

GAO

Report to the Chairman, Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia, Committee on Homeland Security and Governmental Affairs, U.S. Senate

October 2005

RESULTS-ORIENTED GOVERNMENT

Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies





Highlights of [GAO-06-15](#), a report to the Chairman, Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia, Committee on Homeland Security and Governmental Affairs, U.S. Senate

Why GAO Did This Study

The federal government faces a series of challenges in the 21st century that will be difficult, if not impossible, for any single agency to address alone. Many issues cut across more than one agency and their actions are not well coordinated. Moreover, agencies face a range of barriers when they attempt to work collaboratively.

This report identifies key practices that can help enhance and sustain agency collaboration. GAO also considered how the Government Performance and Results Act (GPRA) and the Office of Management and Budget (OMB) address collaboration among agencies. To illustrate these practices, we selected the Healthy People, wildland fire management, and Departments of Veterans Affairs and Defense's health resource sharing collaborations.

What GAO Recommends

GAO recommends that the Director of OMB focus on additional programs in need of collaboration and promote the practices in this report. Options include expanding the focus on collaboration in the President's Management Agenda (PMA) and supplementing the Program Assessment Rating Tool (PART) guidance with information about these practices. OMB agreed with this recommendation. Agencies involved in the collaborations provided technical comments, which we incorporated as appropriate.

www.gao.gov/cgi-bin/getrpt?GAO-06-15.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Bernice Steinhardt at (202) 512-6543 or steinhardtb@gao.gov.

RESULTS-ORIENTED GOVERNMENT

Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies

What GAO Found

Collaboration can be broadly defined as any joint activity that is intended to produce more public value than could be produced when the organizations act alone. Agencies can enhance and sustain their collaborative efforts by engaging in the eight practices identified below. Running throughout these practices are a number of factors such as leadership, trust, and organizational culture that are necessary elements for a collaborative working relationship:

- define and articulate a common outcome;
- establish mutually reinforcing or joint strategies;
- identify and address needs by leveraging resources;
- agree on roles and responsibilities;
- establish compatible policies, procedures, and other means to operate across agency boundaries;
- develop mechanisms to monitor, evaluate, and report on results;
- reinforce agency accountability for collaborative efforts through agency plans and reports; and
- reinforce individual accountability for collaborative efforts through performance management systems.

GAO has previously reported that GPRA, with its focus on strategic planning, the development of long-term goals, and accountability for results, provides a framework Congress, OMB, and executive branch agencies can use to consider the appropriate mix of long-term strategic goals and strategies needed to identify and address issues that cut across agency boundaries. In addition, to provide a broader perspective on the federal government's goals and strategies to address issues that cut across agencies, we previously recommended that (1) OMB develop a governmentwide performance plan as required by GPRA and (2) Congress consider amending GPRA to require a governmentwide strategic plan.

OMB, through the PMA, has emphasized improving government performance through governmentwide and agency-specific initiatives. One of these focuses specifically on improving coordination, but only between the Departments of Veterans Affairs and Defense for health programs and systems. However, many other areas that cut across agency boundaries would benefit from greater OMB focus and attention, including information sharing for homeland security, which GAO recently designated as a high-risk area. OMB has also used its PART diagnostic tool to determine, among other things, whether individual programs duplicate other efforts and if agencies coordinate and collaborate effectively with related programs. The PART tool provides general guidance for assessing effective program coordination and collaboration, but does not discuss practices for enhancing and sustaining collaboration, such as those described and illustrated in this report.

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Abbreviations

CDC	Centers for Disease Control and Prevention
DOD	Department of Defense
DOE	Department of Energy
FDA	Food and Drug Administration
GPRA	Government Performance and Results Act of 1993
HHS	Department of Health and Human Services
ICS	Incident Command System
NIFC	National Interagency Fire Center
NIH	National Institutes of Health
OMB	Office of Management and Budget
OPM	Office of Personnel Management
PART	Program Assessment Rating Tool
PMA	President's Management Agenda
SES	Senior Executive Service
USDA	U.S. Department of Agriculture
VA	Department of Veterans Affairs
VISN	Veterans Integrated Service Network

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United States Government Accountability Office
Washington, DC 20548

October 21, 2005

The Honorable George V. Voinovich
Chairman
Subcommittee on Oversight of Government Management,
the Federal Workforce, and the District of Columbia
Committee on Homeland Security and Governmental Affairs
United States Senate

Dear Mr. Chairman:

Achieving results for the nation increasingly requires that federal agencies work together. From combating terrorism, monitoring infectious diseases, and responding to natural disasters, the federal government faces a series of challenges in the 21st century that will be difficult, if not impossible, for any single agency to address alone. Taking into account the nation's long-range fiscal challenges, the federal government must identify ways to deliver results more efficiently and in a way that is consistent with its multiple demands and limited resources.

Our work has shown that many issues cut across more than one agency and their actions are not well coordinated. Examples include the following:

- Four years after the 9/11 terrorist attacks the federal government's efforts to achieve interoperable communications among emergency responders at all levels of government have been hampered in part by an inadequate level of interagency collaboration.^{1,2}

¹GAO, *Project SAFECOM: Key Cross-Agency Emergency Communications Effort Requires Stronger Collaboration*, GAO-04-494 (Washington, D.C.: Apr. 16, 2004) and *Homeland Security: Management of First Responder Grant Programs and Efforts to Improve Accountability Continue to Evolve*, GAO-05-530T (Washington, D.C.: Apr. 12, 2005).

²For the purpose of this report we use the term "collaboration" broadly to include interagency activities that others have variously defined as "cooperation," "coordination," "integration," or "networking." We have done so since there are no commonly accepted definitions for these terms and we are unable to make definitive distinctions between these different types of interagency activities. The background section contains a more complete definition of collaboration as used in this report.

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- No overall strategy integrates the threat-reduction and nonproliferation programs of the Department of Defense (DOD), Department of Energy (DOE), and others, and the agencies' implementation of very similar programs has not always been well coordinated. In particular, there is no governmentwide guidance delineating the roles and responsibilities of agencies managing border security programs. According to DOD and DOE officials managing these programs, agencies' roles are not well delineated and coordination could be improved.³

We have also reported that agencies face a range of barriers when they attempt to collaborate with other agencies.⁴ One such barrier stems from missions that are not mutually reinforcing or that may even conflict, making reaching a consensus on strategies and priorities difficult. Another significant barrier to interagency collaboration is agencies' concerns about protecting jurisdiction over missions and control over resources. Finally, interagency collaboration is often hindered by incompatible procedures, processes, data, and computer systems. Instead, federal agencies carry out programs in a fragmented, uncoordinated way, resulting in a patchwork of programs that can waste scarce funds, confuse and frustrate program customers, and limit the overall effectiveness of the federal effort.

To help agencies overcome these barriers, and in response to your request, this report identifies key practices that can help enhance and sustain federal agency collaboration, along with illustrative examples from select agencies. We also considered our prior work on how the Government Performance and Results Act of 1993 (GPRA)⁵ can be used to identify opportunities for improved collaboration among federal agencies and on the role played by the Office of Management and Budget (OMB)—as the focal point for overall management in the executive branch agencies—in providing leadership and direction to federal agencies' collaborative efforts.

³GAO, *Weapons of Mass Destruction: Nonproliferation Programs Need Better Integration*, [GAO-05-157](#) (Washington, D.C.: Jan. 28, 2005).

⁴GAO, *Managing for Results: Barriers to Interagency Coordination*, [GAO/GGD-00-106](#) (Washington, D.C.: Mar. 29, 2000).

⁵Pub. L. No. 103-62, 107 Stat. 285 (1993). Under GPRA, federal agencies are required to develop strategic plans, performance plans, and performance reports that set long-term and annual goals along with the means for accomplishing the goals and report on achieving them.

To meet these objectives, we reviewed the relevant literature, including our prior reports, and interviewed experts in the area of collaboration. On the basis of these sources, we identified eight broad practices that can facilitate greater collaboration among federal agencies. We also identified areas where federal agencies are engaged in collaborative efforts. Although achieving results may involve the collaborative efforts of both federal and nonfederal partners, for the purpose of this work we focused on the practices that federal agencies can employ.⁶

To illustrate these practices, we selected three areas where federal agencies have developed substantial ongoing collaborations: Healthy People 2010—a long-standing effort to develop and track public health objectives for the nation, wildland fire management,⁷ and health resource sharing between the Department of Veterans Affairs (VA) and DOD at selected locations. We selected these areas based on expert views and our prior work indicating that collaboration was taking place in the area. The examples presented in this report are intended to be illustrative. Therefore, we did not seek to show how the agencies in each of the three collaborative areas engaged in every practice. In addition, because the focus of our work was to identify practices for effective collaboration, we did not assess whether the examples of collaboration practices we highlighted resulted in improved agency performance in the three areas.

To obtain perspectives on the practices we identified, we interviewed officials and reviewed documents from the federal agencies involved in the three collaborative efforts —VA, DOD, and the Departments of Agriculture (USDA), Education, Health and Human Services (HHS), and the Interior. In addition, we visited selected locations from among these agencies that were involved in sharing resources with each other. We also interviewed nonfederal stakeholders involved in the collaborative efforts we selected.

Appendix I provides a more detailed description of our scope and methodology.

⁶For factors that enhance regional collaboration across federal, state, and local entities see GAO, *Homeland Security: Effective Regional Coordination Can Enhance Emergency Preparedness*, [GAO-04-1009](#) (Washington, D.C.: Sept. 15, 2004).

