



November 2018

VA HEALTH CARE

Improvements Needed in Suicide Prevention Media Outreach Campaign Oversight and Evaluation

Accessible Version

GAO Highlights

Highlights of [GAO-19-66](#), a report to the Ranking Member of the Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

Veterans suffer a disproportionately higher rate of suicide than the civilian population. VA has estimated that an average of 20 veterans die by suicide per day, and in 2018, VA identified suicide prevention as its highest clinical priority. VHA's suicide prevention media outreach campaign—its collective suicide prevention outreach activities—helps raise awareness among veterans and others in the community about suicide prevention resources. VHA has contracted with an outside vendor to develop suicide prevention media outreach content.

GAO was asked to examine VHA's suicide prevention media outreach campaign. This report examines the extent to which VHA (1) conducts activities for its suicide prevention media outreach campaign, and (2) evaluates the effectiveness of its campaign. GAO reviewed relevant VHA documents and data on the amount, type, and cost of suicide prevention outreach activities since fiscal year 2013. GAO also reviewed VHA's contract for developing suicide prevention outreach content and interviewed VA and VHA officials.

What GAO Recommends

VHA should (1) establish an approach to oversee its suicide prevention media outreach campaign that includes clear delineation of roles and responsibilities, and (2) establish targets for its metrics to improve evaluation efforts. VA concurred with GAO's recommendations and described steps it will take to implement them.

View [GAO-19-66](#). For more information, contact Debra A. Draper at (202) 512-7114 or draperd@gao.gov.

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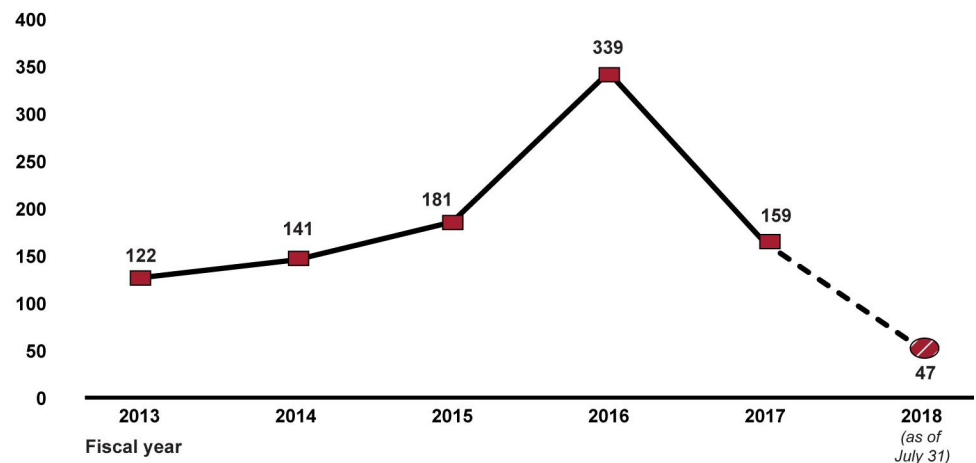
Improvements Needed in Suicide Prevention Media Outreach Campaign Oversight and Evaluation

What GAO Found

The Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) conducts national suicide prevention media outreach on various platforms to raise awareness about VHA's suicide prevention resources. The primary focus of this campaign since 2010 has been to raise awareness of the Veterans Crisis Line (VCL), VHA's national hotline established in 2007 to provide support to veterans in emotional crisis. GAO found that VHA's suicide prevention media outreach activities declined in recent years due to leadership turnover and reorganization. For example, the amount of suicide prevention content developed by VHA's contractor for social media decreased in fiscal years 2017 and the first 10 months of 2018 after increasing in each of the 4 prior years.

Suicide Prevention Outreach Content for Social Media, since Fiscal Year 2013

Pieces of social media content developed



Source: Veterans Health Administration. | GAO-19-66

VHA officials reported not having leadership available for a period of time to make decisions about the suicide prevention media outreach campaign. GAO found that VHA did not assign key leadership responsibilities or establish clear lines of reporting, and as a result, its ability to oversee the outreach campaign was hindered. Consequently, VHA may not be maximizing its reach with suicide prevention media content to veterans, especially those who are at-risk.

VHA evaluates the effectiveness of its suicide prevention media outreach campaign by collecting data on metrics, such as the number of people that visit the VCL website. However, VHA has not established targets for the majority of these metrics. Officials said they have not established targets because, apart from one industry-wide target they use, they lack meaningful targets for evaluating the campaign. However, VHA could use information about how its metrics performed in the past to develop reasonable and meaningful targets for future performance. Without established targets for its metrics, VHA is missing an opportunity to better evaluate the effectiveness of its suicide prevention media outreach campaign.

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Abbreviations

CDC	Centers for Disease Control and Prevention
OMHSP	Office of Mental Health and Suicide Prevention
PSA	public service announcement
REACH VET	Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment
VA	Department of Veterans Affairs
VCL	Veterans Crisis Line
VHA	Veterans Health Administration

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November 15, 2018

The Honorable Tim Walz
Ranking Member
Committee on Veterans' Affairs
House of Representatives

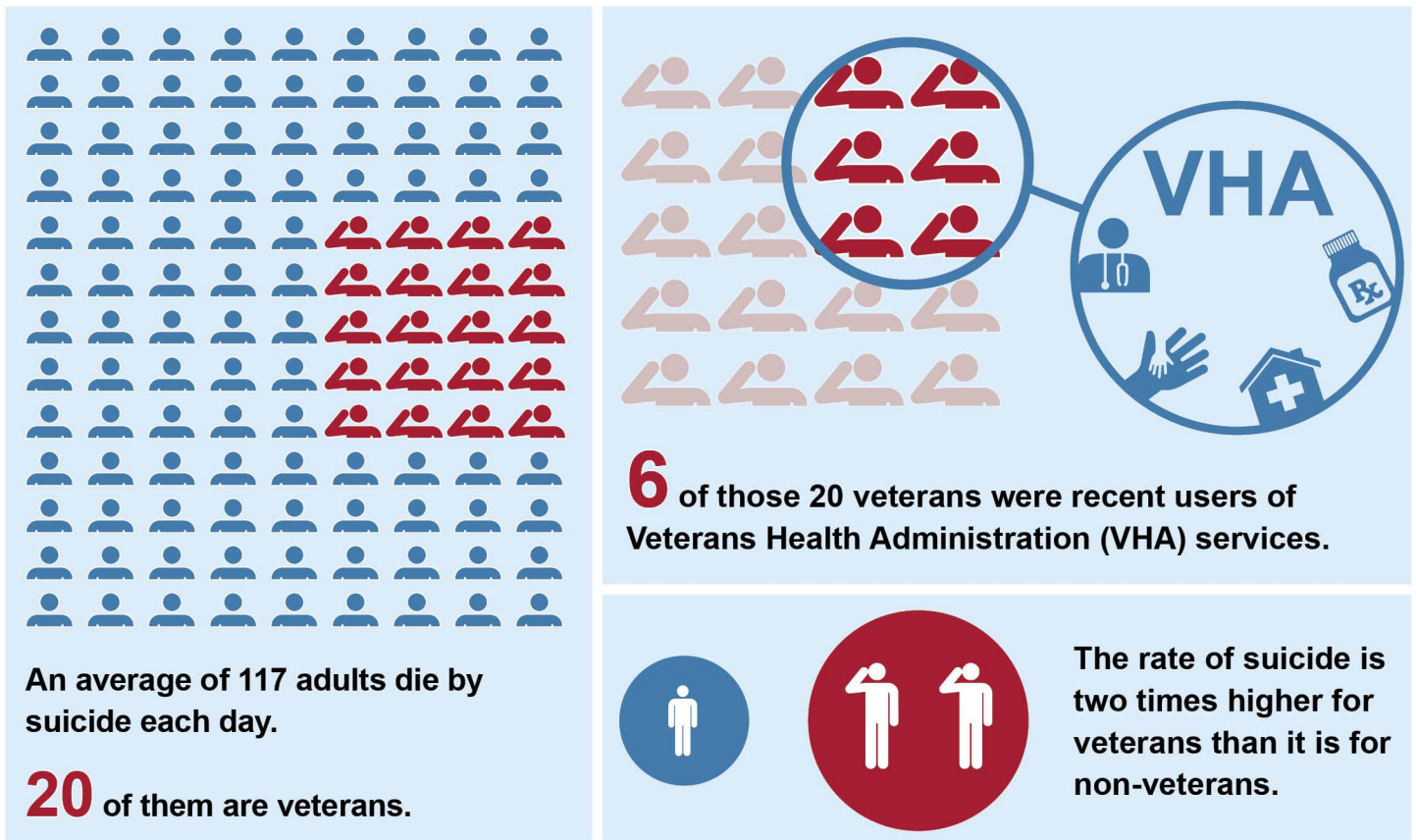
Dear Mr. Walz:

Suicide is a public health problem facing all populations, particularly veterans. After military service, veterans suffer a disproportionately higher rate of suicide than the civilian population. According to the Department of Veterans Affairs (VA), veterans accounted for 14.3 percent of all deaths by suicide among United States adults in 2015, despite constituting only 8.3 percent of the adult population. VA reported in June 2018 that an average of 20 veterans died by suicide each day in 2015, and that an average of 6 of these 20 veterans (30 percent) were recent users of VA's Veterans Health Administration's (VHA) health care services.¹ Suicide is not unique to veterans; the Centers for Disease Control and Prevention (CDC) reports that suicide was the tenth leading cause of death in the United States in 2015.² However, according to VA, the rate of suicide is higher for veterans than non-veterans (see figure 1).

