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A Multiple Agencies and Counties Partnership: Improving Parental Substance Use and Services Delivery Outcomes through a Network Development And Collaboration

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Abstract

Cross-sector collaboration has been defined as connecting or sharing information, resources, activities, and capabilities by organizations in two or more areas to achieve together an outcome that could not be achieved by organizations in one area separately (Bryson, Crosby, & Stone, 2006). To collaborate, agencies may need to consider questions, such as why to collaborate; what theory or theories will guide the collaboration; what are characteristics of effective networks; what governing structure will be used; how to evaluate the effectiveness of the collaboration network; and what are the benefits and challenges of collaboration. Because families are not being provided services within expected timeframes and because of a significant increase in foster care placements—which was largely driven by parental substance use—there is a need for collaboration among service providers in Central Virginia. A Multiple Agencies and Counties Partnership (MACP) was formed to address these problems. The purpose of this article is to present a case study of the development and accomplishments of MACP in Central Virginia and to relate the development and accomplishments of MACP to each of the aforementioned considerations, which may provide generalized lessons that other agencies may consider when collaborating.

Keywords: collaboration, substance use, community, lessons learned

1.0 Introduction

Cross-sector collaboration has been defined as connecting or sharing information, resources, activities, and capabilities by organizations in two or more areas to achieve together an outcome that could not be achieved by organizations in one area separately (Bryson et al., 2006). To collaborate, there are several considerations that agencies may need to make.

The first consideration is, why collaborate? Some reasons may include organizations recognize that individually they have limitations in resources or funding that may be

barriers toward achieving effective outcomes (Provan, 1984; Zuckerman & D'Aunno, 1990). Other reasons may include agencies have conditions that can facilitate collaboration across organizations, such as willingness to cooperate with others, a previous history of collaboration, the need to share expertise, and the need to develop the organization's ability to adapt to changing circumstances (Alter & Hage, 1993; Powell, 1990).

A second consideration is what theory or theories will guide the collaboration? Several frameworks have been suggested (Ansell & Gash, 2008; Bryson, Crosby, & Stone, 2015; Emerson, Nabatchi, & Balogh, 2011; Koschmann, Kuhn, & Pfarrer, 2012; Provan & Kenis, 2008; Thomson & Perry, 2006). For example, a theory entitled *The Network Theory* (Provan & Kenis, 2008) presents three major components: (a) three types of network governing structure (participant governed, lead organization, network administration organization); (b) several critical contingencies (degree of trust, number of members, goal consensus, the need for network-level competencies); and (c) persistent tensions (e.g., efficiency versus inclusion, internal versus external legitimacy, and flexibility versus stability). The *Network Theory* also underscores the importance of the evolution of governance systems over time (Provan & Kenis, 2008). That is, a governance system may change from one form (e.g., participant governed) to another form (e.g., network administration organization) over time. Another conceptual framework proposed by Bryson et al. (2006) developed out of organization, public administration, leadership, and strategic management theories. Major components include initial conditions of formal and informal processes (e.g., agreements, leadership, legitimacy, trust, conflict management, planning), formal and informal structures, and contingencies, including power imbalances and competing institutional logic (Bryson et al., 2006).

A third consideration is what are the characteristics of effective networks? Research suggests that characteristics of high functioning networks include involvement at multiple levels, network design, appropriate governance, building and maintaining legitimacy and stability. Successful factors of networks are emergent relationships, including homophily, trust, and friendship (Provan & Lemaire, 2012).

A fourth consideration is what governing structure will be used? For example, network governance may or may not be brokered (Provan & Kenis, 2008). The first, and most common form, of governance is participant governance. While shared participant governance may involve many or all network members, there are situations in which a decentralized, collective self-governance is not advantageous. The second form of governance is called the lead organization-governed network wherein network governance can occur through a lead organization. Lastly, the third form of network governance is the network administration organization or NAO model. The NAO is based on the idea that a separate administrative body is established specifically to govern the network and its activities.

A fifth consideration is how to evaluate the effectiveness of networks? Networks can be evaluated on three levels: community, network, and organization participants (Provan & Milward, 2001). For example, community (e.g., stakeholders, funders, clients) analysis of effectiveness includes outcomes, such as cost to community and changes in the incidence of the problem being addressed. A network analysis of effectiveness includes outcomes, such as network membership growth, range of services provided, creation and maintenance of network, and members' commitment

to network goals. Organization participants' analysis of effectiveness includes outcomes, such as agency survival, enhance agency legitimacy, and service access.