⁷In prior GAO work on wildland fire management, we defined coordination as an activity that takes place among federal agencies and collaboration as an activity that occurs among federal and nonfederal partners. In this report we do not distinguish between the two terms. For further explanation see footnote 2.

We conducted our work from May 2004 through August 2005 in offices in the Washington, D.C. metropolitan area; Boise, Idaho; Louisville and Fort Knox, Kentucky; Pensacola, Florida; and Sacramento and Fairfield, California, in accordance with generally accepted government auditing standards.

Results in Brief

Collaboration can be broadly defined as any joint activity that is intended to produce more public value than could be produced when organizations act alone. Agencies can enhance and sustain their collaborative efforts by engaging in the practices identified below:

- **Define and articulate a common outcome.** VA Gulf Coast Health Care System and the Naval Hospital Pensacola, for example, collaborated on building a new joint ambulatory care clinic in order to improve the quality, access, and efficiency of health care delivery for their respective populations.
- **Establish mutually reinforcing or joint strategies** designed to help align activities, core processes, and resources to achieve a common outcome. VA and DOD, for example, developed a joint strategic plan for health resource sharing that discusses strategies such as developing joint guidelines and policies and providing joint training.
- **Identify and address needs by leveraging resources** to support the common outcome and, where necessary, opportunities to leverage resources. For example, the National Interagency Fire Center (NIFC), in Boise, Idaho, identifies and allocates federal firefighting resources from different agencies as needed to suppress wildland fires.
- **Agree on roles and responsibilities**, including leadership. Officials at the VA Northern California Health Care System and at Travis Air Force Base, for example, jointly developed a charter that specified the respective roles and responsibilities of an executive management team as well as a charter for a working group for health resource sharing.
- **Establish compatible policies, procedures, and other means to operate across agency boundaries**, including compatible standards and data systems, and communicate frequently to address such matters as cultural differences. Federal agencies with wildland fire management responsibilities developed an interagency handbook that defines the common standards, policies, and procedures they are to use in wildland fire operations.
- **Develop mechanisms to monitor, evaluate, and report on the results** of the collaborative effort. HHS holds periodic progress reviews to assess the status of achieving Healthy People 2010 objectives. The results of these reviews are publicly reported on the Healthy People website.

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- **Reinforce agency accountability for collaborative efforts** by using strategic and annual performance plans to establish complementary goals and strategies and by using performance reports to account for results. The Forest Service has a goal in its fiscal year 2004-2008 strategic plan, “Reduce the risk from catastrophic wildland fire,” that complements the interagency goals contained in the 10-year strategy for reducing wildland fire risk.
 - **Reinforce individual accountability for collaborative efforts** through performance management systems by identifying competencies related to collaboration and setting performance expectations for collaboration. Interior evaluates the performance of its senior executives, in part, on their ability to successfully collaborate with customers, partners, and stakeholders.

For a number of these practices, it is critical to involve nonfederal partners, key clients, and stakeholders in decisionmaking. Additionally, running throughout these practices are a number of factors such as leadership, trust, and organizational culture that are necessary elements for a collaborative relationship.

We have previously reported that GPRA, with its focus on strategic planning, the development of long-term goals, and accountability for results, provides a framework that Congress, OMB, and executive branch agencies can use to consider the appropriate mix of long-term strategic goals and strategies needed to identify and address crosscutting federal goals. For example, we have previously recommended that OMB could provide a broader perspective on the federal government’s goals and strategies to address issues that cut across different federal agencies, including redundancy and other inefficiencies in how the government does its business, by fully implementing the GPRA requirement to develop a governmentwide performance plan. Moreover, we recommended Congress amend GPRA to require a governmentwide strategic plan to provide a framework for identifying long-term goals and strategies for addressing crosscutting issues.

OMB, through the President’s Management Agenda (PMA), has emphasized improving government performance through governmentwide and agency-specific initiatives. OMB has established “standards for success” for the initiatives and rates agencies’ progress toward meeting these standards. Among the PMA initiatives, only one focuses specifically on improving coordination—coordination of VA and DOD programs and systems. However, many other areas that cut across agency boundaries would benefit from greater OMB focus and attention, including

information sharing for homeland security which we recently designated as a high-risk area.⁸ OMB has also used the Program Assessment Rating Tool (PART), a diagnostic tool consisting of questions designed to provide a consistent approach to rating federal programs. To determine whether programs are achieving results, PART assesses, among other things, whether programs are duplicative of other efforts—federal, state, local, and private—and whether agencies coordinate and collaborate effectively with related programs. The PART tool provides general guidance for assessing effective program coordination and collaboration, but does not discuss any practices for enhancing and sustaining collaboration, such as those described and illustrated in this report.

We recommend that the Director of OMB continue to encourage interagency collaboration by identifying additional programs in need of greater collaboration to achieve common outcomes and promoting the collaboration practices identified in this report. Options for encouraging interagency collaboration include expanding the PMA initiatives and associated standards for success to include a greater focus on collaboration and supplementing the PART guidance with information about the collaboration practices in this report.

We provided a draft of this report to the Director of OMB for comment. OMB's Counsel to the Deputy Director for Management responded orally that OMB agreed with the recommendation. We also provided relevant sections of a draft of this report to the agencies involved in the three collaboration efforts—VA, DOD, USDA, HHS, and the Departments of Education and the Interior. They offered technical suggestions, which we incorporated as appropriate.

Background

Although there is no commonly accepted definition for collaboration, for the purpose of this report we define it as any joint activity by two or more organizations that is intended to produce more public value than could be produced when the organizations act alone.⁹ For example, joint activities can range from occasional meetings between middle-management employees in which the existing division of labor of the respective agencies is reaffirmed to the more structured joint law enforcement teams

⁸GAO, *High-Risk Series: An Update*, [GAO-05-207](#) (Washington, D.C.: January 2005).

⁹See E. Bardach, *Getting Agencies to Work Together: The Practice and Theory of Managerial Craftsmanship* (Washington, D.C.: Brookings Institution, 1998).

operating over a long period of time.¹⁰ In contrast, absent effective collaboration, routine interagency meetings can be dutifully attended without having any substantive information communicated, joint agreements reached among the agencies, or agreements implemented. Although, according to this definition, collaboration can involve federal and nonfederal governmental organizations as well as nongovernmental organizations, this report focuses on the actions federal agencies can take to improve collaboration.

Federal Collaborative Efforts We Reviewed

To illustrate practices that can enhance and sustain collaboration among federal agencies, we selected three federal collaborative efforts—Healthy People 2010, wildland fire management, and VA and DOD health resource sharing—in which federal agencies work across agency lines to achieve common outcomes. Appendix II provides additional information on these three efforts.

Healthy People 2010

Healthy People 2010, a federal effort led by HHS and involving a number of other federal agencies, is a set of national public health objectives, with associated indicators to measure progress, which are revisited every 10 years. These objectives are intended to cover the most significant preventable threats to health and support two broad national goals—(1) increasing the quality and years of healthy life and (2) eliminating health disparities. The Healthy People objectives are divided among 28 focus areas. In this report we looked at two focus areas that involved multiple federal agencies—Nutrition and Overweight, and Disability and Secondary Conditions. The goal of the Nutrition and Overweight focus area is to promote health and reduce chronic disease associated with diet and weight. The Food and Drug Administration (FDA) and National Institutes of Health (NIH) are colead agencies for the Nutrition and Overweight focus area. The goal of the Disability and Secondary Conditions focus area is to promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population. The Centers for Disease Control and Prevention (CDC) and the Department of Education’s National Institute on Disability and Rehabilitation Research are colead agencies for Disability and Secondary Conditions. Since it was established in 1979, Healthy

¹⁰As Bardach maintains, if successfully done, occasional meetings by which participants agree upon their respective responsibilities increase public value. To successfully manage such agreement requires participants working together collaboratively.

People has engaged a diverse group of stakeholders throughout the country, including public and private organizations.

Wildland Fire Management

Wildland fires contribute to ecological health in forests and rangelands by maintaining plant species diversity, limiting the spread of insects and disease, and promoting new growth, among other things. However, past management practices, including a concerted federal policy in the 20th century of suppressing fires to protect communities and ecosystem resources, unintentionally resulted in steady accumulation of dense vegetation that fuels large, intense, wildland fires than can have catastrophic effects on ecosystems and nearby communities. Federal agencies responsible for wildland fire management (wildland fire agencies) include the Forest Service at USDA and the Bureau of Indian Affairs, Bureau of Land Management, Fish and Wildlife Service, and National Park Service at Interior.

The first single comprehensive federal wildland fire policy for USDA and Interior was established in 1995 in response to the prior year's fire season with its 34 fatalities.¹¹ The 1995 policy is based on several guiding principles including interagency cooperation—in particular, “fire management planning, preparedness, suppression, fire use, monitoring, and research will be conducted on an interagency basis with the involvement of all parties.” Interagency collaboration in the area of fire suppression, however, predated this 1995 federal policy. For example, the Bureau of Land Management and the Forest Service established a joint coordination center at Boise, Idaho, in 1965. This center has since evolved into the current NIFC, housing the five wildland fire agencies along with the National Weather Service, Department of Commerce; Office of Aircraft Services, Department of the Interior; United States Fire Administration, Department of Homeland Security; and the National Association of State Foresters. A series of catastrophic wildland fires in 2000 resulted in the wildland fire agencies and their partners developing a long-term, collaborative approach for reducing wildland fire risk and the reviewing and updating of the 1995 federal wildland fire policy. The collaborative approach and update are the basis for the current wildland fire management policy and practice.