¹See Department of Veterans Affairs, *VA National Suicide Data Report* (Washington, D.C.: June 2018). VA's June 2018 report is based on 2015 data, the most recent year of data available. Recent users of VHA health care services is defined as those who received VHA care in 2015 or 2014.

²See Centers for Disease Control and Prevention, *Preventing Suicide: A Technical Package of Policy, Programs, and Practices* (Atlanta, Ga.: 2017).

Figure 1: Veteran Suicide Rates Compared to Non-Veterans, 2015



Source: Department of Veterans Affairs (VA). | GAO-19-66

Note: See Department of Veterans Affairs, *VA National Suicide Data Report* (Washington, D.C.: June 2018). The report includes data from 2015, the most recent year of complete data available. In its agency comments, VA indicated that the rate of suicide is now one and a half times higher for veterans than it is for non-veterans, based on its September 2018 report, which includes data through 2016. See VA, *VA National Suicide Data Report* (Washington, D.C.: September 2018).

VHA conducts national outreach to veterans and others in the community to raise awareness about suicide prevention and services available through VA, as one of several VHA initiatives to help reduce suicides in the veteran community. Since 2010, VHA has awarded multiple contracts to the same vendor to develop content for suicide prevention media outreach.³ Questions have been raised about the effectiveness of VHA’s

³Outreach “content” refers to materials for communicating with the public, such as flyers, and billboards, and social media posts. VHA’s suicide prevention content typically includes images and information about its suicide prevention services and resources.

collective suicide prevention media outreach activities, also referred to as its suicide prevention media outreach campaign. You asked us to review VHA's suicide prevention media outreach activities and related oversight. In this report, we examine:

1. the extent to which VHA conducts activities for its suicide prevention media outreach campaign; and
2. the extent to which VHA evaluates the effectiveness of its suicide prevention media outreach campaign.

To examine the extent to which VHA conducts activities for its suicide prevention media outreach campaign, we reviewed VHA's contract to develop suicide prevention outreach content from fiscal years 2013 through 2016 and its contract to develop suicide prevention and mental health outreach content in fiscal years 2017 and 2018.⁴ VHA's first such contract began in 2010; however, the Federal Acquisition Regulation only requires federal agencies to maintain contract documentation for a period of 6 years after the last payment. Therefore, we did not include the initial contract or associated outreach in our review due to the lack of available documentation. We also requested and reviewed data on the amount and type of outreach content that VHA's contractor developed from fiscal year 2013 through fiscal year 2018.⁵ We interviewed VHA officials responsible for implementation and oversight of the contract about the data. We also obtained written responses from the contractor about the steps it took to compile and ensure the accuracy of the data. On the basis of these actions, we found these data to be sufficiently reliable for the purpose of our reporting objective.

We also reviewed documentation and interviewed VHA officials who worked on the campaign about VHA's suicide prevention media outreach campaign, outreach activities, and VHA leadership officials' involvement

⁴Both contracts are with the same vendor, which we will refer to hereafter as VHA's "contractor."

⁵In order to expedite this data request, VHA enlisted the assistance of the contractor to provide the data in the format and time frames required for this review. We requested the data on a subset of the types of content the contractor develops in order to focus on those types of media outreach most relevant to our work. For example, we did not focus on promotional items, such as magnets and keychains, and data on website maintenance. For fiscal year 2018, we obtained data through July 2018, the first 10 months of the fiscal year.

in the campaign, and plans moving forward.⁶ We compared VHA's outreach campaign and related activities with federal internal control standards related to control environment and monitoring.⁷ We also interviewed relevant other VHA and VA officials who played a role in the suicide prevention media outreach campaign, including officials in VA's Office of Acquisitions, Logistics, and Construction and VHA's Office of Communications.

To examine the extent to which VHA evaluates the effectiveness of its suicide prevention media outreach campaign, we reviewed documentation of VHA's evaluation efforts, including monthly monitoring reports, to identify any performance metrics VHA monitors and any targets established for those metrics. We also reviewed the 2016 contract to identify any requirements for the contractor to monitor and report on the effectiveness of the campaign. Additionally, we interviewed VHA officials responsible for monitoring and evaluating the campaign and reviewed supporting documentation. Specifically, we asked officials about the extent to which they had evaluated the campaign's effectiveness since fiscal year 2013, their evaluation processes and tools, and any plans for completing future evaluations. We then compared VHA's evaluation efforts to criteria we developed in previous bodies of work for designing program evaluations, as well as to federal internal control standards for monitoring.⁸

We conducted this performance audit from December 2017 to November 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to

⁶Officials that worked on the campaign include the contracting officer's representative (the primary VHA official responsible for oversight of the contract) and other officials within VHA that worked directly on the campaign.

⁷GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014) and *Standards for Internal Control in the Federal Government*, [GAO/AIMD-00-21.3.1](#) (Washington, D.C.: Nov. 1, 1999). Internal control is a process effected by an entity's management, oversight body, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved.

⁸GAO, *Tax Administration: IRS Needs to Further Refine Its Tax Filing Season Performance Measures*, [GAO-03-143](#) (Washington, D.C.: Nov. 22, 2002). Our prior work states that clearly articulating a program's strategy and performance expectations aids the selection of appropriate performance measures and data sources. For example, a well-articulated program logic model can help evaluate agency efforts. See also GAO, *Designing Evaluations: 2012 Revision*, [GAO-12-208G](#) (Washington, D.C.: Jan. 31, 2012), [GAO-14-704G](#), and [GAO/AIMD-00-21.3.1](#).

obtain sufficient, appropriate evidence to provide a reasonable basis for 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.

