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# **Modifications to a Collaborative Network During the COVID-19 Pandemic: Adapting to a Changing Landscape to Meet Community Needs**

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## **Abstract**

Individuals living in the United States of America experienced remarkable changes to their activities, routines, and facets of their daily life as a result of the coronavirus or COVID-19. Mitigation strategies, including social distancing, telework and telemental health (TMH), have had significant implications in neighborhoods and communities. Research has indicated community collaboration in behavioral health is a key factor in meeting the health needs of individuals through the organization of resources, shared communication, and an understanding of the roles of different community agencies (Christens & Inzeo, 2015; Walzer, Weaver, & McGuire, 2016). As a result of COVID-19, Central Virginia's behavioral healthcare and human services agencies shifted from largely face-to-face contact to a telehealth delivery of care through audio and video conferencing. The purpose of this article is to present a case study on the modifications made by a human services collaborative network in Central Virginia which may provide generalized lessons that other agencies and collaborative networks consider when adapting to address an unforeseen pandemic. Prior to discussing modifications and offering generalized lessons learned, a description of the collaborative network including the guiding theory and how the theoretical framework shaped the modifications will be presented.

**Keywords:** community, collaboration, pandemic, COVID-19, behavioral health, telework, lessons learned

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## **1.0 Introduction**

The 2019 coronavirus disease (COVID-19) began in Wuhan, China on or about December 2019. COVID-19 is a highly contagious respiratory virus that primarily causes fever, cough, fatigue, and muscle pain; however, the virus can be deadly in certain populations, including the elderly and individuals with compromised immune systems (Sun, Lu, Xu, Sun, & Pan, 2020). The World Health Organization (WHO) reports a total of 46,196,987 cases of COVID-19 and 1,197,194 related

deaths worldwide. The United States of America (USA) leads the number of worldwide cases with 9,222,849 (World Health Organization, 2020). In the Commonwealth of Virginia, there are at least 181,190 cases of COVID-19 and 3,654 confirmed deaths (World Health Organization, 2020). The deleterious effects of COVID-19 include economic hardship, job loss, disruption to supply and demand chains, and a strain on the healthcare systems as the USA experiences the impact of COVID-19. The WHO recommended mitigation strategies including remote work or telework, cancelling public gatherings, closing schools, and home isolation or social distancing (Heymann & Shindo, 2020).

By mid-March 2020, communities in Central Virginia began implementation of these mitigation strategies. Mitigation strategies (e.g., social distancing and teleworking) affected all sectors of human services organizations including community network collaboration. Collaboration among human services agencies enables organizations to facilitate effective delivery of services. In order to operate effectively, human services agencies rely on collaborative relationships across organizations to meet the complex and challenging needs of the community (Christens & Inzeo, 2015; Walzer et al., 2016). Often, human services agencies cannot meet these needs alone. Six years ago, four organizations in Central Virginia formed a Multiple Agencies and Counties Partnership (MACP) as individual agencies recognized the need to leverage resources through collaborative partnerships. Strong partnerships, relational interactions, and social ties are factors that can lead to effective approaches to address unmet health needs in communities (Kenny et al., 2013). During the past six years, MACP experienced a rich growth and expansion, which included community deliverables, such as expanding capacity to a Family Treatment Drug Court. Following the onset of COVID-19 and necessary mitigation strategies, MACP made several modifications to address the evolving health needs in the community to remain a viable and productive network.

The purpose of this article is to present a case study on the modifications made by a collaborative network in Central Virginia, which may provide generalized lessons that other agencies and networks may consider when adapting to address an unforeseen pandemic. Prior to discussing modifications and offering generalized lessons learned, a literature review on network development and network crisis management, a description of the collaborative network including the guiding theory and how the theoretical framework guided the modifications will be presented.

## **2.0 Literature Review**

Research suggests six considerations for agencies exploring a development of a collaborative network. First, agencies understand that individually they have limitations in resources or funding that may be barriers toward achieving effective outcomes (Provan, 1984; Zuckerman & D'Aunno, 1990). A second consideration is a theoretical framework to guide the collaboration. The literature offers several frameworks (Ansell & Gash, 2008; Bryson, Crosby, & Stone, 2006; Emerson, Nabatchi, & Balogh, 2012; Koschmann, Kuhn, & Pfarrer, 2012; Provan & Kenis, 2008; Thomson & Perry, 2006). The network theory of Provan and Kenis (2008) expands on 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—for example, efficiency versus inclusion, internal versus

external legitimacy, and flexibility versus stability. The network theory addresses the importance of evolution of governance systems over time (Provan & Kenis, 2008) noting that a governance system may change from one form (e.g., participant governed) to another form (e.g., network administration organization) over time.

The characteristics of effective networks are the third consideration as research suggests that high functioning networks include involvement at multiple levels, network design, appropriate governance, building and maintaining legitimacy and stability. A fourth consideration is governing structure. Participant governance is the most common form of governance. Shared participant governance may involve many or all network members. A second form of governance is the lead organization-governed network. Finally, a third form of network governance is the network administration organization. The network administration organization is a separate administrative body established specifically to govern network activities.