¹¹U.S. Department of the Interior and U.S. Department of Agriculture, *Federal Wildland Fire Management Policy and Program Review: Final Report* (Washington, D.C.: Dec. 18, 1995).

VA and DOD Health Resource Sharing

VA operates one of the nation's largest health care systems. Of the 7.4 million total enrollees in fiscal year 2004, VA obligated \$28.4 billion to provide care to 5.2 million total patients, which included veterans and eligible nonveterans. Currently, health care is provided through 157 VA hospitals and nearly 900 outpatient clinics nationwide. DOD spends about \$30.4 billion on health care for over 9.1 million beneficiaries, including active-duty personnel and retirees, and their dependents. Most DOD health care is provided at more than 530 Army, Navy, and Air Force military treatment facilities worldwide, supplemented by civilian providers. While both agencies have distinct missions—the VA focuses on providing benefits to veterans and their families and DOD focuses on maintaining the combat readiness of the military—both provide health care services.

To encourage sharing of federal health resources between VA and DOD, in 1982 Congress passed the Veterans' Administration and Department of Defense Health Resources Sharing and Emergency Operations Act (the "Sharing Act").¹² Previously, VA and DOD health care facilities, many of which are colocated or in close geographic proximity, operated virtually independently of each other. The Sharing Act authorizes VA medical centers and military treatment facilities to become partners and enter into sharing agreements to buy, sell, and barter medical and support services. The intent of the law was not only to remove legal barriers, but also to encourage VA and DOD to engage in health resource sharing to more effectively and efficiently use federal health resources.

Additional legislation was passed in 2002 to encourage and foster VA and DOD health resource sharing. Under the Bob Stump National Defense Authorization Act for Fiscal Year 2003, VA and DOD were required, among other things, to develop a joint strategic plan and incorporate the joint goals and strategies into the respective departments' strategic and performance plans that are required under GPRA. VA and DOD were also required to establish a high-level interagency committee to develop and implement collaborative efforts and to establish a joint incentive program to provide incentives for implementing, funding, and evaluating creative health resource sharing initiatives. VA and DOD are each required to make a minimum contribution of \$15 million from each department's appropriations each year for four years to fund the joint program,¹³ the Joint Incentive Fund Program. Proposals for funding for either onetime

¹²Pub. L. No. 97-174, 96 Stat. 70 (May 4, 1982); House Report 97-72; Senate Report 97-137.

¹³Pub. L. No. 107-314, §721, 116 Stat. 2458, 2589-2595 (Dec. 2, 2002).

investments or recurring operations must be jointly developed by VA and DOD. To ensure continuity of operations, projects involving recurring costs must be self-sustaining and the incentive funds can be used for no more than two years for operational costs.

We have pointed out that VA and DOD health resource sharing faces long-standing barriers, including incompatible computer systems that affect the exchange of patient health information, inconsistent reimbursement and budgeting policies, and burdensome agreement approval processes.¹⁴ OMB has also singled out VA and DOD resource sharing for increased attention through its PMA initiative. Nonetheless, our work has also shown that at specific sites, VA and DOD are actively involved in health resource sharing activities.¹⁵ For this work, we reviewed health resource sharing at three of those sites, covering the Army, Navy, and Air Force. See appendix I for a complete list of the VA and DOD sites we visited.

Key Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies

Drawing from the literature we reviewed, the experts we interviewed, and our prior work, we identified eight key practices that can help federal agencies enhance and sustain their collaborative efforts. The federal collaborative efforts we reviewed helped further refine the practices and provided a wide variety of concrete illustrations of how the practices can apply in different federal agency contexts.

While collaboration among federal agencies can take many different forms, the practices generally consist of two or more agencies

- defining and articulating a common outcome;
- establishing mutually reinforcing or joint strategies to achieve the outcome;
- identifying and addressing needs by leveraging resources;
- agreeing upon agency roles and responsibilities;
- establishing compatible policies, procedures, and other means to operate across agency boundaries;
- developing mechanisms to monitor, evaluate, and report the results of collaborative efforts;

¹⁴GAO, *Opportunities for Congressional Oversight and Improved Use of Taxpayer Funds: Budgetary Implications of Selected GAO Work*, [GAO-04-649](#) (Washington, D.C.: May 7, 2004).

¹⁵GAO, *VA and DOD Health Care: Resource Sharing at Selected Sites*, [GAO-04-792](#) (Washington D.C.: July 21, 2004).

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- reinforcing agency accountability for collaborative efforts through agency plans and reports; and
 - reinforcing individual accountability for collaborative efforts through agency performance management systems.

For a number of these practices, it is also critical to involve nonfederal partners, key clients, and stakeholders in decision making. Additionally, agencies can strengthen their commitment to work collaboratively by articulating their agreements in formal documents, such as a memorandum of understanding, interagency guidance, or an interagency planning document, signed by senior officials in the respective agencies.

Running throughout these eight practices are a number of factors such as leadership and trust that are necessary elements for a collaborative working relationship. These factors are established, sustained, and reinforced through that relationship, thereby fostering a collaborative culture.¹⁶

Define and Articulate the Common Outcome

To overcome significant differences in agency missions, cultures, and established ways of doing business, collaborating agencies must have a clear and compelling rationale to work together. The compelling rationale for agencies to collaborate can be imposed externally through legislation or other directives or can come from the agencies' own perceptions of the benefits they can obtain from working together. In either case, the collaborative effort requires agency staff working across agency lines to define and articulate the common federal outcome or purpose they are seeking to achieve that is consistent with their respective agency goals and mission. Moreover, the development of a common outcome takes place over time and requires sustained resources and commitment.

Following the authority provided in the Sharing Act, a number of VA and DOD facilities have collaborated to achieve their common goals. VA Gulf Coast Health Care System and the Naval Hospital Pensacola, for example, collaborated to build a new joint ambulatory care clinic to improve the quality, access, and efficiency of health care delivery for their respective

¹⁶We identified a series of useful practices and implementation steps for mergers and organizational transformation that address a number of these same areas such as leadership and culture. See GAO, *Results-Oriented Cultures: Implementation Steps to Assist Mergers and Organizational Transformations*, [GAO-03-669](#) (Washington, D.C.: July 2, 2003).

populations. The VA wanted to expand its medical facilities and increase the type of medical services available in the area, as most beneficiaries who needed specialty care were transported by the VA to Biloxi, Mississippi, or New Orleans, Louisiana, adding to the cost of care.¹⁷ The Navy, with several aging medical facilities, was facing a demand for services from a growing population of retirees and students from the cryptology school on the naval base. Over the course of nearly a year, officials from the VA Gulf Coast Health Care System and the Naval Hospital Pensacola, who had already shared medical services in the past, agreed to build a joint ambulatory care center to provide closer and expanded services as a way of improving access for both VA and Navy populations. This agreement was formalized in a concept paper signed by the director of VA Gulf Coast Health Care System and the Commanding Officer of the Naval Hospital Pensacola.

USDA and Interior's current collaboration in managing wildland fires stemmed from the catastrophic wildland fires of 2000. The fires prompted the President to request that the Secretaries of USDA and the Interior develop a response to severe wildland fires, reduce their effects, and ensure sufficient firefighting resources in the future.¹⁸ Additionally, the conference committee report accompanying the fiscal year 2001 Interior appropriations act directed the Secretaries to work with the relevant Governors to develop a 10-year strategy for reducing wildland fire risk.¹⁹ The Departments' response and conference committee direction resulted in the National Fire Plan that included a collaborative approach for a 10-

¹⁷The VA facilities in Biloxi and New Orleans are both over 100 miles from the VA Pensacola Outpatient Clinic.

¹⁸U.S. Department of the Interior and U.S. Department of Agriculture, *Managing the Impact of Wildfires on Communities and the Environment: A Report to the President In Response to the Wildfires of 2000* (Washington, D.C.: Sept. 8, 2000).

¹⁹U.S. House of Representatives, *Making Appropriations for the Department of the Interior and Related Agencies for the Fiscal Year Ending September 30, 2001, and for Other Purposes*, Report 106-914 (Sept. 29, 2000).

year strategy and implementation plan to reduce the risk of catastrophic wildland fires.²⁰

The fires in 2000 also led to a review of the 1995 federal fire policy, which concluded that while the policy was sound and appropriate, the implementation was incomplete, particularly where it involved “collaboration, coordination, and integration across agency jurisdiction and across different disciplines.”²¹ As a result of the review, as well as studies by the National Academy of Public Administration and GAO, USDA and Interior established the Wildland Fire Leadership Council in 2002 to provide leadership and oversight in implementing the National Fire Plan and the federal fire policy. This interagency council, comprised of senior USDA and Interior officials, federal, state, tribal, and county representatives, including the heads of the five wildland fire agencies, meets regularly to foster policy coordination and the resolution of interagency differences.

