partners.**

VA medical centers and community partners should strive to maintain accurate information about each other's services and programming. Having up-to-date information facilitates accurate and appropriate referrals to connect Veterans to the services they need in a more timely manner.



## **Develop and deliver formal training and education.**

Having VA medical centers and community partners host formal trainings or educational sessions about their mission, services, policies, and participating service organizations helps keep relevant staff apprised of new information and facilitates efficient referrals across organizations.



## **Ensure adequate funding for Partners.**

The need for community organizations to obtain adequate support from state, local, and private sources was deemed essential to maintaining effective and comprehensive programming for Veterans. Although local partnerships with AmericaServes were not monetary in nature, having VA medical centers as active partners helped AmericaServes and community organizations that served Veterans as part of the AmericaServes Network obtain funding to sustain their operations.



## **VHA Leaders: Continue communicating the value and priority of the partnership.**

Partnerships can be strengthened by having VHA regional and local leaders convey the expectation to VHA employees that close coordination with community partners is valued and considered a system priority for Veteran care.

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