A sixth consideration is what are the benefits and challenges of collaboration? Several researchers have documented benefits and challenges of collaboration (Huxham & Vangen, 2005; Millette-Winfrey et al., 2020; Provan & Lemaire, 2012; Sedgwick & Hawdon, 2019; Sowa, 2009). For example, some benefits for collaboration may include leveraging limited resources in organizations, enhanced learning opportunities, and improved quality of services (Provan & Lemaire, 2012). Challenges of collaboration may include varied commitment to network goals, a culture clash, loss of autonomy, coordination fatigue and costs, reduced accountability, and management complexity (Huxham & Vangen, 2005).

Because families were not being provided services within expected timeframes and because of a significant increase in foster care placements, which was largely driven by parental substance use, there was a need for collaboration among service providers in Central Virginia. A Multiple Agencies and Counties Partnership (MACP) was formed to address these problems. The purpose of this article is to present a case study of the development and accomplishments of MACP in Central Virginia and to relate the development and accomplishments of MACP to each of the aforementioned considerations, which may provide generalized lessons that other agencies may consider when collaborating.

2.0 Problems that Led to the Development of MACP

MACP's genesis began in earnest about six years ago. One social service agency in Central Virginia expressed dismay in another agency's lack of timely response to their family referrals. The two agencies did not trust each other. Researchers have indicated that trust between agencies can affect knowledge sharing and that knowledge sharing is a prerequisite for effective collaboration (Renzl, Matzler, & Mader, 2005). Unfortunately, a parallel process of lack of trust was also occurring at the same time with other community agencies in Central Virginia. To address the lack of trust among community agencies and to facilitate improving response time to family referrals, a prominent leader in Central Virginia, a juvenile and domestic relations judge, organized a group of agency directors to focus on child, adolescent, and family issues. The group included a multi-disciplinary team of professionals inasmuch as multiple community agencies are involved in serving families in Central Virginia. For example, social services may be involved due to parental neglect or abuse, the community service board (the treatment provider) may be involved for mental health or substance use treatment for youth and parents, court services may be involved if a youth commits a status offense, and schools may be involved if there are behavioral issues in the schools. MACP initial member agencies included social services, community service board, court services, and schools. These agencies serve the following locations: Virginia counties of Bedford and Campbell, and the City of Lynchburg.

The judge assembled MACP for three purposes: (1) to ensure that agencies had a platform to work across agencies and counties given the overlap among the families they serve, (2) to develop and improve services (e.g., response time to referrals) as well as relationships (e.g., lack of trust) among agencies, and (3) to enable agencies to work on a common agenda of addressing pressing needs for families in Central Virginia. Research indicates that agency relationship development can lead to a greater understanding of how to leverage systematic change (Leonard, 2011).

3.0 How MACP Operated and Grew

Additional agencies joined MACP as MACP organizations shared the benefits of the collaboration with other agencies. As other community agencies heard about MACP's collaborative efforts and leveraging of resources, membership grew. Monthly meetings expanded to between 20 and 30 community partners. Organizational readiness to collaborate and the quality of relationships between organizations were likely key factors leading to MACP's early formation and successful outcomes (Hajjar et al., 2020). Agencies have indicated that they wanted a good quality relationship with MACP because projects being done by MACP have been mutually reinforcing activities. They indicated that MACP's projects had enhanced their legitimacy in the community, enabled them to have an increased range of services, and assisted them in providing families quicker access to services (e.g., opening of new referrals quicker).

MACP's meetings include a formal agenda (see Table 1 for an agenda example), presentations and updates from agencies, and sharing resources. Because agencies in Central Virginia were willing to collaborate but also valued their individual autonomy, a shared participant form of governance was adopted to ensure all agencies have a vote and equal opportunities to express views regarding agenda items. Minutes are prepared and distributed, ensuring follow-up activities and accountability. Formal meeting agendas are important because research indicates that structure coupled with accountability supports the long-term sustainability of a collaborative group, such as MACP (Walzer, Weaver, & Mcguire, 2016). Many agencies have stated that MACP enables them to accomplish more collectively than what they could accomplish as a single agency.

Table 1. *Sample MACP Agenda*

Agenda

MACP Meeting

Bedford County Public Schools Administration

Thursday, March 5th, 2020 - 10:00 a.m. to 11:00 a.m.