In the case of the Healthy People initiative, federal agencies, along with state and local government agencies and nongovernmental organizations, came together voluntarily to collaborate because they shared an overall commitment to and responsibility for health promotion and disease prevention. Recognizing that progress in improving the nation’s health required the active participation and leadership of this diverse array of organizations, the collaboration has grown to over 600 organizations since it began in 1988. Officials from several federal agencies with public health responsibilities worked together to review and update as necessary the Healthy People objectives. For example, the CDC, along with the Department of Education’s National Institute on Disability and Rehabilitation Research, worked together to assess current public health conditions and concluded that the health and well-being of people with

²⁰U.S. Department of the Interior, U.S. Department of Agriculture, and Western Governors’ Association, *A Collaborative Approach for Reducing Wildland Fire Risks to Communities and the Environment: 10 Year Comprehensive Strategy* (Washington, D.C.: August 2001); and U.S. Department of the Interior, U.S. Department of Agriculture, and Western Governors’ Association, *A Collaborative Approach for Reducing Wildland Fire Risks to Communities and the Environment: 10-Year Comprehensive Strategy, Implementation Plan* (Washington, D.C.: May 2002).

²¹U.S. Department of the Interior, U.S. Department of Agriculture, Department of Energy, Department of Defense, Department of Commerce, U. S. Environmental Protection Agency, Federal Emergency Management Agency, and National Association of State Foresters, *Review and Update of the 1995 Federal Wildland Fire Management Policy* (Washington, D.C.: January 2001).

disabilities was an issue that could be better represented in the Healthy People 2010 agenda. Scientific and technological advances, societal attitudes, and labor market changes had redefined the extent to which physical or mental conditions are disabling,²² and such changes should also be reflected in the public health system. As a result of this collaborative review, “Disability and Secondary Conditions” was included as a new focus area for Healthy People 2010. The goal for this new focus area is to “promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities.” Specific objectives for this focus area include (1) establishing a standardized operational definition for disability and collecting information on people with disabilities, thereby enabling government policymakers, researchers, and clinicians to make better-informed decisions; (2) eliminating disparities in employment between working-age adults with and without disabilities; and (3) increasing the proportion of children and youth with disabilities in regular education programs.

In defining and articulating a common outcome, where appropriate, federal agencies should involve nonfederal partners, key clients, and stakeholders. In doing so, federal agencies can better address their interests and expectations and gain their support in achieving the objectives of the collaboration. In developing the Healthy People 2010 objectives, HHS included as partners nonfederal organizations such as state and local public health, mental health, and environmental agencies; professional health groups; and health and recreation organizations. In addition, HHS solicited public comments and invited individuals from academia, businesses, the faith community, health care providers, advocacy groups and community-based organizations, and nonprofit or voluntary agencies to attend public meetings to discuss the proposed Healthy People 2010 objectives.

Establish Mutually Reinforcing or Joint Strategies

To achieve a common outcome, collaborating agencies need to establish strategies that work in concert with those of their partners or are joint in nature. Such strategies help in aligning the partner agencies’ activities, core processes, and resources to accomplish the common outcome.

²²We also reported on how these changes have affected the ability of people with disabilities to work. See GAO, *SSA Disability: Program Redesign Necessary to Encourage Return to Work*, [GAO/HEHS-96-62](#) (Washington, D.C.: Apr. 24, 1996) and *SSA Disability: Other Programs May Provide Lessons for Improving Return-to-Work Efforts*, [GAO-01-153](#) (Washington, D.C.: Jan. 12, 2001).

Federal agencies have developed mutually reinforcing strategies to accomplish the Healthy People 2010 goal for the nutrition and overweight focus area—to promote health and reduce chronic diseases associated with diet and weight. For example, USDA, in collaboration with HHS, updates the Dietary Guidelines for Americans that provides advice on good dietary habits and serves as the basis for federal food and nutrition education programs.²³ One of FDA’s strategies to achieve this goal is to require that food labels provide information to consumers that will assist them in planning healthful diets. And one of NIH’s strategies towards this goal was to promote the use of their evidence-based guidance for treating overweight conditions and obesity—*Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*.²⁴

VA and DOD, on the other hand, have developed joint strategies. As required by the Bob Stump National Defense Authorization Act for Fiscal Year 2003, VA and DOD’s Joint Executive Council, comprised of senior leadership and staff involved in health and benefit activities from both agencies, developed a joint strategic plan for the delivery of benefits and services.²⁵ The plan identifies strategies for accomplishing each of six strategic goals. The strategies include developing joint guidelines and policies for the delivery of high-quality care and assurance of patient safety, and providing joint training in multiple disciplines.

In the area of wildland fire management, federal agencies have involved nonfederal partners, key clients, and stakeholders in the development of joint strategies to achieve their common goal of preventing and suppressing wildland fires. In the aftermath of a series of wildland fires in 2000, the President directed the Secretaries of USDA and the Interior to identify short-term strategies for responding to severe wildland fires. Subsequently, the conference committee report accompanying the fiscal year 2001 appropriations act directed the Secretaries to work with

²³The dietary guidelines have been jointly issued every 5 years since 1980. For the most recent guidelines see U.S. Department of Health and Human Services and U.S. Department of Agriculture, *Dietary Guidelines for Americans 2005* (Washington, D.C.: 2005).

²⁴National Institutes of Health, *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*, NIH Publication No. 98-4083 (Bethesda, Md.: September 1998).

²⁵Pub. L. 107-314 and Department of Veterans Affairs and Department of Defense, *Department of Veterans Affairs and Department of Defense Joint Strategic Plan, Fiscal Year 2005* (Washington, D.C.: December 2004).

Governors of the affected states on a long-term strategy to deal with wildland fires. Moreover, the Secretaries were directed to engage the Governors in a “collaborative structure to cooperatively develop” a comprehensive strategy with the states as “full partners in the planning, decision-making and implementation” of such strategy. Serving as a conduit for a broad range of nonfederal stakeholders, the Western Governors’ Association, in collaboration with USDA and Interior, developed a 10-year comprehensive strategy and implementation plan that includes a number of actions that are to be carried out in concert. For example, the Wildland Fire Leadership Council, National Association of State Foresters, and National Association of Counties are jointly responsible for assessing “the training, equipment, safety awareness of, and services provided by rural, volunteer, and other firefighters that work in the wildland-urban interface.”

Identify and Address Needs by Leveraging Resources

Collaborating agencies should identify the human, information technology, physical, and financial resources needed to initiate or sustain their collaborative effort. Collaborating agencies bring different levels of resources and capacities to the effort. By assessing their relative strengths and limitations, collaborating agencies can look for opportunities to address resource needs by leveraging each others’ resources, thus obtaining additional benefits that would not be available if they were working separately.

Wildland fire agencies collaborate to quickly identify and address resource needs for suppressing wildland fires. According to NIFC, no single agency is capable of providing the resources needed to respond to especially large fires or to multiple concurrent fires. NIFC monitors the occurrence of wildland fires and coordinates and mobilizes wildland firefighting resources nationally to suppress those fires. Local and regional federal fire centers unable to meet personnel, equipment, and supply needs contact NIFC in Boise, Idaho. In response, NIFC provides certain resources and requests others from the closest available federal agency. For example, NIFC could request firefighting resources, including aircraft, personnel, telecommunications equipment, and ground and air transportation for equipment and supplies, from the Forest Service, Bureau of Indian Affairs, Fish and Wildlife Service, and the National Park Service to respond to an incident on land under the jurisdiction of the Bureau of Land Management.

In the three cases we examined of VA and DOD health resource sharing, the agencies each had the incentive to work collaboratively to share facilities, medical supplies, and skilled medical personnel, enabling them

to leverage resources. For example, in 1996 the Ireland Army Community Hospital at Fort Knox entered into an agreement with the Louisville VA Medical Center in which VA would provide primary care services for active duty military personnel and their families. In return, the Army provided VA with space, supplies, and equipment for a new outpatient clinic for VA patients and agreed to fill some prescriptions for VA patients. As a VA official noted, in a time of tight resources, there is an incentive for the VA and the Army to be partners, enabling them to accomplish their respective missions.

In another example, the VA Northern California Health Care Systems and the David Grant Medical Center at Travis Air Force Base established a joint dialysis clinic that expanded services and increased the number of VA and Air Force patients served. Prior to the opening of the joint clinic, the medical center made its dialysis clinic available on an emergency basis to the VA, which lacked its own dialysis facilities. The VA sent its northern California patients to private physicians in the area at a higher cost. With a growing demand for dialysis services, the VA and Air Force worked collaboratively to develop and submit a proposal to the national Joint Incentive Fund for a joint clinic. This joint proposal was subsequently awarded funding, enabling an expansion of the dialysis facility to serve both DOD and VA patients.

Agree on Roles and Responsibilities

Collaborating agencies should work together to define and agree on their respective roles and responsibilities, including how the collaborative effort will be led. In doing so, agencies can clarify who will do what, organize their joint and individual efforts, and facilitate decisionmaking. Committed leadership by those involved in the collaborative effort, from all levels of the organization, is also needed to overcome the many barriers to working across agency boundaries.

The five federal agencies with wildland fire management responsibilities jointly developed and update the *Interagency Standards for Fire and Fire Aviation Operations*—an operations handbook that defines the roles and responsibilities for all personnel engaged in managing wildland fire operations, regardless of agency affiliation. For example, according to the handbook, the Incident Commander for a wildland fire is responsible for all incident activities, including developing the fire management strategy and tactics, and ordering, deploying, and releasing resources. The Incident Commander is supported by an Incident Command Staff that may include a safety officer, information officer, operations section chief, planning section chief, logistics section chief, finance section chief, and a liaisons

officer.²⁶ In addition to specifying the roles and responsibilities, the interagency handbook also identifies the qualifications required for each position. For each wildland fire incident, staff meeting these qualifications are assigned to these roles, regardless of the agency for which they work.