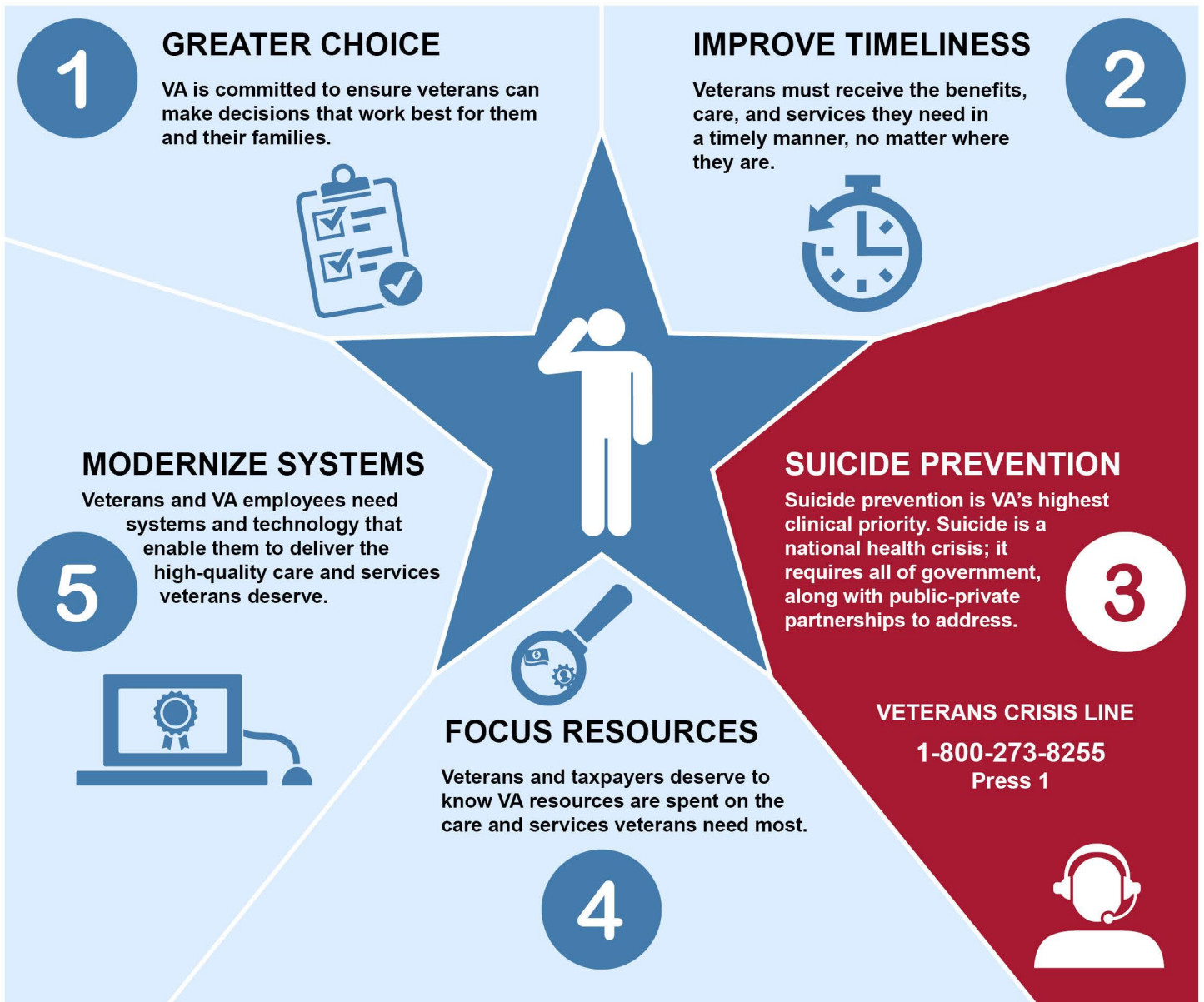
Background

VA Suicide Prevention

VA has undertaken a number of initiatives to help prevent veteran suicide, including identifying suicide prevention as VA's highest clinical priority in its strategic plan for fiscal years 2018 through 2024 (see fig. 2).⁹

⁹See Department of Veterans Affairs, *Department of Veterans Affairs Fiscal Years 2018-2024 Strategic Plan* (Washington, D.C.: Feb. 12, 2018).

Figure 2: Top Five Priorities in the Department of Veterans Affairs' (VA) Strategic Plan for Fiscal Years 2018 - 2024



Source: VA (information); GAO (illustration). | GAO-19-66

VA uses CDC's research on risk factors and prevention techniques to inform its approach to suicide prevention in the veteran community. There is no single determining cause for suicide; instead, suicide occurs in response to biological, psychological, interpersonal, environmental, and

societal influences, according to the CDC. Specifically, suicide is associated with risk factors that exist at the individual level (such as a history of mental illness or substance abuse, or stressful life events, such as divorce or the death of a loved one), community level (such as barriers to health care), or societal level (such as the way suicide is portrayed in the media and stigma associated with seeking help for mental illness). According to VA, veterans may possess risk factors related to their military service, such as a service-related injury or a difficult transition to civilian life. CDC reports that protective factors—influences that help protect against the risk for suicide—include effective coping and problem-solving skills, strong and supportive relationships with friends and family, availability of health care, and connectedness to social institutions such as school and community.

VA's 2018 National Strategy for Suicide Prevention identifies four focus areas: (1) healthy and empowered veterans, families, and communities; (2) clinical and community preventative services; (3) treatment and support services; and (4) surveillance, research, and evaluation.¹⁰ Collectively, these four areas encompass 14 goals for preventing veteran suicide, one of which is implementing communication designed to prevent veteran suicide by changing knowledge, attitude, and behaviors.

VHA's suicide prevention media outreach campaign is just one of its initiatives intended to reduce veteran suicide. For example, in 2007, VHA established the Veteran's Crisis Line (VCL), a national toll-free hotline that supports veterans in emotional crisis.¹¹ Veterans, as well as their family and friends, can access the VCL by calling a national toll-free number—1-800-273-8255—and pressing "1" to be connected with a VCL responder, regardless of whether these veterans receive health care through VHA. VHA added the option to communicate with VCL responders via online chat in 2009, followed by text messaging in 2011. Another VHA suicide prevention initiative is the Recovery Engagement

¹⁰Department of Veterans Affairs, *National Strategy for Preventing Veteran Suicide 2018-2028* (Washington, D.C.: June 29, 2018).

¹¹We have previously reported on the VCL and made recommendations for improving the timeliness and quality of VA's VCL responses. VA concurred with our recommendations and in July 2016, developed and implemented procedures to regularly test the VCL system. In addition, in July 2017, VA updated its VCL quality assurance plan to document measurable targets and time frames for key performance indicators needed to assess the VCL's performance. See GAO, *Veterans Crisis Line: Additional Testing, Monitoring, and Information Needed to Ensure Better Quality Service*, [GAO-16-373](#) (Washington, D.C.: May 26, 2016).

and Coordination for Health – Veterans Enhanced Treatment initiative, or REACH VET. Established in 2016, REACH VET uses predictive modeling to analyze existing data from veterans' health records to identify veterans at increased risk for adverse outcomes, such as suicide, hospitalization, or illness.¹²

VHA's Suicide Prevention Media Outreach Campaign

Suicide prevention officials within VHA's Office of Mental Health and Suicide Prevention (OMHSP) are responsible for implementing the suicide prevention media outreach campaign. Since 2010, VHA has used a contractor to develop suicide prevention media outreach content and monitor its effectiveness. In September 2016, VHA awarded a new contract to the same contractor to provide both suicide prevention and mental health media outreach. Under the 2016 contract, the suicide prevention and mental health outreach campaigns remain separate and are overseen by separate suicide prevention and mental health officials, both within OMHSP.¹³ VHA officials told us that beginning in fiscal year 2019, VHA will separate the contract for suicide prevention and mental health media outreach. Specifically, VHA will utilize an existing agreement with a different contractor for suicide prevention media outreach while the existing contractor will continue to provide mental health media outreach.¹⁴

According to VHA, the purpose of its suicide prevention media outreach campaign is to raise awareness among veterans, their families and friends, and the general public about VHA resources that are available to veterans who may be at risk for suicide. The primary focus of the

¹²After being identified by REACH VET, veterans are contacted by VA health care providers to determine whether additional care or services are needed.

¹³VHA officials said OMHSP was established in May 2017. Before May 2017, the suicide prevention program and the mental health program were organizationally located under different offices within VHA. In addition to these two programs, OMHSP also includes the VCL program, among others.

¹⁴Specifically, VHA said it will utilize an existing blanket purchase agreement through a GSA schedule contract. A blanket purchase agreement is a simplified method of filling anticipated repetitive needs for supplies or services that functions as a charge account, with terms and conditions agreed upon when the blanket purchase agreement is established. Federal Acquisition Regulation §§ 8.405-3, 13.303-1(a).

outreach campaign since 2010 has been to raise awareness of the services available through the VCL.¹⁵

VHA's suicide prevention media outreach falls into two main categories: unpaid and paid. Unpaid media outreach content is typically displayed on platforms owned by VA or VHA, or is disseminated by external organizations or individuals that share VHA suicide prevention content at no cost, as discussed below (see fig. 3).¹⁶

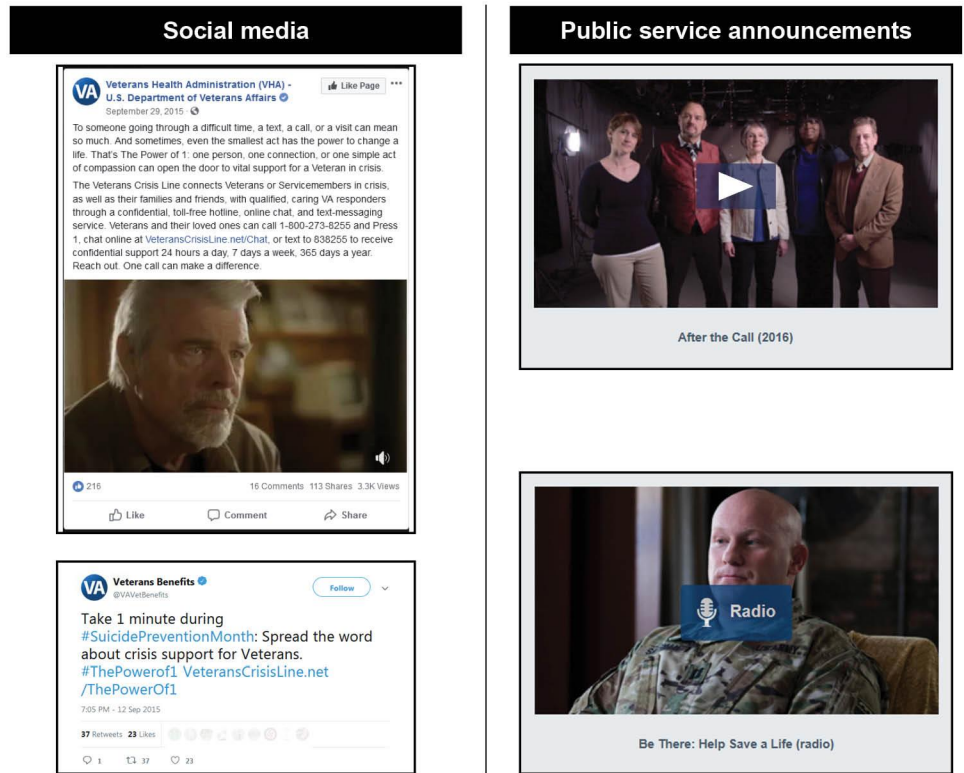
- **Social media.** VA and VHA each maintain national social media accounts on platforms such as Facebook, Twitter, and Instagram, and post content, including suicide prevention content developed by VHA's contractor.¹⁷ VHA also works with other federal agencies, non-governmental organizations, and individuals that post its suicide prevention content periodically.
- **Public service announcements (PSA).** VHA's contractor typically develops two PSAs per year, which various local and national media networks display at no cost to VHA.
- **Website.** VHA's contractor maintains the content displayed on the VCL website (veteranscrisisline.net), including much of the content it develops for other platforms, such as PSAs and social media content. Visitors to the website can both view the content on the website and share it on their own platforms.