A fifth consideration is network evaluation as networks can be evaluated on three levels: community, network, and organization participants (Provan & Milward, 2001). A community—for example, 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 and engagement, services provided, and participants' commitment to network goals. Organization participants' effectiveness measures includes outcomes, such as agency survival, enhanced agency legitimacy, and service access. A sixth and final consideration is the benefits and challenges of collaboration. Some benefits for collaboration may include leveraging limited resources in organizations, enhanced learning opportunities, and improved quality of services (Provan & Lemaire, 2012).

In a crisis such as the coronavirus, there are additional considerations. For example, Comfort, a leading scholar on network response in emergency situations, offers self-organization as an important concept of network response in emergency situations. In this context, self-organization can be defined as a fundamental reallocation of energy and action within a system in order to receive a larger goal (Comfort, 1994). Communication, including oral, written, or electronic communication is a key component of self-organization. Self-organization recognizes that individual choices communicated across the network affect the broad operations of the network. Third, self-organization denotes the influence that some partners have over other partners in an interdependent network. Fourth, the self-organizing systems may have components that move at different rates of speed; however, the network is integrated through a common agenda and shared goal (Comfort, 1994).

Moynihan (2008) offers several barriers to consider during crisis management by networks. Some of these barriers include (a) lack of relevant experience to draw on, (b) limited information processing, (c) rigidity of response, (d) defensive postures and denial of the problem, and (e) ambiguity of previous experience and may give rise to faulty conclusions. Methods of learning for networks may be enhanced during emergency situations through the following strategies: (a) bringing together network members with appropriate complimentary skills, (b) identifying skills that are capable of being learned and those better left to subject matter experts, (c) creating timely information systems that monitor task assignment and achievement, (d) ensuring that information is reviewed and discussed on a regular basis, (e) building formal routes where none exist, and (f) considering a hierarchical network structure (Moynihan, 2008).

### **3.0 Background and Description of the Collaborative Group In Central Virginia**

In several human services agencies in Central Virginia, families were not being provided services within expected timeframes. Moreover, 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 MACP was formed to address these problems. Initial MACP members included (a) the community services board—the treatment agency, (b) the department of social services, (c) the public schools, and (d) the court service unit. These agencies shared many of the same clients and families. As other community agencies became aware of MACP’s collaborative efforts and leveraging of resources, membership grew. Monthly meetings increased to 30 community partners over the first three years of MACP’s development. Organizational readiness to collaborate and the quality of relationships between organizations were identified as two key factors leading to MACP’s early formation and successful outcomes (Hajjar et al., 2020). Agencies indicated that MACP’s projects have enhanced their legitimacy in the community, enabled them to have an increased range of services, expanded their knowledge of community resources, and assisted them to provide families quicker access to services (e.g., opening of new referrals quicker).

MACP has been guided by network theory (Provan & Kenis, 2008) for four reasons. The first reason is MACP’s governing structure. MACP operates under a shared participant form of governance to ensure all agencies have a vote and equal opportunities to express views regarding agenda items and strategic planning. The second reason is MACP’s critical contingencies. There is a moderately high level of goal consensus among MACP’s agencies, and MACP agencies have reported an increased trust in partnering agencies due to being in MACP. The third reason is that network theory addresses persistent tensions, such as flexibility versus stability. Several MACP agencies have indicated that MACP’s projects have enhanced their legitimacy in the community through marketing strategies and press releases on MACP projects, demonstrating public value. A fourth reason is because network theory allows for evolution of governance systems over time (Provan & Kenis, 2008). MACP began with four agencies, and therefore, a participant form of governance was a logical choice. However, now that MACP has grown to nearly 30 agencies, another form governance (e.g., network administration organization) may need to be considered.

MACP’s meetings include a formal agenda, presentations, agency updates, resource sharing, and strategic planning. Minutes are prepared and distributed ensuring follow-up activities and accountability. Consistent with research, formal meeting agendas provide structure coupled with accountability to support the long-term sustainability of a collaborative group (Walzer et al., 2016). Many agencies have stated that MACP enables them to accomplish more collectively than what they could accomplish as a single agency.

#### **3.1 Some of MACP’s Accomplishments**

*3.1.1 Family Treatment Drug Court.* One extremely important indicator of MACP’s success to date is the conception, development, and implementation of an evidence-based Family Treatment Drug Court (FTDC) in 2018. MACP’s FTDC uses an empirically supported treatment model: community reinforcement approach.

Community reinforcement approach has been shown to decrease substance using behavior and increase healthy and positive non-using behaviors and activities through replacing substance use with pro-social behaviors that are more rewarding than the individual's substance using behavior (Hunt & Azrin, 1973; Meyers & Godley, 2001). FTDC focuses on implementing community reinforcement approach with model adherence because research demonstrated that an empirically supported treatment, such as community reinforcement approach in FTDC, implemented with fidelity produces better outcomes than drug courts that do not maintain fidelity to an evidence-based treatment model (Cheesman et al., 2016). Since the inception of FTDC as a pilot with five cases in 2018, the project has successfully graduated five participants with an additional six participants meeting treatment goals. In June 2020, MACP was awarded a two-million-dollar federal grant to expand capacity from 11 individuals to 200 individuals in FTDC over a five-year period demonstrating MACP's public value (Bryson, Crosby, & Stone, 2015).