- Sign-in and Introductions
- Presentation: Carl Mack, Fatherhood Initiative
- Bedford Community Action Team update: training committee, childcare committee
- Other announcements or updates
- Bedford Area Resource Council/Partnership for Health Communities
- Goal and objective development
- Upcoming events: Re-entry simulation Friday, March 27th from 10-12 pm at the Fire & Rescue gym (1185 Turning Point Rd)
- Adjournment

Next meeting- Thursday, April 2nd at 10:00 a.m.

However, all MACP agencies do not have to agree on a proposed solution to each identified problem. MACP understands that a consensus or solution to a problem may not always materialize. Using positive communication enables agencies to understand each other's perspectives respectfully and without judgment, even if consensus is not obtained. An issue may also be tabled and studied later. In the absence of a solution, MACP focuses on the process and rules for interaction to ensure that agencies feel heard and respected.

4.0 Accomplishments of MACP

Thus far, MACP has produced accomplishments in several areas. As an example of MACP's accomplishments, a discussion of MACP's development, implementation, and support of a Family Treatment Drug Court (FTDC) will be presented next.

4.1 Family Treatment Drug Court (FTDC)

One of MACP's important accomplishments and hallmark of the success is MACP's conception, development, implementation, and support of an evidence-based Family Treatment Drug Court (FTDC) in 2018. MACP decided to develop and implement a family drug court to address the drastic substance-related increase in foster care placements in Central Virginia. More specifically, foster placement numbers rose 23% from 86 placements in March 2019 to 106 placements in March 2020 (T. Turner, personal communication, April 2nd, 2020). To address this increase in foster care placements, MACP chose to develop and implement a FTDC because a local social services' senior manager informed MACP that parental substance use drives 90% of the foster care placements in Central Virginia. Another reason MACP chose to develop and implement a FTDC is that research highlights that participants in a FTDC engaged earlier in treatment, remained in treatment longer, and are more likely to have their children returned home than their non-FTDC counterparts (Bruns, Pullmann, Weathers, Wrischem, & Murphy, 2012). Prior to the implementation of FTDC, the success rate for families in the foster care system was one in five, according to the presiding juvenile and domestic relations judge. To date, there have been five FTDC graduates with an additional six participants meeting treatment goals and on track for successful graduation.

MACP's FTDC uses evidence-based treatments, including Community Reinforcement Approach [CRA] (Meyers & Godley, 2001). MACP chose CRA because it has been shown to decrease substance-using behavior and increase healthy and positive non-using behaviors and activities (Hunt & Azrin, 1973; Meyers & Godley, 2001). MACP monitors CRA's fidelity closely because drug courts implemented with fidelity to an evidence-based practice have superior outcomes versus drug courts that are not adherent to an evidence-based treatment model (Cheesman et al., 2016). MACP realizes that successful implementation of evidence-based practice results when community collaboration models efficiency and strong relationships (Brown et al., 2010).

MACP's FTDC exemplifies effective partnerships across social services, the community service board, the health department, and court services. Social services refer cases to FTDC after substance-related abuse or neglect is substantiated. The community service board provides the substance use and mental health treatment, including counseling, case management, and medication management. The health department provides a certified peer recovery specialist who models pro-social

behavior and develops positive relationships with FTDC participants. And, the aforementioned judge oversees FTDC's weekly docket.

MACP started FTDC as a pilot with five participants in 2018, which allowed for revisions to programming along the way. For example, at the onset of FTDC, a peer recovery specialist was not part of FTDC. A peer recovery specialist is an individual in recovery with lived substance use experience. As previously stated, the health department provided a part-time certified peer recovery specialist to mentor to FTDC participants. A peer recovery specialist connects with MACP's FTDC participants as a mentor to provide education and recovery support. Research indicates that peer recovery specialists are associated with improved recovery outcomes (Bassuk, Hanson, Greene, Richard, & Laudet, 2016). The peer recovery specialist not only serves as a mentor, the peer recovery specialist also assists FTDC participants with transportation to required appointments and meetings while facilitating the delivery of peer support services. MACP gave the peer recovery specialist this task because transportation barriers are a priority need that has been identified.

On March 11th, 2020, MACP's FTDC celebrated its first graduate. MACP's FTDC had another graduate in April 2020 and three additional graduates in June and July 2020. The remaining six participants in MACP's FTDC are on track for graduation in 2020. MACP will share outcomes with all member agencies. Positive outcomes from MACP's FTDC participants have included a significant reduction in parental substance use as measured by both biological and self-report indicators and a significant reduction in the rate of foster care placement in Central Virginia. To sustain and increase the capacity of FTDC, in February 2020, MACP applied for federal funding to provide external support for FTDC for the next five years. In June 2020, MACP's FTDC was awarded a two million dollar federal grant to expand capacity from 11 individuals served to 200 individuals and families over a five-year period.