¹⁵See [GAO-16-373](#).

¹⁶VHA also conducts unpaid outreach in the form of attending conferences and seminars, as well as developing materials to hand out to veterans and the community at these and other events. However, this type of outreach was not the focus of our report because it is not a national, media-based outreach effort.

¹⁷VHA has a VCL Facebook page, but officials told us that they intentionally do not populate it with suicide prevention content because it would not be an appropriate resource for providing timely support to veterans in emotional crisis.

Figure 3: Examples of the Veterans Health Administration’s (VHA) Unpaid Suicide Prevention Media Outreach Content



Source: © J.R. Reingold & Associates, Inc. | GAO-19-66

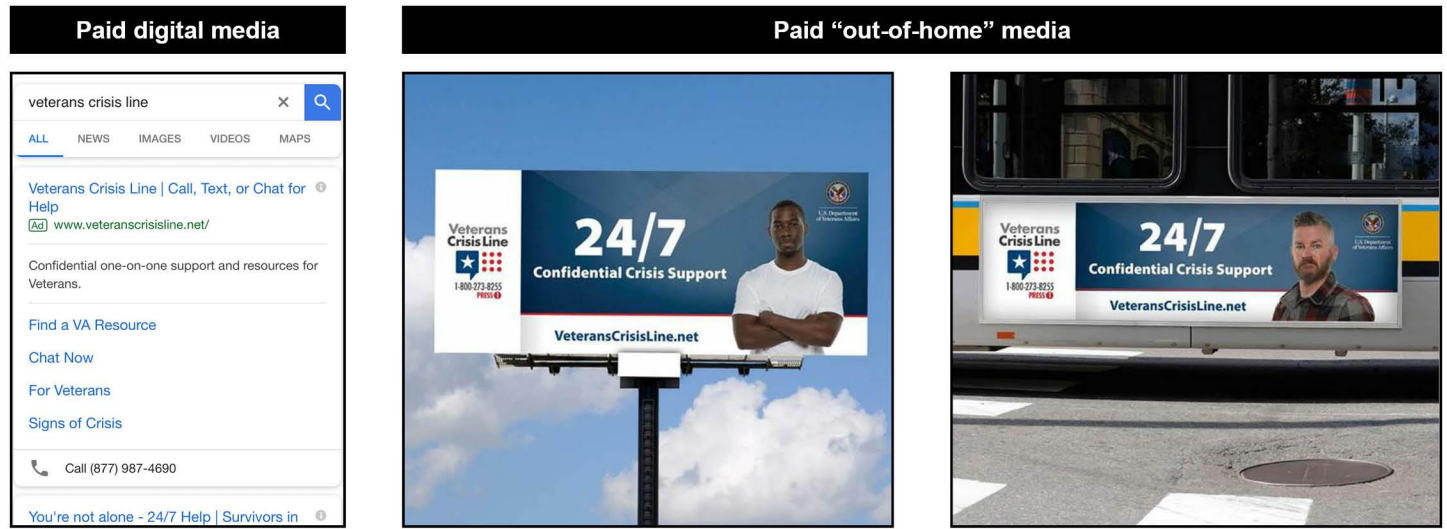
Note: Unpaid media refers to outreach content that is displayed on platforms owned by the Department of Veterans Affairs, or is disseminated by external organizations or individuals that share VHA suicide prevention content at no cost.

Paid media outreach includes outreach on media platforms for which VHA must pay a fee to display its content (see fig. 4). Paid media falls into two categories, as discussed below.

- **Paid digital media.** An example of paid digital media includes online keyword searches, in which VHA pays a search engine a fee for its website to appear as a top result in response to selected keywords, such as “veterans crisis line” or “veteran suicide.” Paid digital media also includes social media posts for which VHA pays a fee to display its content to a widespread audience, such as users with a military affiliation.
- **Paid “out-of-home” media:** “Out-of-home” refers to the locations where this type of content is typically displayed. Examples include

billboards, bus and transit advertisements, and local and national radio commercials.

Figure 4: Examples of the Veterans Health Administration’s Paid Suicide Prevention Media Outreach Content



Example of an online keyword search on a search engine website.

Example of a billboard advertisement.

Example of a public transit advertisement.

Source: © J.R. Reingold & Associates, Inc. | GAO-19-66

VHA recognizes September as Suicide Prevention Month each year. During this month, VHA establishes a theme and increases its outreach activities, including a combination of both paid and unpaid media outreach. According to VHA, it typically incorporates additional outreach techniques during this month, such as enlisting the support of celebrities or hosting live chat sessions on social media platforms, including Facebook and Twitter.

VHA's Suicide Prevention Media Outreach Activities Declined in Recent Years Due to Leadership Turnover and Reorganization

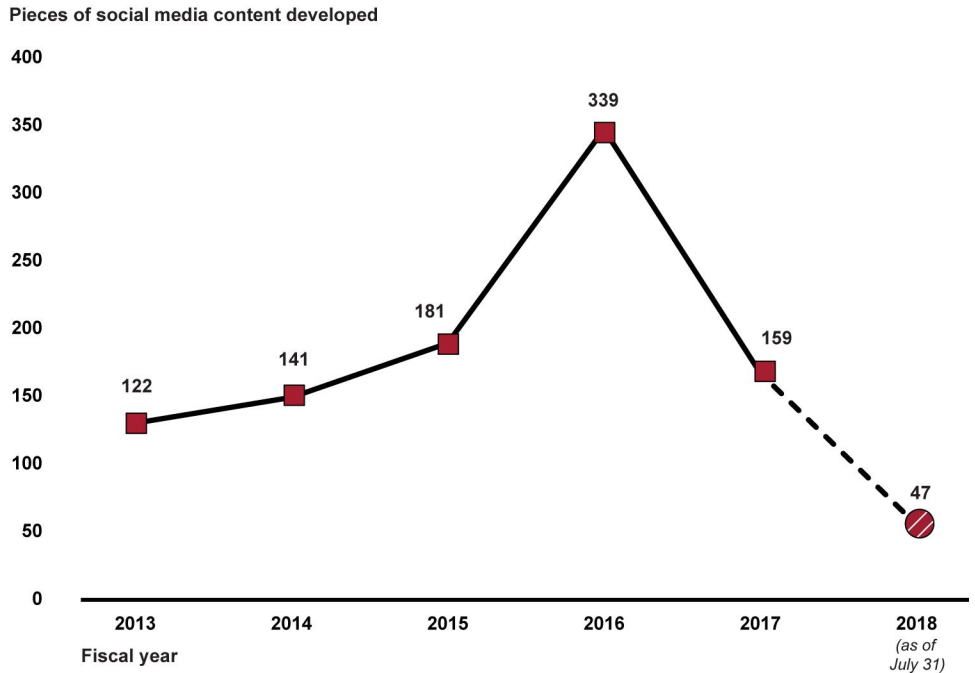
VHA's Suicide Prevention Media Outreach Activities Declined in Fiscal Years 2017 and 2018

VHA's suicide prevention media outreach activities declined in fiscal years 2017 and 2018 compared to earlier years of the campaign. We identified declines in social media postings, PSAs, paid media, and suicide prevention month activities, as discussed below.