The VA and the Air Force in Northern California specified the roles and responsibilities for health resource sharing in two joint charters. These charters define a jointly staffed management structure for resource sharing—the Executive Management Team and the Joint Initiatives Working Group. One charter defines the roles and responsibilities of the Executive Management Team in determining the workload and fiscal implications of the sharing agreements, providing a dispute resolution system for the collaborative effort, and setting policy for sharing agreements and joint ventures. The other defines the roles and responsibilities of the Joint Initiatives Working Group for making recommendations to the Executive Management Team on sharing opportunities, reimbursement methodologies, facility and space considerations, and staffing personnel requirements. These charters have helped sustain the collaborative effort, despite routine rotations of DOD staff to other military installations.

The leadership continuity provided by VA partners has also helped to sustain collaborative efforts in the face of periodic changes in DOD leadership. At the three local sites we visited, VA and DOD officials we spoke with said that it was important to have committed VA individuals who had a common understanding of both the VA and military environment and resource needs. One official said such individuals are instrumental in initiating and sustaining the collaboration for resource sharing.

²⁶The Incident Command System (ICS), the onsite management system, provides a common organizational structure, procedures, and standards for agencies responding to wildland fires. This ICS system has since been adopted nationally as the National Incident Management System by the Department of Homeland Security to be utilized for all emergencies including terrorism, floods, and hurricanes. The ICS system has also been adopted by other countries, such as Canada, Australia, and New Zealand.

Establish Compatible Policies, Procedures, and Other Means to Operate across Agency Boundaries

To facilitate collaboration, agencies need to address the compatibility of standards, policies, procedures, and data systems that will be used in the collaborative effort. Furthermore, as agencies bring diverse cultures to the collaborative effort, it is important to address these differences to enable a cohesive working relationship and to create the mutual trust required to enhance and sustain the collaborative effort. Frequent communication among collaborating agencies is another means to facilitate working across agency boundaries and prevent misunderstanding.

The *Interagency Standards for Fire and Fire Aviation Operations* handbook mentioned previously also specifies common standards, operational policies, and procedures used for wildland fire operations. The interagency handbook includes standards for training and firefighting equipment as well as policies and procedures for developing a response to wildland fire, aviation operations, and communications. For example, the handbook specifies the standards for the chemicals used to suppress wildland fires, such as long-term retardants, suppressant foam, and water enhancers. It also establishes policies and procedures for the safe application of aerial and ground suppressants in a way that does not harm the ecosystem.

The interagency Wildland Fire Leadership Council was established by USDA and Interior to facilitate collaboration across agency boundaries by providing leadership and the consistent implementation of wildland fire management goals and policy. The council deals with national policy issues, such as nationwide resource allocation and prioritization that cut across the different federal agencies. One official noted that the council members are the ultimate authority within their departments for wildland fire management. As such, they can negotiate and set wildland fire management policy for their respective departments. Council members are to ensure their respective agency's disparate interests, missions, and multiple responsibilities are not adversely affected by policy decisions the council makes collectively. While the council meets several times a year,

council staff—coordinators from both USDA and Interior—communicate more frequently and serve as liaisons to the various agencies.²⁷

Collaborating agencies may also need to find common ground while still satisfying their respective operating needs. For example, in discussing where to locate the new joint ambulatory care clinic, VA and DOD at Pensacola had to overcome differences in their respective security standards. VA officials had expressed concern about their beneficiaries' access to medical facilities located on military bases during periods of heightened security. Navy officials wanted the new clinic to be within walking distance from the Center for Cryptology so students attending the school could have easy access. At the same time, the Navy had concerns that easy access to the base could expose the cryptology school, which is a top secret facility, to unauthorized individuals. To address differences in security standards, the VA and the Navy agreed to install a security fence around the new clinic, creating an enclave within the naval base with a separate entrance that is accessible from a public highway.

The ability to work collaboratively requires mutual trust among the respective parties—a shared belief that the partners will carry out their part of the joint agreement. Experts in collaboration and agency officials involved in all three efforts we examined—Healthy People 2010, VA and DOD health resource sharing, and wildland fire management—mentioned trust as a key to enhancing and sustaining collaborative efforts. Trust can be fostered in a variety of ways. For example, officials at NIFC suggested that trust among staff from the different wildland fire agencies was fostered through joint activities that provided opportunities for face-to-face interaction, such as interagency training and national or regional conferences. Trust can also be a function of shared interest or background in an area. In the case of NIFC, although staff have different agency affiliations, most of them have field experience fighting fires.

Fostering an interagency culture, according to NIFC staff we interviewed, can help facilitate collaborative efforts across agency boundaries and

²⁷Staffing for the Wildland Fire Leadership Council at USDA is under the Forest Service's National Coordinator for the National Fire Plan, while staffing at Interior is under the Office of Wildland Fire Coordination. These two offices are also responsible for coordinating with the other federal agencies and nonfederal partners, such as the Federal Emergency Management Agency, U.S. Geological Survey, National Governors Association, Intertribal Timber Council, National Association of State Foresters, and National Association of Counties.

enhances a cohesive working relationship among staff from the different federal agencies with wildland fire responsibilities. For example, the agencies at NIFC reinforce a common interagency culture by hiring staff who have had experience and feel comfortable working in an interagency environment. An interagency environment, according to one official, is reinforced at NIFC in a variety of ways, including staff wearing a common interagency badge and co-location of staff by functional areas rather than by agency, reflecting the integrated staffing.

Develop Mechanisms to Monitor, Evaluate, and Report Results

Federal agencies engaged in collaborative efforts need to create the means to monitor and evaluate their efforts to enable them to identify areas for improvement. Reporting on these activities can help key decision makers within the agencies, as well as clients and stakeholders, to obtain feedback for improving both policy and operational effectiveness.

To monitor and report on the status of achieving the Healthy People 2010 objectives, HHS holds progress reviews in which the federal agencies with lead responsibilities for a focus area report on the progress towards achieving the objectives. Other federal agencies that do work related to the focus area also participate in these meetings. The agencies discuss the data trends, barriers to achieving the objectives, strategies undertaken to overcome barriers, and alternative approaches to attain further progress. A summary report of the progress review, including contact information, is made available to the public through the Healthy People website. Additionally, HHS conducts a midcourse review to assess the status of the overall Healthy People objectives and identify the significant health trends and gaps in preventive health issues. As the midcourse review could result in the modification of the Healthy People 2010 objectives, the proposed revisions to the objectives will be made available for public comment.²⁸

Federal wildland fire agencies assess fire operations through “after action” reviews. According to interagency policy and standards, after each wildland fire incident, the wildland fire agencies should conduct reviews with personnel from different agencies along functional areas—for example, the incident management team and smokejumpers (firefighters

²⁸The 30-day public comment period for the proposed midcourse review revisions was held from August 15, 2005, through September 15, 2005, with the final revisions to be issued in 2006. Additionally, according to NIH officials, HHS uses a publicly available online database, DATA2010, to monitor and report on the status of achieving the Healthy People objectives.

who use parachutes to get to the fire).²⁹ As part of these reviews, personnel who worked on the incident discuss the strengths and weaknesses of the operations and determine what can be learned from it. Personnel assess what was planned, what actually happened, why, and what can be done to improve wildland fire management. Managers should address such aspects as the initial assessment of resource requirements, safety and welfare of personnel, fire suppression operations, and administrative responsibilities. According to federal wildland fire management policy, these after action reviews are then used to modify fire management plans.

Wildland fire agencies also plan to evaluate their overall joint activities, although these evaluations have not yet been conducted. Under the *Interagency Strategy for the Implementation of Federal Wildland Fire Management Policy*, USDA and Interior agreed to conduct fire management reviews approximately every 4 years to provide information for improving both policy and operational effectiveness.³⁰ According to the interagency strategy, these evaluations will be consistent with GPRA requirements and agency strategic plans.

Reinforce Agency Accountability for Collaborative Efforts through Agency Plans and Reports

A focus on results, as envisioned by GPRA, implies that federal programs contributing to the same or similar results should collaborate to ensure that goals are consistent and, as appropriate, program efforts are mutually reinforcing. Federal agencies can use their strategic and annual performance plans as tools to drive collaboration with other agencies and partners and establish complementary goals and strategies for achieving results. Such plans can also reinforce accountability for the collaboration by aligning agency goals and strategies with those of the collaborative efforts. Accountability for collaboration is reinforced through public reporting of agency results.

USDA, a stakeholder for the Nutrition and Overweight focus area of Healthy People 2010, uses its strategic plan to reinforce its commitment to support key Healthy People 2010 objectives. The main goal for the Nutrition and Overweight focus area in Healthy People 2010 is to “Promote

²⁹Smokejumpers conduct after action reviews after each mission rather than a single review at the end of the wildland fire incident.