5.0 How MACP's Development and Accomplishments Relate to Considerations

MACP's development and accomplishments are based on several aspects of the aforementioned six considerations. How MACP's development and accomplishments relate to aspects of these considerations and potential generalized lessons for other agencies who may consider collaborating will be discussed in the next sections.

5.1 Why did Agencies Collaborate in Central Virginia?

Consistent with research, agencies in Central Virginia collaborated because they realized that being a part of MACP would enable them to accomplish more collectively than what they could accomplish as a single agency (Bryson et al., 2006); they recognized that individually they had limitations in resources (Provan, 1984; Zuckerman & D'Aunno, 1990); they had a willingness to cooperate; they had a previous history of collaboration; and they needed to share expertise (Alter & Hage, 1993; Powell, 1990). Being a part of MACP enabled agencies in Central Virginia to begin to address pressing problems: not providing services within expected timeframes, a lack of trust among agencies, and a significant increase in foster care placements, which was largely driven by parental substance use.

5.2 What Theory Guides MACP?

MACP has been guided by the Network Theory (Provan & Kenis, 2008) for four reasons. The first reason is MACP's governing structure. Because agencies in Central Virginia were willing to collaborate but also valued their individual autonomy, a shared participant form of governance was adopted by MACP to ensure all agencies have a vote and equal opportunities to express views regarding agenda items. The second reason is MACP's critical contingencies. For example, there is a high-level goal consensus among MACP's agencies, and MACP agencies have reported an increase in their degree of trust due to being in MACP. The third reason is that the Network Theory addresses persistent tensions, such as internal versus external legitimacy. Some of MACP agencies have indicated that MACP's projects have enhanced their legitimacy in the community. A fourth reason is that the Network Theory allows for the evolution of governance systems over time (Provan & Kenis, 2008). MACP began with few agencies, and therefore, a participant form of governance was a logical choice. However, now that MACP has grown to nearly 30 agencies, another form of governance (e.g., network administration organization) may need to be considered.

Another guiding theory that MACP considered was Bryson et al.'s (2006) framework, which is derived from organization, public administration, leadership, and strategic management theories. MACP decided not to use Bryson et al.'s (2006) framework inasmuch as it lacked the comprehensiveness and adaptability of the Network Theory.

5.3 What are some of the Characteristics of Effective Networks?

MACP has several characteristics that have been identified by research that are associated with high functioning network collaboration, such as appropriate governance, building and maintaining legitimacy, emergent relationships, trust, and friendship (Provan & Lemaire, 2012). For example, MACP's participant form of governance was appropriate governance for MACP because agencies in Central Virginia valued their individual autonomy. And a participant form of governance ensured that all agencies have a vote and equal opportunities to express their views. Moreover, MACP agencies stated that they wanted a good quality relationship with MACP because projects being done by MACP have been mutually reinforcing activities that they enjoy. They also indicated that MACP's projects had enhanced their legitimacy in the community.

5.4 What Governing Structure does MACP use?

As previously stated, because agencies in Central Virginia were willing to collaborate but also valued their individual autonomy, a shared participant form of governance was adopted to ensure all agencies have a vote and equal opportunities to express views regarding agenda items. However, given the growth of MACP from a few agencies to nearly 30 agencies, another form of governance may need to be considered, such as a network administration organization. A network administration organization form of governance will likely be chosen over a lead organization form of governance because a lead organization form of governance may be perceived by some agencies as giving one agency too much power.

5.5 How to Evaluate the Effectiveness of the Collaboration Network?

As previously stated, collaboration networks can be evaluated on three levels: (1) community (e.g., changes in the incidence of a problem being addressed and cost to the community), (2) network (e.g., network membership growth, range of services provided, creation and maintenance of network, and members' commitment to network goals), and (3) organization participants (e.g., agency survival, enhance agency legitimacy, and service access) levels (Provan, & Milward, 2001). The next sections present an evaluation of MACP across these three levels.