- **Social media.** The amount of social media content developed by VHA's contractor decreased in 2017 and 2018, after increasing in each of the prior four years. Specifically, VHA reported that its contractor developed 339 pieces of social media content in fiscal year 2016, compared with 159 in fiscal year 2017, and 47 during the first 10 months of fiscal year 2018 (see fig. 5).¹⁸

¹⁸The data includes the amount of content that was developed, not the number of times it was posted or displayed. This is because the outreach content developed by VHA's contractor is often disseminated on platforms that are not owned by VHA or its contractor.

Figure 5: Suicide Prevention Outreach Social Media Content Developed for the Veterans Health Administration, October 2012 through July 2018



Source: Veterans Health Administration. | GAO-19-66

Note: The table includes the amount of social media content developed, not the number of times it was posted on social media platforms or displayed in other locations.

- PSAs.** VHA’s contractor is required to develop two suicide prevention PSAs in each fiscal year. VHA officials said that the development of the two PSAs was delayed in fiscal year 2018. Specifically, as of August 2018, VHA reported that one PSA was completed, but had not yet aired, and another PSA was in development.¹⁹ As a result of this delay, VHA had not aired a suicide prevention PSA on television or radio in over a year; this is the first time there has been a gap of more than a month since June 2012.
- Paid media.** VHA had a total budget of \$17.7 million for its suicide prevention and mental health media outreach for fiscal year 2018, of which \$6.2 million was obligated for suicide prevention paid

¹⁹VHA released a PSA on suicide prevention in October 2017. However, VHA officials said this PSA was not developed by the contractor, but through a partnership with an outside organization, and it was developed for online dissemination, as opposed to television or radio.

media. As of September 2018, VHA said it had spent \$57,000 of its \$6.2 million paid media budget.²⁰ VHA officials estimated that they would spend a total of \$1.5 million on suicide prevention paid media for fiscal year 2018 and indicated that the remaining funds would be de-obligated from the contract at the end of the fiscal year and not used for suicide prevention media outreach. VHA officials indicated that the reason they did not spend the remaining funds on suicide prevention paid media in fiscal year 2018 was that the approval of the paid media plan was delayed due to changes in leadership and organizational realignment of the suicide prevention program. As a result, VHA officials said they limited the paid media outreach in fiscal year 2018 to activities that were already in place, including 25 keyword search advertisements, and 20 billboards and 8 radio advertisements in selected cities across the United States.

In prior fiscal years, VHA conducted a variety of digital and out-of-home suicide prevention paid media. For example, in fiscal year 2015, with a suicide prevention paid media budget of more than \$4 million, VHA reported that it ran 58 advertisements on Google, Bing, and Facebook, and ran 30 billboards, 180 bus advertisements, more than 19,000 radio advertisements, 252 print advertisements, and 39 movie theatre placements in selected cities across the United States.²¹ VHA ran similar types of paid media in fiscal years 2013, 2014, and 2016 with variation in quantities based on the approved budget in each of these years. In fiscal year 2017, VHA had a budget of approximately \$1.7 million to spend on paid media for both the suicide prevention and mental health outreach campaigns. However, VHA spent less than 10 percent of the funds (approximately \$136,000) to run paid advertisements on Google and Bing for suicide prevention in fiscal year 2017; the remainder was spent on mental health outreach.

- **Suicide Prevention Month.** VHA documentation indicated that Suicide Prevention Month 2017 was a limited effort. VHA officials said that this was because they did not begin preparing early enough. In May 2018, VHA officials indicated that they were

²⁰VHA officials told us that because paid media is very effective, the amount of approved funds would be the biggest factor in determining the amount and type of paid media to conduct each year.

²¹In fiscal years 2014, 2015, and 2016, VHA paid movie theatres to show suicide prevention PSAs during the previews.

similarly behind schedule for planning Suicide Prevention Month 2018, though they told us in August 2018 that they had caught up.

VHA Leadership Turnover and Reorganization Resulted in the Decline in Suicide Prevention Media Outreach Activities

VHA officials told us that the decrease in suicide prevention media outreach activities was due to leadership turnover and reorganization since 2017. For example, VHA officials said the National Director for Suicide Prevention position was vacant from July 2017 through April 2018. VHA filled the role temporarily with a 6-month detail from another agency from October 2017 through March 2018 and then hired this individual as the permanent director on April 30, 2018. VHA officials that worked on the campaign told us they did not have leadership available to make decisions about the suicide prevention campaign during this time. For example, VHA officials said they did not have a kick-off meeting between VHA leadership and VHA's contractor at the beginning of fiscal year 2018—a requirement of the contract—because there was no leadership available to participate in this meeting.²²

The officials also reported that suicide prevention leadership was not available for weekly meetings to discuss suicide prevention outreach activities, even after the suicide prevention program obtained an acting director on detail from another agency. VHA staff said that at that time, they focused their suicide prevention media outreach efforts on areas that did not require leadership input, such as updating the VCL website. The absence of leadership available to provide direction and make decisions on the suicide prevention media outreach campaign is inconsistent with federal internal control standards for control environment, which require agencies to assign responsibilities to achieve its objectives.²³ If a key role is vacant, management needs to determine by whom and how those responsibilities will be fulfilled in order to meet its objectives.

Officials that worked on the campaign told us they shifted their focus away from the suicide prevention media outreach campaign toward the

²²During kick-off meetings, VHA and its contractor typically discuss lessons learned from the prior year's campaign and the approach for the coming year, such as target audiences, outreach platforms, paid media, and new initiatives.

²³[GAO-14-704G](#) and [GAO/AIMD-00-21.3.1](#).

mental health outreach campaign due to reorganization of the offices responsible for suicide prevention activities in 2017. Specifically, under the new organization, and in the absence of suicide prevention program leadership, the officials began reporting directly to mental health program leadership and became more focused on the mental health outreach aspects of the contract.²⁴ Following the reorganization, officials that worked on the campaign did not have a clear line of reporting to the suicide prevention program. This is also inconsistent with federal internal control standards for control environment, which require agencies to establish an organizational structure and assign responsibilities, such as establishing lines of reporting necessary information to management.²⁵

VHA officials told us that one of the highest priorities for the suicide prevention program since the beginning of fiscal year 2018 was to establish a national strategy for preventing veteran suicides. The national strategy, issued in June 2018, includes suicide prevention outreach as one of the strategy's 14 goals.²⁶ The national strategy also emphasizes VHA's plans to shift to a public health approach to suicide prevention outreach. The public health approach focuses less on raising awareness of the VCL and more on reaching veterans before the point of crisis.²⁷ VHA officials told us they have been trying to shift to a public health approach since 2016. Some of the campaign themes and messages have reflected this shift; for example, the "Be There" campaign theme that was adopted in fiscal year 2016—and has remained the theme since—emphasizes the message that everyone has a role in helping veterans in crisis feel less alone and connecting them to resources. However, VHA officials told us in May 2018 that they were just beginning to conceptualize what the suicide prevention outreach campaign should look like moving forward. Leadership officials also said that while they were developing the national strategy, they delegated the responsibility for implementing the suicide prevention outreach campaign to other officials working on the campaign.

²⁴VHA officials said that they had planned to appoint new staff to work specifically on the suicide prevention outreach campaign, but they had difficulty doing so until March 2018.

²⁵[GAO-14-704G](#) and [GAO/AIMD-00-21.3.1](#).

²⁶VA, *National Strategy for Preventing Veteran Suicide 2018-2028*.

²⁷Some VHA officials indicated that the shift away from raising awareness of the VCL was driven in part by reports that the VCL volume had exceeded its capacity for a period of time. However, VHA leadership officials, including the Director of the VCL, said that raising awareness of the VCL continues to be a priority.

The decline in VHA's suicide prevention media outreach activities over the past 2 fiscal years is inconsistent with VA's strategic goals, which identify suicide prevention as the agency's top clinical priority for fiscal years 2018 through 2024.²⁸ Further, VHA has continued to obligate millions of dollars to its suicide prevention media outreach campaign each year. Since fiscal year 2017, VHA has obligated \$24.6 million to the contract for media outreach related to both suicide prevention and mental health.²⁹

By not assigning key leadership responsibilities and clear lines of reporting, VHA's ability to oversee the suicide prevention media outreach activities was hindered and these outreach activities decreased. As a result, VHA may not have exposed as many people in the community, such as veterans at risk for suicide, or their families and friends, to its suicide prevention outreach content. Additionally, without establishing responsibility and clear lines of reporting, VHA lacks assurance that it will have continuous oversight of its suicide prevention media outreach activities in the event of additional turnover and reorganization in the future, particularly as VHA begins implementing the suicide prevention media outreach campaign under its new agreement that begins in fiscal year 2019.

²⁸VA, *Department of Veterans Affairs Fiscal Years 2018- 2024 Strategic Plan*.