³⁰U.S. Department of Agriculture and U.S. Department of the Interior, *Interagency Strategy for the Implementation of Federal Wildland Fire Management Policy*, June 20, 2003. This policy was approved by the departments on April 21, 2004.

health and reduce chronic disease associated with diet and weight.” To track progress towards that goal, Healthy People developed seven objectives related to food and nutrient intake, such as fruit intake and total fat intake. A goal in USDA’s strategic plan for fiscal years 2002-2007 is to contribute to reductions in obesity of the American public consistent with the goals of Healthy People 2010. Specifically, one of the performance measures in USDA’s strategic plan is to promote healthier eating habits and lifestyles, setting as a goal for 2007, as a partner with HHS, “to take actions to encourage a reduction in overweight and obesity such that adult obesity will be no greater than 20% and child and adolescent overweight will be no greater than 8%.”³¹

Federal agencies involved in wildland fire management have goals in their strategic plans that are compatible with those of the National Fire Plan’s 10-year comprehensive strategy to reduce the wildland fire risk to communities and the environment. In its fiscal year 2003-2008 strategic plan, Interior makes specific reference to the National Fire Plan and the 10-year comprehensive strategy. Additionally, the plan describes strategies that include restoring fire-adapted ecosystems and reducing hazardous fuels through collaboration, consistent with the 10-year comprehensive strategy. Similarly, the Forest Service, also making specific reference to the 10-year comprehensive strategy, has a compatible goal—“Reduce the risk from catastrophic wildland fire”—in its strategic plan for fiscal years 2004-2008.

Reinforce Individual Accountability for Collaborative Efforts through Performance Management Systems

High-performing organizations use their performance management systems to strengthen accountability for results, specifically by placing greater emphasis on fostering the necessary collaboration both within and across organizational boundaries to achieve results.³² Within the federal government, the Office of Personnel Management (OPM) and OMB now require such emphasis under the new performance-based pay system for agency senior executives. Under this system, agencies are to hold executives accountable for, among other things, collaboration and teamwork across organizational boundaries to help achieve goals by requiring the executives to identify programmatic crosscutting, and

³¹Note that while USDA set these percentage targets to be achieved by 2007, Healthy People 2010 has set targets of 15 and 5 percent, respectively, to be achieved by 2010.

³²GAO, *Results-Oriented Cultures: Creating a Clear Linkage between Individual Performance and Organizational Success*, [GAO-03-488](#) (Washington, D.C.: Mar. 14, 2003).

partnership-oriented goals through the performance expectations in their individual performance plans.

As a first step in reinforcing individual accountability for collaborative efforts, agencies set expectations for senior executives for collaboration within and across organizational boundaries in their individual performance plans. For example, as part of its Senior Executive Service (SES) performance management system, Interior, one of the agencies involved in wildland fire management, requires all of its senior executives to incorporate in their individual performance plans a competency related to collaboration—“Building Collaboration and Partnerships with Customers/Partners/Stakeholders.” Specifically, for this competency, senior executives are to communicate, consult, and cooperate with customers, partners, and stakeholders to ensure that Interior’s missions and programs effectively empower citizens in the support of conservation. According to an Interior official, Interior’s bureaus have the flexibility to cascade the required senior executive competency related to collaboration to their non-SES employees’ individual performance plans.

In addition, we have recommended that agencies have senior executives identify specific programmatic crosscutting goals that would require collaboration to achieve in their individual performance plans.³³ To this end, HHS holds all senior executives accountable for the crosscutting “One-HHS” program objectives that relate to their job responsibilities.³⁴ For example, NIH senior executives are to cascade the One-HHS program objectives into their individual performance plans, as appropriate. One of these program objectives is to “improve the quality of health care” by improving the coordination, communication, and application of health research results. To meet this objective, an NIH senior executive, who is the agency’s colead for the Healthy People 2010 Nutrition and Overweight focus area, set an expectation in her individual performance plan to enhance health care quality and treatment through the coordination and translation of nutrition sciences, obesity, and physical activity research and policy-related activities, through collaborative and coordinated interagency activities at the federal and other levels. Further, NIH is

³³GAO, *Human Capital: Senior Executive Performance Management Can Be Significantly Strengthened to Achieve Results*, GAO-04-614 (Washington, D.C.: May 26, 2004).

³⁴The One-HHS management and program objectives reflect the goals and priorities of the Secretary of HHS for the department.

beginning to cascade the One-HHS program objectives to all NIH employees through their individual performance plans.

In addition, we have recommended that agencies have senior executives name the relevant internal or external organizations with which they would collaborate to reinforce a focus across organizational boundaries.³⁵ To this end, a senior executive at Interior's Bureau of Land Management set an expectation in his individual performance plan to assure that interagency fire program policies and operational changes are made in collaboration with interagency partners and stakeholders. In his self-assessment for the year, the senior executive named the Fire Director for the USDA Forest Service. The National Wildfire Coordinating Group, an interagency activity coordinating group, tasked the executive and the Fire Director to develop an interagency implementation strategy for the federal wildland fire management policy. By closely collaborating with other federal agencies and state representatives, the senior executive and the USDA Fire Director designed a strategy that was approved for implementation by the Wildland Fire Leadership Council last year.

High-performing organizations include results-oriented goals in individual performance plans (or performance agreements) to encourage senior executives to work collaboratively across traditional organizational boundaries or "silos." We reported in October 2000 that the Veterans Health Administration's Veterans Integrated Service Network (VISN) headquartered in Cincinnati implemented performance agreements that focused on patient services for the entire VISN and were designed to encourage the VISN's medical centers to work collaboratively.³⁶ In 2000, the VISN Director had a performance agreement with "care line" directors for patient services, such as primary care, medical and surgical care, and mental health care. In particular, the mental health care line director's performance agreement included improvement goals related to mental health for the entire VISN. To make progress towards these goals, this care line director had to work across each of the VISN's four medical centers with the corresponding care line managers at each medical center. As part of this collaboration, the care line director needed to establish consensus among VISN officials and external stakeholders on the strategic direction for the services provided by the mental health care line across the VISN;

³⁵GAO-04-614.

³⁶GAO, *Managing for Results: Emerging Benefits From Selected Agencies' Use of Performance Agreements*, GAO-01-115 (Washington, D.C.: Oct. 30, 2000).

develop, implement, and revise integrated clinical programs to reflect that strategic direction for the VISN; and allocate resources among the centers for mental health programs to implement these programs.

GPRA and OMB's Management Tools Offer Opportunities to Foster Greater Collaboration among Federal Agencies

GPRA, with its focus on strategic planning, the development of long-term goals, and accountability for results, provides a framework that Congress, OMB, and executive branch agencies can use to consider the appropriate mix of long-term strategic goals and strategies needed to identify and address federal goals that cut across agency boundaries. For example, we have previously reported that the strategic and annual performance planning processes under GPRA provide opportunities for federal agencies to identify other agencies addressing related outcomes, and coordinate with these agencies to ensure that program goals are complementary; strategies are mutually reinforcing; and, as appropriate, common performance measures are used.

OMB, as the focal point for overall management in the executive branch, plays a key role in aligning the federal government's resources and activities. To better manage the accomplishment of crosscutting policy goals, we have recommended that OMB fully implement the GPRA requirement to develop a governmentwide performance plan.³⁷ A governmentwide performance plan could provide a broader perspective of the federal government's goals and strategies to address issues that cut across different federal agencies, including redundancy and other inefficiencies in how the government does its business.

Moreover, we have recommended Congress amend GPRA to require a governmentwide strategic plan to provide a framework for identifying long-term goals and strategies for addressing crosscutting issues. A strategic plan for the federal government, along with key national indicators to assess the government's performance, could provide an additional tool for governmentwide reexamination of existing programs, as well as proposals for new programs. If fully developed, a governmentwide strategic plan can potentially provide a cohesive perspective on the long-term goals of the federal government and provide a much-needed basis for fully integrating, rather than merely coordinating, a wide array of federal activities.

³⁷GAO, *Results-Oriented Government: GPRA Has Established a Solid Foundation for Achieving Greater Results*, [GAO-04-38](#) (Washington, D.C.: Mar. 10, 2004).

In addition to the role it could play in implementing GPRA, OMB could also use its PMA (President’s Management Agenda) and PART (Program Assessment Rating Tool) tools to foster greater federal agency collaboration. According to OMB, the PMA was implemented to remedy long-standing federal agency management and performance challenges. The PMA consists of five governmentwide initiatives—strategic management of human capital, competitive sourcing, improved financial performance, expanded electronic government, and budget and performance integration. For each initiative, OMB has established goals or “standards for success,” and OMB rates agencies’ status each quarter in achieving the goals and making progress toward them. Additionally, the PMA has nine agency-specific initiatives such as privatization of military housing and reform of food aid programs, which OMB also rates quarterly.³⁸

Among the governmentwide initiatives in the PMA is the strategic management of human capital. One of the standards for success for this initiative is having performance appraisals and award programs for all members of the SES and managers, as well as most of the workforce, that effectively align with agency mission, goals, and outcomes and hold them accountable for results. In addition, as stated earlier, high-performing organizations can place greater emphasis on fostering necessary collaboration to achieve results through their performance management systems for all levels of employees. OMB and OPM have recognized this strategic use of performance management and require SES members to be held accountable for collaboration and teamwork across organizational boundaries.³⁹ However, the PMA standards do not include a similar focus on collaboration and teamwork for managers and the rest of the workforce, and thus miss an opportunity to reinforce to agencies that their performance management systems are strategic tools to strengthen accountability for results.

One of the nine agency-specific initiatives focuses on improving coordination of VA and DOD programs and systems to allow for the seamless transition and continuity of care of beneficiaries from active duty

³⁸OMB, “The President’s Management Agenda, Fiscal Year 2002” (Washington, D.C.: August 2001). See also GAO, *Management Reform: Assessing the President’s Management Agenda*, [GAO-05-574T](#) (Washington, D.C.: Apr. 21, 2005).