5.5.1. Community outcomes. MACP's community outcomes included changes in the incidence of problems being addressed: (1) response time to referrals, (2) lack of trust among agencies, (3) increase in foster care placements, and (4) parental substance use. After agencies in Central Virginia heard the benefits related to MACP of collaborating and shared leveraging of resources, membership and trust in other agencies grew. Agencies indicated that membership in MACP enabled them to provide families served with quicker access to services as well as a quicker opening of new cases. MACP's FTDC produced positive outcomes with a significant reduction in parental substance use as measured by both biological and self-report indicators and a significant reduction in the rate of foster care placement in Central Virginia. Regarding the cost to the community for FTDC, MACP's FTDC was awarded a two million dollar federal grant to expand capacity from 11 individuals served to 200 individuals and families over a five-year period. This two million dollar federal grant will enable MACP's FTDC to provide services to families at little cost to the community.

5.5.2. Network outcomes. MACP's network outcomes included MACP's creating, growing, and maintaining collaboration among agencies, increasing range of services provided, and MACP's agencies having a high level of commitment to MACP's goals. As previously mentioned, MACP began six years ago. MACP has grown from a few agencies to nearly 30 agencies and has consistently maintained and retained agencies who joined MACP. MACP has increased the range of services offered in Central Virginia. An example of this increase in services has been MACP's development, implementation, and support of FTDC. MACP agencies have exhibited a high level of commitment and support to MACP's goals. MACP's FTDC also exemplifies aspects of MACP with MACP agencies committing to the development of FTDC and supporting FTDC by taking on vital roles. As previously stated, social services refer cases to FTDC, the community service board provides the substance use and mental health treatment, the health department provides a certified peer recovery specialist, and the judge oversees the FTDC's weekly docket.

5.5.3 Organization participants. MACP's organization participants' outcomes included agency survival, enhanced agency legitimacy, and service access. MACP's agencies have indicated that their involvement in MACP has enhanced their legitimacy in the community and enabled them to have an increased range of services as well provide their families quicker access to services. Such outcomes will likely increase MACP agencies' survival in a competitive service landscape.

5.6 What are the Benefits and Challenges of MACP's Collaboration?

Consistent with previous research, MACP has experienced several benefits and challenges related to collaboration (Huxham & Vangen, 2005; Millette-Winfrey et al., 2020; Provan & Lemaire, 2012; Sedgwick & Hawdon, 2019; Sowa, 2009).

5.6.1 Benefits. Some of MACP benefits include leveraging limited resources in agencies, enhancing learning opportunities, and improving quality of services (Provan & Lemaire, 2012). For example, MACP agencies have stated that MACP enables them to accomplish more collectively than what they could accomplish as a single agency. MACP agencies have reported improvements in their quality and quantity of services with an increased range of services and quicker access to services for families. MACP has had several benefits associated with FTDC. First, MACP expanded services in Central Virginia by creating FTDC. MACP's FTDC has produced significant reductions in parental substance use and in the rate of foster care placement in Central Virginia. FTDC has provided MACP with learning opportunities. More specifically, MACP decided to use FTDC's first five cases as pilot cases. Those pilot cases lead MACP to conclude that a peer recovery specialist was needed to facilitate FTDC participants' recovery and to address transportation needs. A federal grant that was awarded to MACP will enable MACP's FTDC to hire another peer recovery specialist and to expand services to families in Central Virginia at little cost to the community.

5.6.2 Challenges. Similar to existing research, some of the MACP challenges of collaboration have included cultural clashes, loss of autonomy, and communication difficulties (Huxham & Vangen, 2005). For example, as previously noted, all MACP participants do not have to agree on a proposed solution to each identified problem. However, MACP realizes that a consensus or solution to a problem may not always be obtained, and some issues may be tabled and reviewed later. MACP's FTDC had some challenges with information sharing. As previously stated, information sharing is a requisite for effective communication (Renzl et al., 2005). Because MACP is made up of many different agencies, information sharing challenges can occur because agencies have different mechanisms for documenting information. For example, social services have their own charting requirements, the court has their record-keeping practices, and the community service board has an electronic health record. These systems are not cross-compatible. Data inoperability can be a barrier toward effective information sharing across teams (Lips, Oneill, & Eppel, 2011). To address this barrier, MACP exchanges information weekly through a FTDC meeting and maintains consistent telephone and encrypted electronic mail exchanges. MACP has a social services family prevention specialist who is the overall coordinator of each participant's case. The social services family prevention specialist serves as an information repository to inform MACP of planning and case conceptualization for each participant.

6.0 Potentially Generalizable Lessons from MACP

The development, implementation, and growth of MACP offer several potential lessons for agencies that may be considering collaborating to address community needs. In the next sections, potentially generalizable lessons from MACP will be presented.