²⁹Some of the deliverables in the fiscal year 2017 contract apply only to one campaign, while other deliverables are divided evenly between the two campaigns. Between fiscal years 2013 and 2016, VHA obligated over \$16.8 million to the contract specifically for suicide prevention media outreach. These amounts include the cost of paid and unpaid media outreach, as well as indirect costs.

VHA Monitors Metrics for Its Suicide Prevention Media Outreach Campaign, but Has Not Established Targets against Which to Evaluate the Campaign's Effectiveness

VHA Monitors Metrics for Its Suicide Prevention Media Outreach Campaign

VHA works with its contractor to create and monitor metrics to help gauge the effectiveness of its suicide prevention media outreach campaign in raising awareness among veterans and others about VHA services, such as the VCL. The metrics primarily focus on the number of individuals who were exposed to or interacted with VHA's suicide prevention content across various forms of outreach, including social media, PSAs, and websites.³⁰ According to VHA, the metrics are intended to help VHA ensure that its media outreach activities achieve intended results, such as increasing awareness and use of the resources identified on the VCL website.³¹ Examples of metrics monitored by VHA and its contractor include those related to (1) social media, such as the number of times a piece of outreach content is displayed on social media; (2) PSAs, such as the total number of markets and television stations airing a PSA; and (3) the VCL website, such as the total traffic to the website, as well as the average amount of time spent on a page and average number of pages viewed per visit.

³⁰Specifically, for its suicide prevention media outreach, VHA tracks reach, impressions and engagement. For the purposes of this report, "reach" refers to the number of unique people who may have seen a piece of outreach content, while "impressions" typically estimate the total number of times a piece of outreach content was displayed to people. For example, if VHA posts two tweets and 100 people see both of them, the reach is 100 while the impressions are 200. Meanwhile, "engagement" typically measures the number of times the audience interacted with a piece of outreach content, including click-through rates (the percentage of people exposed to an advertisement who click on it to access the advertised website) and social media "likes." These metrics can help VHA gauge the extent to which its outreach is raising awareness of the VCL and other VHA services through its outreach.

³¹VHA officials acknowledged that some metric outcomes can be affected by events or factors outside of VHA's control. For example, certain public events can raise awareness of suicide risk and increase calls to the VCL or visits to the VCL website.

VHA's contractor is required to monitor the metrics and report results on a monthly basis. Specifically, the contractor provides monthly monitoring reports to VHA that summarize how outreach is performing, such as the number of visits to the VCL website that were driven from paid media sources. Officials noted these reports are key sources of information for VHA on the results of its outreach. VHA officials also told us they informally discuss certain metrics during weekly meetings with VHA's contractor. In addition, VHA works with its contractor to conduct a more in-depth analysis of outreach efforts during and after Suicide Prevention Month each year.

VHA Lacks Metric Targets to Evaluate the Effectiveness of Its Suicide Prevention Media Outreach Campaign

VHA has not established targets for the majority of the metrics it uses to help gauge the effectiveness of its suicide prevention media outreach campaign. As a result, VHA does not have the information it needs to fully evaluate the campaign's effectiveness in raising awareness of VHA's suicide prevention resources among veterans, including the VCL.³² For example, we found that VHA's contractor's monitoring reports—a summary of key metrics that VHA uses to routinely monitor information regarding the campaign—generally focused on outreach “highlights” and positive results. The reports did not set expectations based on past outreach or targets for new outreach, and lacked more comprehensive information on whether outreach performed against these expectations. For example:

- A monitoring report from 2018 showed that during one month, there were 21,000 social media mentions of keywords specific to VA suicide prevention, such as “VCL” or “veteran suicide,” across social media platforms. These mentions earned 120 million impressions; however, there was no indication of the number of keyword mentions or impressions that VHA expected based on its media outreach activities. In addition, the report did not indicate

³²While VHA has not established targets for the majority of its metrics, we found that VHA had established one specific target for its suicide prevention PSAs. Specifically, VHA officials told us their goal for each PSA is to rank in the top 10 percent of the Nielsen ratings; VHA's contractor tracks these metrics and provides feedback to VHA through PSA monitoring reports. Nielsen ratings are a tool used to measure audience television viewership and are produced by The Nielsen Company (U.S.), LLC, a data analytics company.

the proportion of mentions that VHA believed were specifically driven by its outreach activities, and there also was no indication of whether these mentions were positive or negative, or what actions to take based on this information.³³

- Another monitoring report from January 2017 showed that paid advertising drove 39 percent of overall website traffic during one month, while unpaid sources drove the remaining 61 percent. However, there was no information indicating the amounts of paid advertising that VHA conducted during this monitoring period, and whether this amount of website traffic from paid advertising met expectations.
- VHA's 2016 Suicide Prevention Month summary report showed that there were 194,536 visits to the VCL website, roughly an 8 percent increase from the Suicide Prevention Month in 2015. However, the report did not indicate whether this increase from the prior year met expectations, or a different result was expected.

VHA officials told us that they have not established targets for most of the suicide prevention media outreach campaign because they lack meaningful targets for the metrics to help evaluate the campaign. VHA officials said that the only target they have established is for each PSA to rank in the top 10 percent of the Nielsen ratings because this is the only meaningful target available that is accepted industry-wide.³⁴ VHA officials

³³The social media mentions metric can capture negative publicity about VHA or the VCL. For example, it could include Instagram or Facebook posts about unsatisfactory experiences with the VCL, such as long wait times.

³⁴Apart from noting the lack of meaningful targets for their metrics, officials also noted that it is generally difficult to determine whether behavioral shifts have occurred in veterans as a result of VA's outreach efforts and that they have struggled to study these types of outcomes. For example, in 2017, OMHSP proposed collaborating with VA's Center of Excellence for Suicide Prevention, whose mission is in part to use research to inform the implementation of effective veteran suicide prevention strategies, to (1) examine the metrics for the suicide prevention media outreach campaign, and (2) obtain veterans perspectives on the campaign. However, officials said that this effort did not commence due to the lack of senior leadership during and after this time. Officials indicated they would like to continue with their evaluation efforts in the future. VA's Center of Excellence has completed other studies that have examined the effects of VA's suicide prevention campaign. For example, one study that examined associations between VA's suicide prevention campaign and the use of crisis support services found that there were significant increases in call volume to the VCL to both targeted and broad resources during the campaign. See Elizabeth Karras, Naiji Lus, Guoxin Zuo, Xin M. Tu, Brady Stephens, John Draper, Caitlin Thompson, and Robert M. Bossarte, "Measuring Associations of the Department of Veterans Affairs' Suicide Prevention Campaign on the Use of Crisis Support Services," *Suicide and Life-Threatening Behavior*, 46 (4) August 2016: 447-456.

stated that using any other targets would be arbitrary. For the remaining metrics, VHA officials told us they assess the outcomes of their campaign by comparing data from year to year, and examining any changes in the outcomes over time.³⁵ However, VHA could set targets that capture the number of people who viewed or interacted with its outreach content, similar to its Nielsen target set for television viewership. Doing so would help VHA evaluate whether the campaign has been effective in raising awareness of VHA's suicide prevention resources. Further, creating targets for these additional metrics need not be arbitrary, because VHA could use information about how its metrics performed in the past to develop reasonable and meaningful targets for future performance. VHA could also adjust the targets over time to reflect changes in its metrics or approach to the campaign, such as changes to its paid media budget each year.

Federal internal control standards for monitoring require agencies to assess the quality of its performance by evaluating the results of activities. Agencies can then use these evaluations to determine the effectiveness of its programs or need for any corrective actions.³⁶ Further, VA's June 2018 National Strategy for Preventing Veteran Suicide also emphasizes the importance of the agency evaluating the effectiveness of its outreach.³⁷ The absence of established targets leaves VHA without a framework to effectively evaluate its campaign. Our prior work has shown that establishing targets allows agencies to track their progress toward specific goals. In particular, we have developed several key attributes of performance goals and measures including, when appropriate, the development of quantifiable, numerical targets for performance goals and measures.³⁸ Such targets can facilitate future evaluations of whether overall goals and objectives were achieved by allowing for comparisons between projected performance and actual results. Further, establishing

³⁵VHA officials shared that their general approach has been to improve their suicide prevention media outreach activities each year by increasing the number of materials issued and website visits because, officials said, this means more people are being reached. They said that the indirect result of reaching more people is that the number of VCL calls are increasing, meaning more people are aware of VA's outreach activities. However, officials also recognized the number of visits to the website will likely reach a maximum after a certain point, and their goal might shift to maintaining the number of website visits rather than increasing it.

³⁶[GAO-14-704G](#) and [GAO/AIMD-00-21.3.1](#).

³⁷VA, *National Strategy for Preventing Veteran Suicide 2012-2018*.