³⁹Executive Performance and Accountability Regulations, 69 Fed. Reg. 45548 (July 29, 2004) (codified at 5 C.F.R. pts. 430, 1330).

to veteran status. Apart from this case, however, our work has shown that many issues cut across more than one agency and their actions are not well coordinated. Therefore, such issues would benefit from the greater attention and focus that PMA could provide. For example, information sharing for securing the homeland is a governmentwide effort involving multiple federal agencies, including OMB; DOD; the Departments of Homeland Security, Justice, and State; and the Central Intelligence Agency. We have recently highlighted this issue as a high-risk area in need of broad-based transformation in order to facilitate information sharing among and between government entities and the private sector.⁴⁰ To do this will require an extraordinary level of collaboration among the federal, state, and local governments and the private sector.

OMB developed PART as a diagnostic tool meant to provide a consistent approach to assessing federal programs during the executive budget formulation process. PART covers four broad topics for all programs selected for review: (1) program purpose and design, (2) strategic planning, (3) program management, and (4) program results. In conducting PART assessments of federal agency programs, OMB considers, among other things, whether the program coordinates and collaborates effectively with related programs and whether duplication exists. In addition, consistent with our recommendation, OMB has begun to use the PART framework to conduct assessments of groups of programs in similar areas that cut across agency boundaries.⁴¹ The PART tool provides general guidance for assessing effective program coordination and collaboration: to demonstrate effective collaboration, agencies need to provide evidence of collaborative efforts “leading to meaningful actions in management and resource allocation”—for example, a joint grant announcement, planning documents, or performance goals. However, while these are important steps, as OMB recognizes, such evidence alone does not demonstrate that meaningful collaboration has occurred.

⁴⁰[GAO-05-207](#).

⁴¹See GAO, *Performance Budgeting: Observations on the Use of OMB's Program Assessment Rating Tool for the Fiscal Year 2004 Budget*, [GAO-04-174](#) (Washington, D.C.: Jan. 30, 2004). A follow-up report, scheduled to be issued in October 2005, examines the effects the PART recommendations have on agency operations and program results, the relationship between PART and GPRA, and congressional involvement in the PART process.

Agency officials from each of the case study agencies we interviewed agreed that OMB could play an effective role in fostering greater collaboration among federal agencies. Some officials we interviewed indicated that the PMA and PART tools were appropriate vehicles for sharing the practices in this report. For example, an official stated that for VA and DOD resource sharing, being singled out as a PMA initiative provided a high level of visibility to the issue—the additional attention they have received by having a higher-level entity such as OMB focus on the issue has been helpful in directing leadership attention and resources. Furthermore, some officials stated that it would be helpful to have more expanded criteria for assessing collaboration than the existing guidance provided by OMB for its PART assessments.

Conclusions

As the challenges of the 21st century grow, it will become increasingly important for Congress, OMB, and executive agencies to consider how the federal government can maximize performance and results through improved collaboration. Our prior work has shown that many issues cut across more than one agency and their actions are not well coordinated. In this report, we identify key practices that can help enhance and sustain collaboration among federal agencies. We also describe how select agencies' collaboration efforts to address common goals reflect one or more of these practices. The specific ways in which the case agencies implemented the practices may not be appropriate for adoption by other federal agencies seeking to improve their collaboration. Nevertheless, the practices themselves can be adapted to address the specific collaboration challenges each agency faces.

The strategic, annual, and performance planning processes under GPRA provide a means for agencies to ensure that their goals for crosscutting programs complement those of other agencies; program strategies are mutually reinforcing; and, as appropriate, common performance measures are used and they place greater emphasis on collaboration in agency performance management systems. Furthermore, as we have recommended, governmentwide strategic and annual planning approaches led by OMB could aid in improving collaboration across agency lines.

OMB has a central role in overseeing the management of federal agencies and has used its role to promote results-oriented management practices. Under its PMA initiatives, OMB has highlighted an agency-specific initiative—coordination of VA and DOD programs and systems—for improvement. However, this is only one of a number of areas that OMB could be focusing on to improve coordination among federal agencies.

Moreover, given the problems we have previously identified with interagency coordination and collaboration, OMB could bring greater agency attention to improving collaboration by creating a governmentwide PMA initiative related to coordination and collaboration akin to its other five governmentwide initiatives. Furthermore, OMB does not specifically emphasize collaboration in its standards for successful strategic human capital management. In its PART program, OMB has also highlighted effective coordination as one of its assessment criteria. But it does not rely on sufficient information to assess the effectiveness of the collaboration nor has OMB offered information on practices that could assist agencies in enhancing their capacity to coordinate and collaborate effectively. OMB could, therefore, complement its existing efforts by looking to the practices in this report as additional evidence of collaboration or to help diagnose why collaborative efforts have not produced desired results.

Recommendation for Executive Action

We recommend that the Director of OMB continue to encourage interagency collaboration by focusing attention on additional areas in need of greater collaboration to achieve common outcomes and promoting the collaboration practices identified in this report. Options for doing this could involve

- expanding the PMA initiatives and standards to include either an additional governmentwide initiative focused on improving collaboration across federal agencies or additional agency initiatives focused on specific areas in need of improved collaboration;
- expanding the standards for the PMA's strategic management of human capital initiative to reflect the need for agencies to hold individuals accountable, through their performance management systems, for coordinating and collaborating within and across organizational boundaries in order to help the agencies achieve their mission, goals, and outcomes; and
- supplementing the PART guidance on interagency coordination with information about the collaboration practices in this report.

Agency Comments and Our Evaluation

We provided a draft of this report to the Director of OMB for comment. OMB's Counsel to the Deputy Director for Management responded orally that OMB agreed with the recommendation. We also provided relevant sections of a draft of this report to the agencies involved in the three collaboration efforts—VA, DOD, USDA, HHS, and the Departments of Education and the Interior. They offered technical suggestions which we incorporated as appropriate.

We are sending copies of this report to other interested congressional committees. We are also sending copies to the Director of OMB. We will make copies available to others upon request. In addition, this report is 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) 512-6543 or at steinhardt@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Key contributors to this report are listed in appendix III.

Sincerely yours,

A handwritten signature in cursive script that reads "Bernice Steinhardt".

Bernice Steinhardt
Director, Strategic Issues

Appendix I: Scope and Methodology

To identify key practices that can help enhance and sustain collaboration as well as federal agency collaborative efforts that illustrate these practices, we reviewed academic literature and prior GAO and Congressional Research Service reports. In addition, we interviewed experts in coordination, collaboration, partnerships, and networks from the National Academy of Public Administration, the IBM Center for The Business of Government, and the University of California, Berkeley. Although achieving results may involve the collaborative efforts of both federal and nonfederal partners, for the purpose of this work we focused on the practices that federal agencies can employ.

Using our literature review and interviews, we derived a set of practices that we believe can help enhance and sustain federal agency collaborative efforts. After examining the various approaches, frameworks, and models that have been used to describe collaboration practices, we derived from that material a set of practices that are consistent with results-oriented performance management and agency requirements under the Government Performance and Results Act of 1993. Therefore, we do not consider our categorization of the practices for collaborative efforts to be definitive and recognize that alternative categorizations of practices could be developed and additional practices included.

While we generally believe that the application of as many of these practices as possible increases the likelihood of effective collaboration, we also recognize that there is a wide range of situations and circumstances in which agencies work together. Consequently, in some cases the judicious adoption of even a few practices may be sufficient for effective collaboration while in other cases the adoption of all these practices may not be sufficient to guarantee an effective working relationship.

To illustrate, and to also help refine these practices, we selected three areas where federal agencies have developed ongoing collaborations: Healthy People 2010—a long-standing effort to develop and track public health objectives for the nation, wildland fire management, and health resource sharing between Veterans Affairs (VA) and the Department of Defense (DOD). We selected these areas based on expert views and our prior work indicating that substantial collaboration was taking place. We selected examples from among the three collaborative efforts that, in our judgment, most clearly illustrated and supported the practices we identified. Therefore, agencies other than those cited for a particular practice may, or may not, be engaged in the same practice. As the objectives of this work were to identify practices that can help enhance

and sustain such collaboration, we did not assess whether the examples of collaboration practices we highlighted resulted in improved performance in these three areas.

For our review, we selected two Healthy People 2010 focus areas—“Disability and Secondary Conditions” and “Nutrition and Overweight”—that involve substantial collaboration among the Department of Health and Human Services (HHS), which leads this initiative, and non-HHS agencies. The Department of Education’s National Institute on Disability and Rehabilitation Research coleads the Disability and Secondary Conditions focus area with HHS’s Centers for Disease Control and Prevention (CDC). While HHS’s Food and Drug Administration (FDA) and National Institutes of Health (NIH) colead the Nutrition and Overweight focus area, with the CDC’s National Center for Health Statistics providing the majority of data for assessing progress toward attaining the Nutrition and Overweight objectives, the U.S. Department of Agriculture (USDA) provides most of the food and consumption data.