6.1 Benefits to Individual Organizations

First, agencies may need to see a benefit for the shared leveraging of resources through network development. In order to invest time and commitment to a collaborative network, the individual agency may need to benefit from participation. The benefit may include enhanced agency legitimacy (Provan & Milward, 2001), additional funding to implement a project, or a program that may add to the service capacity of an agency. As an example, the community service board added an additional three positions as a result of the federal grant award to expand the MACP Family Treatment Drug Court. Agencies may also benefit from increased community exposure through marketing strategies and press releases designed to share information on the activities of the collaborative. MACP developed a press release and provided press interviews to publicize the announcement of the funding award to expand the capacity to serve individuals in the Family Treatment Drug Court. These marketing strategies served to enhance legitimacy to individual network agencies through increased community exposure and publicity.

6.2 Relationship Building

Second, collaborating agencies may leverage the characteristics of high functioning networks. As previously mentioned, some successful factors of high functioning networks are emergent relationships, including homophily, trust, and friendship (Provan & Lemaire, 2012). Network agencies may engage in relationship-building activities through formal and informal contacts with each other. Formal relationship-building activities may occur during regularly scheduled meetings times, and informal relationship-building activities may occur outside of these meetings. These contacts can include electronic mail, phone contact, and face-to-face interactions among agencies. As an example, MACP agencies enjoy fostering community relationships through lunch and coffee meetings in a more informal setting where friendship and trust can be fostered. These relationships secure the strength of MACP and underscore the importance of collegiality and relationship building in the functioning of MACP.

6.3 Governance Matters

Third, agencies may need to understand network governance and how the selection of a governance model can be based on the unique characteristics of the network. In the formation of MACP, individual agencies wanted to maintain their individual autonomy and did not wish to identify a lead agency as it was felt that a lead agency may broker too much power. A shared participant form of governance was implemented to ensure all agencies have a vote and equal opportunities to express views regarding agenda items and community needs. The Network Theory (Provan & Kenis, 2008) outlines that governance can evolve over time to meet the changing needs of the network. As MACP has grown from a few agencies to nearly 30 agencies, another form of governance may need to be considered, such as a network administration organization. Networks may need to understand governance structure and revisit the structure as the network evolves over time.

6.4 Information Sharing

Fourth, consistent with Provan and Lemaire's (2012) identification of the benefits for collaboration (e.g., enhanced learning opportunities, improved quality of services), MACP designated time on the monthly agenda for information sharing

across agencies. As each individual agency had its own policies, protocols, and philosophy for working with individuals and families in the community, MACP agencies reported an improved understanding of the roles and responsibilities of individual MACP agencies. MACP also serves as a centralized vessel to facilitate ongoing training and education to individuals in agencies. Due to staff attrition at the individual agencies, MACP found that learning opportunities need be ongoing to ensure that well-informed community partners remain in all sectors of MACP.

6.5 Evolving Aims

Fifth, a network's aims may evolve. When MACP was initially formed, the focus was on increasing trust and improving response to community referrals across agencies. MACP held a sharp focus on improving both of these identified areas. Early meetings addressed building trust and relationships among agencies. While extensive community needs were present at those early meetings, MACP understood the importance of relationship development as a prerequisite toward addressing more challenging and complex areas of need (e.g., an increase in substance-related foster care placements). Strategic planning activities assisted MACP with prioritizing needs and developing a specific plan and strategy based on the shared participation governance. MACP agencies understood the importance of taking smaller and more manageable steps first before addressing larger and more complex community needs. Later, MACP addressed urgent community needs such as parental substance use and related foster care placements that had stymied agencies across Central Virginia.

7.0 Conclusion

This case study outlined the inception, development, and growth of MACP in Central Virginia that began out of a need to increase trust among community partners to improve a timely facilitation of referrals. The network identified parental substance use linked to an increase in foster care placements as areas where a collaborative network was needed. MACP conceived, developed, implemented, and supported FTDC to address these problems.

A limitation of this case study is its generalizability as every community may not experience similar needs as the Central Virginia community experienced (i.e., parental substance use, increased number of foster care placements). Furthermore, MACP's conditions that may have facilitated collaboration across organizations (e.g., willingness to cooperate with others, a previous history of collaboration, the need to share expertise) may not be representative of other agencies considering collaborating (Alter & Hage, 1993; Powell, 1990). Overall, other agencies considering collaborating may learn from MACP's governance structure, guiding framework, successes, and challenges in order to replicate similar networks to address community-identified needs.

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