³⁸[GAO-03-143](#) and [GAO-12-208G](#).

targets for its outreach metrics will enable VHA officials to determine whether outreach performed as expected and raised awareness of VHA resources such as the VCL, including identifying outreach efforts that worked particularly well and those that did not. In doing so, VHA officials will have the opportunity to make better informed decisions in their suicide prevention media outreach campaign to support VA's overall goal of reducing veteran suicides.

Conclusions

VA has stated that preventing veteran suicide is its top clinical priority; yet VHA's lack of leadership attention to its suicide prevention media outreach campaign in recent years has resulted in less outreach to veterans. While VHA identifies the campaign as its primary method of raising suicide prevention awareness, it has not established an effective oversight approach to ensure outreach continuity. This became particularly evident during a recent period of turnover and reorganization in the office responsible for the suicide prevention outreach campaign. Moving forward, VHA has an opportunity to improve its oversight to ensure that its outreach content reaches veterans and others in the community to raise awareness of VHA's suicide prevention services, particularly as VHA begins working with a new contractor beginning in fiscal year 2019.

VHA is responsible for evaluating the effectiveness of its suicide prevention media outreach campaign in raising awareness about VHA services that are available to veterans who may be at risk for suicide. To do so, VHA collects and monitors data on campaign metrics to help gauge the effectiveness of its suicide prevention media outreach campaign in raising such awareness, but has not established targets for the majority of these metrics because officials reported that there are no meaningful, industry-wide targets for them. We disagree with VHA's assertion that other targets would not be meaningful; VHA collects data on its metrics that it can use to develop reasonable and meaningful targets for future performance. In the absence of established targets, VHA cannot evaluate the effectiveness of the campaign, and make informed decisions about which activities should be continued to support VA's overall goal of reducing veteran suicides.

Recommendations for Executive Action

We are making the following two recommendations to VA:

1. The Under Secretary for Health should establish an approach for overseeing its suicide prevention media outreach efforts that includes clear delineation of roles and responsibilities for those in leadership and contract oversight roles, including during periods of staff turnover or program changes. (Recommendation 1)
2. The Under Secretary for Health should require officials within the Office of Suicide Prevention and Mental Health to establish targets for the metrics the office uses to evaluate the effectiveness of its suicide prevention media outreach campaign. (Recommendation 2)

Agency Comments and Our Evaluation

We provided a draft of this report to VA for review and comment. In its written comments, summarized below and reprinted in Appendix I, VA concurred with our recommendations. VA described ongoing and planned actions and provided a timeline for addressing our recommendations. VA also provided technical comments, which we incorporated as appropriate.

In response to our first recommendation, to establish an oversight approach that includes delineation of roles and responsibilities, VA acknowledged that organizational transitions and realignments within OMHSP contributed to unclear roles and responsibilities in 2017 and 2018. VA said that OMHSP has made organizational improvements, including hiring a permanent Director for Suicide Prevention and establishing a new organizational structure. In its comments, VA requested closure of the first recommendation based on these actions. However, to fully implement this recommendation, VA will need to provide evidence that it has established an oversight approach for the suicide prevention media outreach campaign. This would include providing information about the roles and responsibilities, as well as reporting requirements, for contract and leadership officials involved in the suicide prevention media outreach campaign under the new organizational structure and the new contract. VA will also need to demonstrate that it has a plan in place to ensure continued oversight of the suicide prevention media campaign in the event of staff turnover or program changes.

In response to our second recommendation, to establish targets against which to evaluate suicide prevention metrics, VA said it has plans to work with communications experts to develop metrics, targets, and an evaluation strategy to improve its evaluation of its suicide prevention program efforts, including outreach. VA expects to complete these actions by April 2019.

As agreed with your office, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees and the Secretary of Veterans Affairs. In addition, the report will be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or at DraperD@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 I.

Sincerely yours,



Debra A. Draper
Director, Health Care

Appendix I: Comments from the Department of Veterans Affairs



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

October 31, 2018

Ms. Debra A. Draper
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Draper:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***“VA HEALTH CARE: Improvements Needed in Suicide Prevention Media Outreach Oversight and Evaluation”*** (GAO-19-66).

The enclosure contains technical comments and sets forth the actions to be taken to address the draft report recommendations.

VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in blue ink that reads "Robert L. Wilkie".

Robert L. Wilkie

Enclosure

Enclosure

Department of Veterans Affairs (VA) Comments to
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GAO Recommendation 1: The Under Secretary for Health should establish an approach for overseeing its suicide prevention media outreach efforts that includes delineation of roles and responsibilities for those in leadership and contract oversight roles, including during periods of staff turnover or program changes.

VA Comment: Concur. Suicide prevention is the Department of Veterans Affairs’ (VA) highest priority. Every death by suicide is a tragedy, and we will not relent in our efforts to connect Veterans in need with life-saving support. VA’s goal is to reduce suicide among Veterans. We can save lives.

VA’s published National Strategy for Preventing Veteran Suicide provides the framework for identifying priorities, organizing efforts, and contributing to a national focus on Veteran suicide prevention over the next decade. The strategy aligns with the 2012 National Strategy for Suicide Prevention, consists of 4 strategic directions, 14 goals, 43 objectives, leverages the public health approach to suicide prevention, and focuses on the importance of collaboration and urgency.

The four strategic directions are:

1. Healthy and Empowered Veterans, Families, and Communities
Work with community partners and policymakers to promote resources for Veterans and to promote mental health awareness and treatment.
2. Clinical and Community Preventive Services
Share resources, training opportunities, interventions, and lethal means safety resources with providers outside VA and with clergy, first responders, law enforcement officials, and community partners.
3. Treatment, Recovery, and Support Services
Work with local emergency departments and hospitals to promote Veteran suicide prevention resources and to ensure continuity of care for all Veterans admitted to an inpatient mental health unit.
4. Surveillance, Research, and Evaluation
Share the VA National Suicide Data Report and National Strategy for Preventing Veteran Suicide with community partners.

VA has a comprehensive approach to suicide prevention. Here are just a few of our substantial efforts:

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1. Expanding the Veterans Crisis Line that connects Veterans in crisis and their families and friends with qualified, caring VA responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call **1-800-273-8255 and Press 1**, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. More information is available at <https://www.veteranscrisisline.net/>.
2. Creating new cross-sector partnerships across various disciplines: faith communities, employers, schools, and health care organizations to name a few. Together we can reach more people.
3. Implementing the Joint Action Plan for Supporting Veterans During Their Transition From Uniformed Service to Civilian Life
4. Launching S.A.V.E. online suicide prevention training that educates yourself or your employees about how to recognize suicide risk factors and warning signs.
5. Implementing the Mayor’s Challenge, which equips communities to build coalitions to prevent Veteran suicide. This partnership between VA and the Department of Health and Human Service Substance Abuse and Mental Health Services Administration (SAMHSA) helps local leaders in city governments work together to prevent suicide among Veterans. We have 27 Mayors now and we want more.
6. #BeThere prevention initiative teaches members of the community how simple acts can help save a Veteran in crisis. More information is available at <https://www.veteranscrisisline.net/BeThere.aspx>.
7. Make the Connection campaign is an online resource that connects Veterans, their family members and friends, and other supporters with information and solutions to issues affecting their lives. More information is available at <https://maketheconnection.net/>.
8. Coaching into Care (1-888-823-7458) is a national telephone service of VA. Coaching into Care aims to educate, support, and empower family members and friends who are seeking care or services for a Veteran. More information is available at <https://www.mirecc.va.gov/coaching/>.
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10. About Face videos feature the real stories of Veterans who have experienced post-traumatic stress disorder with additional perspectives from their family members and VA clinicians. <https://www.ptsd.va.gov/apps/AboutFace/>.
11. How to Talk to a Child About a Suicide Attempt in Your Family: If there has been a recent suicide attempt in your family, this may be one of the toughest experiences you and your children may ever face. It is important to take care of yourself, so that you are better able to care for your child.
12. Paid media outreach such as advertisements on digital and social media. VA's suicide prevention efforts are successful:
- Over 16,000 American citizens have downloaded VA's S.A.V.E. training to prevent suicides. Annual S.A.V.E. training is mandatory for VA employees, and in September 2018 alone over 52,000 VA employees completed it.
 - The number of Veterans receiving mental health care in VA doubled over the past 10 years, now we are helping over 1.7 million Veterans with their mental health concerns.
 - VA repeatedly meets our goals for being in the top 10 percent Nielsen ranking for our suicide prevention public service announcements.
 - The Veterans Crisis Line serves about 2000 callers a day. Over the past 10 years, the Veterans Crisis Line has answered over 3 million calls, more than 363,000 online chats, and more than 83,000 text messages.
 - Last year, VA's suicide prevention coordinators did 18,836 community outreach events and reached approximately 1,932,902 people.
 - Over 102,000 people visited our #BeThere campaign page last year.
 - Twenty-seven mayors are taking the challenge to reduce Veteran suicide in their cities. VA wants every city to take action to prevent suicide.
 - During Suicide Prevention Month (September 2018) VA saw a lot of success with #BeThere messaging:
 - 50+ million #BeThere Twitter Chat impressions

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- o 18 million+ social media reach (over past 7 days)
- o 2.6 million Thunderclap social media reach
- o 1,800+ registrants for Action Alliance's Messaging Webinar
- o 100+ private and public sector partners

In 2018, VA partnered with Johnson & Johnson on a broadly promoted public service announcement featuring Tom Hanks speaking that GAO did not include in the draft report. YouTube alone had over 30,000 views. VA showcased it as part of the #BeThere campaign. This outreach effort was supported through a non-monetary Memorandum of Agreement with Johnson & Johnson, at no cost to the Veterans Health Administration (VHA).