To obtain perspectives on the practices being used by the federal agencies involved in Healthy People 2010, we reviewed literature on Healthy People and met with officials from the National Academy of Public Administration and the Robert Wood Johnson Foundation. We interviewed federal officials from the Office of Disease Prevention and Health Promotion at HHS who coordinate this effort. We also interviewed federal officials from USDA’s Agriculture Research Service, Center for Nutrition Policy and Promotion, and Food and Nutrition Service; HHS’s FDA, CDC, and NIH; and the Department of Education’s National Institute on Disability and Rehabilitation Research.

We judgementally selected and interviewed officials from three state health agencies that differed in their approaches to healthy people initiatives—Iowa Division of Administration, Pennsylvania Bureau of Health Planning, and the California Department of Health Services—to obtain nonfederal perspectives on the federal collaborative efforts to develop Healthy People 2010.

To obtain perspectives on the practices used by VA and DOD to share health resources, we reviewed our prior reports and met with officials from VA’s Resource Sharing Office and DOD’s DOD-VA Program Coordination Office. We also spoke with VA and DOD staff and reviewed agency documents they provided at the specific sites we visited in California, Florida, and Kentucky covering the Air Force, Navy, and Army respectively. In California, we visited the VA McClellan outpatient clinic in

Sacramento and the David Grant Medical Center at Travis Air Force Base. In Florida, we visited the VA Outpatient Clinic, Naval Hospital, and Corry Station Branch Medical Clinic—all in Pensacola. In Kentucky, we visited the Louisville VA Medical Center, the VA Community Based Outpatient Clinic in Standiford Field, and Ireland Army Community Hospital in Fort Knox.

To obtain perspectives on the practices being used by the federal agencies involved in wildland fire management, we reviewed our prior reports and documents we obtained from these agencies. We interviewed officials from the Office of the National Fire Plan Coordinator at the Forest Service and the Office of Wildland Fire Coordination at the Department of the Interior. We also visited the National Interagency Fire Center (NIFC) at Boise, Idaho, and interviewed NIFC staff from six federal agencies—the Bureau of Land Management, Bureau of Indian Affairs, Fish and Wildlife Service, and National Park Service of the Department of the Interior; the Forest Service of USDA; and the National Weather Service of the Department of Commerce. While at NIFC, we also interviewed staff from Interior’s Office of Aviation Services. To obtain a perspective from stakeholders on federal interagency collaboration, we interviewed representatives from the Western Governors’ Association and the National Association of State Foresters.

We conducted our work from May 2004 through August 2005 in offices in the Washington, D.C. metropolitan area; Boise, Idaho; Louisville and Fort Knox, Kentucky; Pensacola, Florida; and Sacramento and Fairfield, California, in accordance with generally accepted government auditing standards.

Appendix II: Federal Collaborative Efforts We Reviewed

Table 1: Federal Collaborative Efforts We Reviewed

Federal collaborative effort	Description	Key federal agencies, partners, and stakeholders
Healthy People 2010	<p>The Healthy People 2010 initiative provides a comprehensive set of national disease prevention and health promotion objectives to be achieved over a 10-year period along with indicators to measure progress.</p> <p>First issued in 1979 in <i>Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention</i>, and updated in 1990, the Healthy People 2010 initiative is the third time that HHS has developed 10-year Healthy People objectives for the nation.</p> <p>The Healthy People 2010 objectives are designed to achieve two overarching goals—(1) increase quality and years of healthy life and (2) eliminate health disparities. The 467 objectives are organized around 28 focus areas, such as access to quality health services, cancer, medical product safety, and physical activity and fitness.</p> <p>The Disability and Secondary Condition focus area comprises 13 objectives to “promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population.” This focus area was included as a new area for Healthy People 2010.</p> <p>The Nutrition and Overweight focus area comprises 18 objectives to “promote health and reduce chronic disease associated with diet and weight.” Nutrition has been included as a focus area in the Healthy People initiative since its inception in 1979.</p>	<p>The Healthy People initiative is led by HHS. HHS uses a broad consultation process in the development of the objectives involving state and territorial public health, mental health, substance abuse, and environmental agencies; and national professional, advocacy, and business sector organizations. HHS designated lead and colead federal agencies for each of the 28 focus areas. Additionally each focus area has a work group comprising representatives from both federal and nonfederal partners.</p> <p>CDC and the Department of Education’s National Institute on Disability and Rehabilitation Research are the two colead agencies for the Disability and Secondary Conditions focus area. Work group members include representatives from the Department of Commerce and the Social Security Administration as well as HHS agencies, such as the Administration for Children and Families, Indian Health Service, and Substance Abuse and Mental Health Services Administration.</p> <p>FDA and NIH are the two colead agencies for the Nutrition and Overweight focus area. While the CDC’s National Center for Health Statistics provides the majority of the data to track the achievement of objectives in this area, USDA is also a partner in this effort. Work group members for this focus area also include representatives from other HHS agencies—such as the Administration on Aging, CDC, Indian Health Services, and Health Resources and Services Administration—and the Department of Education.</p>

Appendix II: Federal Collaborative Efforts We Reviewed

Federal collaborative effort	Description	Key federal agencies, partners, and stakeholders
VA and DOD health resource sharing	<p>In 1982, Congress passed the “Sharing Act” to promote cost-effective use of health care resources and efficient delivery of care.^a Specifically, Congress authorized VA medical centers and DOD military treatment facilities to enter into sharing agreements with each other to buy, sell, and barter medical and support services. In 2002, Congress passed additional legislation to encourage and foster health resources sharing between VA and DOD. For example, VA and DOD were required to establish a high-level joint committee for developing and establishing collaborative efforts; develop a joint strategic plan; provide start-up funds for sharing projects; and fund resource-sharing demonstration projects.^b</p> <p>VA and DOD sharing activities fall into three categories:</p> <ol style="list-style-type: none"> 1. national sharing initiatives designed to lower costs and provide better access to goods and services by purchasing nationally rather than by individual facilities; 2. joint-venture sharing agreements aimed at reducing costs by pooling resources, for example to build a new facility or jointly use an existing facility; and 3. local sharing agreements pertaining to inpatient and outpatient care, ancillary services—such as diagnostic and therapeutic radiology, dental care, and specialty care—and other support services such as administration and management, research, education and training, patient transportation, and laundry. 	VA and DOD
Wildland fire management	<p>Federal fire agencies use the interagency 2001 Federal Wildland Fire Management Policy and the National Fire Plan to manage wildland fires.^c The 2001 federal fire policy provides the broad policy foundation for federal fire management programs and activities, including those under the National Fire Plan.</p> <p>The 2001 federal fire policy contains nine guiding principles for the management of wildland fires including: firefighter and public safety is the first priority in every fire management activity; standardization of policies and procedures among federal agencies is an ongoing objective; and federal, state, tribal, local, interagency, and international coordination and cooperation are essential.</p> <p>The National Fire Plan comprises various documents including—(1) a September 2000 report from the Secretaries of Agriculture and the Interior to the President in response to the wildland fires of 2000,^d (2) a conference committee report accompanying the fiscal year 2001 appropriations act,^e and (3) a 10-year comprehensive strategy and implementation plan for reducing fire risks.^f</p> <p>The National Fire Plan addresses five key issues: (1) firefighting resources and personnel, (2) rehabilitation and restoration, (3) hazardous fuels reduction, (4) community assistance, and (5) accountability.</p>	<p>The five federal agencies with wildland fire responsibilities are the Forest Service at USDA; Bureau of Indian Affairs, Bureau of Land Management, Fish and Wildlife Service, and National Park Service at the Department of the Interior. The Federal Emergency Management Agency is also involved to the extent that wildland fires at the urban interface may involve buildings. Key nonfederal stakeholders include the Western Governors’ Association/National Governors Association, National Association of State Foresters, National Association of Counties, and the Intertribal Timber Council.</p>

Source: GAO analysis of agency documents.

^aVeterans’ Administration and Department of Defense Health Resources Sharing and Emergency Operations Act, Pub. L. No. 97-174, 96 Stat. 70 (May 4, 1982).

Appendix II: Federal Collaborative Efforts We Reviewed

^bBob Stump National Defense Authorization Act of 2003, Pub. L. No. 107-314, §721-22, 116 Stat. 2458, 2589-98 (Dec. 2, 2002).

^cU.S. Department of the Interior, U.S. Department of Agriculture, Department of Energy, Department of Defense, Department of Commerce, U.S. Environmental Protection Agency, Federal Emergency Management Agency, and National Association of State Foresters, *Review and Update of the 1995 Federal Wildland Fire Management Policy* (Washington, D.C.: January 2001).

^dU.S. Department of the Interior and U.S. Department of Agriculture, *Managing the Impact of Wildfires on Communities and the Environment: A Report to the President In Response to the Wildfires of 2000* (Washington, D.C.: Sept. 8, 2000).

^eU.S. House of Representatives, *Making Appropriations for the Department of the Interior and Related Agencies for the Fiscal Year Ending September 30, 2001, and for Other Purposes*, Report 106-914 (Washington, D.C.: Sept. 29, 2000).

^fU.S. Department of the Interior, U.S. Department of Agriculture, Western Governors' Association, *A Collaborative Approach for Reducing Wildland Fire Risks to Communities and the Environment: 10-Year Comprehensive Strategy* (Washington, D.C.: August 2001); and U.S. Department of the Interior, U.S. Department of Agriculture, Western Governors' Association, *A Collaborative Approach for Reducing Wildland Fire Risks to Communities and the Environment: 10-Year Comprehensive Strategy, Implementation Plan* (Washington, D.C.: May 2002).

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Bernice Steinhardt, (202) 512-6543

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