Regarding Paid Media spending, VHA estimates that the total amount spent in fiscal year (FY) 2018 will be about \$1.5M. This will include money spent in September 2018 for Suicide Prevention Month paid media. VHA will not have final invoices for an exact total until sometime after October 2018. As indicated above, paid media is only one component of VHA's comprehensive suicide prevention effort, and it is a small portion of VHA's annual expenditures for suicide prevention.

VHA acknowledges that organizational transitions and realignments within Office of Mental Health and Suicide Prevention (OMHSP) contributed to unclear roles and responsibilities from mid-2017 to mid-2018. OMHSP has made significant organizational structure improvements to clearly delineate roles and responsibilities for those in leadership and contract oversight roles since that time. Organizational improvements within the Executive Leadership team and the Suicide Prevention team also ensure continuity during periods of staff turnover and program changes. OMHSP has hired a permanent Director for Suicide Prevention, and established and received approval for a permanent organizational structure which creates a clear chain of command within OMHSP and to VHA. With this new robust organizational structure in place, the Director for Suicide Prevention oversees communications and outreach activities in a more organized and deliberate manner. Similarly, contractual tasks related to these outreach activities fall within the Deputy Director for Partnerships' portfolio.

VHA has completed work on this recommendation and requests GAO close this recommendation as implemented. In support of our closure request, VHA has

Enclosure

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submitted the final, signed OMHSP organizational chart to GAO. Completion Date:
July 2018

Recommendation 2: The Under Secretary for Health should require officials within the Office of Suicide Prevention and Mental Health to establish targets for the metrics the office uses to evaluate the effectiveness of its suicide prevention media outreach campaign.

VA Comment: Concur. GAO recognized that OMHSP has a robust monitoring process in place to track both reach and engagement of our suicide prevention outreach campaigns. Beyond quantitative data, OMHSP also tracks qualitative measures of success such as establishing partnerships with prominent organizations or securing promotion of our resources from high-profile public figures.

VHA has looked at broad indicators of impact for its suicide prevention outreach efforts for some time. VHA’s current Agency Priority Goal is to provide core recommended interventions to Veterans targeted through its predictive risk modeling algorithms and to reduce Veteran suicide through a “Mayor’s Challenge” partnership program. The growth in demand for services at the Veterans Crisis Line (VCL) has grown year over year and has been supported through ongoing outreach. In particular over FY 2018, the demand for chat and text services at VCL increased by over 25 percent and nearly 30 percent, respectively. Local outreach activities have also been part of national strategy including annual Community Mental Health Summits at VHA facilities. In 2018 there were 149 Summits with over 13,500 participants, and 83 percent of participants reported gaining a better understanding of suicide prevention resources and services through VHA and in their community.

VHA accepts GAO’s recommendation to do more. OMHSP has begun to leverage VA expertise in health communication and evaluation to determine additional measures of effectiveness. These measures will be benchmarked against similar national program metrics. This effort is part of a larger initiative that is underway to determine program measures of effectiveness for the entire suicide prevention program. After receiving results from communications experts, OMHSP will finalize metrics, targets and the subsequent evaluation strategy. Target Completion Date: April 2019.

Appendix II: GAO Contact and Staff Acknowledgments

GAO Contact

Debra A. Draper, (202) 512-7114 or draperd@gao.gov

Staff Acknowledgments

In addition to the contact named above, Marcia A. Mann (Assistant Director), Kaitlin McConnell (Analyst-in-Charge), Kaitlin Asaly, and Jane Eyre made key contributions to this report. Also contributing were Jennie Apter, Emily Bippus, Valerie Caracelli, Lisa Gardner, Jacquelyn Hamilton, Teague Lyons, Vikki Porter, and Eden Savino.

Appendix III: Accessible Data

Data Tables

Accessible Data for Suicide Prevention Outreach Content for Social Media, since Fiscal Year 2013

Fiscal year	Pieces of social media content developed
2013	122
2014	141
2015	181
2016	339
2017	159
2018 (as of July 31)	47

Accessible Data for Figure 5: Suicide Prevention Outreach Social Media Content Developed for the Veterans Health Administration, October 2012 through July 2018

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Agency Comment Letter

Accessible Text for Appendix I Comments from the Department of Veterans Affairs

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Washington, DC 20548

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In 2018, VA partnered with Johnson & Johnson on a broadly promoted public service announcement featuring Tom Hanks speaking that GAO did not include in the draft report. YouTube alone had over 30,000 views. VA showcased it as part of the #BeThere campaign. This outreach effort was supported through a non-monetary Memorandum of Agreement with Johnson & Johnson, at no cost to the Veterans Health Administration (VHA).

Regarding Paid Media spending, VHA estimates that the total amount spent in fiscal year (FY) 2018 will be about \$1.5M. This will include money spent in September 2018 for Suicide Prevention Month paid media. VHA will not have final invoices for an exact total until sometime after October 2018. As indicated above, paid media is only one component of VHA's comprehensive suicide prevention effort, and it is a small portion of VHA's annual expenditures for suicide prevention.

VHA acknowledges that organizational transitions and realignments within Office of Mental Health and Suicide Prevention (OMHSP) contributed to unclear roles and responsibilities from mid-2017 to mid-2018. OMHSP has made significant organizational structure improvements to clearly delineate roles and responsibilities for those in leadership and contract oversight roles since that time. Organizational improvements within the Executive Leadership team and the Suicide Prevention team also ensure continuity during periods of staff turnover and program changes. OMHSP has hired a permanent Director for Suicide Prevention, and established and received approval for a permanent organizational structure which creates a clear chain of command within OMHSP and to VHA. With this new robust organizational structure in place, the Director for Suicide Prevention oversees communications and outreach activities in a more organized and deliberate manner. Similarly, contractual tasks related to these outreach activities fall within the Deputy Director for Partnerships' portfolio.

VHA has completed work on this recommendation and requests GAO close this recommendation as implemented. In support of our closure request, VHA has

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submitted the final, signed OMHSP organizational chart to GAO.
Completion Date: July 2018

Recommendation 2: The Under Secretary for Health should require officials within the Office of Suicide Prevention and Mental Health to establish targets for the metrics the office uses to evaluate the effectiveness of its suicide prevention media outreach campaign.

VA Comment: Concur. GAO recognized that OMHSP has a robust monitoring process in place to track both reach and engagement of our suicide prevention outreach campaigns. Beyond quantitative data, OMHSP also tracks qualitative measures of success such as establishing partnerships with prominent organizations or securing promotion of our resources from high-profile public figures.

VHA has looked at broad indicators of impact for its suicide prevention outreach efforts for some time. VHA's current Agency Priority Goal is to provide core recommended interventions to Veterans targeted through its predictive risk modeling algorithms and to reduce Veteran suicide through a "Mayor's Challenge" partnership program. The growth in demand for services at the Veterans Crisis Line (VCL) has grown year over year and has been supported through ongoing outreach. In particular over FY 2018, the demand for chat and text services at VCL increased by over 25 percent and nearly 30 percent, respectively. Local outreach activities have also been part of national strategy including annual Community Mental Health Summits at VHA facilities. In 2018 there were 149 Summits with over 13,500 participants, and 83 percent of participants reported gaining a better understanding of suicide prevention resources and services through VHA and in their community.

VHA accepts GAO's recommendation to do more. OMHSP has begun to leverage VA expertise in health communication and evaluation to determine additional measures of effectiveness. These measures will be benchmarked against similar national program metrics. This effort is part of a larger initiative that is underway to determine program measures of effectiveness for the entire suicide prevention program. After receiving results from communications experts, OMHSP will finalize metrics, targets and the subsequent evaluation strategy. Target Completion Date: April 2019.

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