*3.1.2 Hidden In Plain Sight.* In 2019, MACP chose to implement a program called 'Hidden in Plain Sight'. The program educates parents on how to look for illicit substances and drug paraphernalia in their youth's bedroom. Hidden in Plain Sight was identified out of a community need to focus on the prevention of adolescent substance use. According to data collected on the area community needs assessment, substance use is identified as one of the top three areas of need in the community. Hidden in Plain Sight is a mobile and interactive presentation facilitated by the local police department and prevention specialists. A faux bedroom is set up to demonstrate how adolescents can hide drugs and drug paraphernalia 'in plain sight'. Hidden in Plain Sight's trainers point out places where youth may hide drugs, for example, under a baseball cap, in an empty can of soda.

## **4.0 Modifications Made by MACP During the COVID-19 Pandemic**

The last MACP face-to-face meeting prior to the COVID-19 pandemic was held March 5, 2020. On March 13, 2020, USA President Donald Trump declared a national emergency over the coronavirus pandemic. On March 30, 2020, Virginia Governor Ralph Northam issued a stay-at-home order through June 10, 2020 for non-essential employees. The governor's order also restricted gatherings of more than ten people (COVID-19: VDOT's Lynchburg District, 2020). The governor's order impacted many levels of human services delivery in the community.

MACP made three major modifications as a result of the President and Governor's directives related to the COVID-19 pandemic. First, monthly face-to-face meetings were modified by moving to a video conference meeting. Second, the monthly agenda items were revised to prioritize specific goals and strategies focused on community needs related to COVID-19. Third, changes in FTDC and MACP prevention programming were made in accordance with the governor's order and mitigation strategies by implementing distance collaboration modalities, including audio and video conferencing as well as TMH. In the next sections, the aforementioned modifications will be discussed.

### **4.1 Modifications to Monthly Meetings**

As a result of COVID-19, Virginia Governor Ralph Northam enacted mitigation strategies and limited gatherings of ten or more people. MACP explored several

options: (a) cancelling face-to-face (F2F) meetings, (b) telephonic meetings, or (c) video conference meetings. Consistent with network theory's (Provan & Kenis, 2008) identification of persistent tensions (e.g., flexibility vs. stability) MACP recognized a need for structure and consistency to maintain focus on the network's mission (i.e., meet the health and wellness needs of the community). Ansell & Gash (2008) denote the importance of face-to-face dialogue as an important component of the collaborative process; however, to comply with mitigation strategies, MACP elected to use video conferencing as the medium as research suggests that distance collaboration modalities provide a satisfactory alternative to F2F meetings (Skopp, Workman, Adler, & Gahm, 2015). Furthermore, in a comparison of modes of communication during team meetings—F2F versus virtual—there were no differences among decision-making quality, creativity, group development, or satisfaction of the process (Greene et al., 2010).

*4.1.1 Meetings switched from a F2F format to video conference meetings.* MACP moving to a video conference format and keeping regular meeting schedule brought up the following questions:

- Do community partners and citizen members have the available technology to participate in remote meetings?
- Will the collaborative members attend these meetings during a pandemic of potentially devastating outcomes, or will they have other competing agency needs that prohibit attendance?

Regarding the first question—*Do the community partners and citizen members have the available technology to participate in remote meetings?* MACP explored several video conferencing platforms. MACP reviewed costs associated with each platform, functionality of the platform, and user-friendliness of the platform. MACP recognized that the collaborative group included individuals with different levels of experience and comfort with technology. Research has shown that a barrier toward the use of video conferencing technology is the necessary skills to use the electronic medium (Langarizadeh et al., 2017). Furthermore, MACP had members who were community citizens and who may not have access to a laptop, iPad, or the internet. MACP selected *GoToMeeting*, which is a video conferencing platform that is cost-effective, user friendly, and one that can be accessed through a cell phone or landline without the need for an internet connection. Although previous research established the effectiveness of video conferencing platforms, consistent with research on network management in emergency situations, many MACP members lacked the experience with technology to draw upon (Moynihan, 2008). MACP was able to ensure that the selected platform would not be a barrier toward member attendance to remain consistent with the shared governance model (Provan & Kenis, 2008) where each member provides an equal vote on meeting agenda items.

Concerning the second question—*Will the collaborative group members attend meetings during a pandemic of potentially devastating outcomes, or will they have competing agency needs that prohibit attendance?* Attendance did not drop at MACP's video conference meetings from the previous F2F meetings. In fact, members remarked that the meeting offered support and reassurance to them during the crisis. After the April 2020 meeting, one member reported:

Just wanted to say that I was very encouraged by that meeting. I'm very impressed how the community is working together to help meet needs of the community. It brings hope through these difficult times to see all that people are doing.

This member's feedback underscores several successful factors of network development including homophily, trust, and friendship (Provan & Lemaire, 2012) and the importance of learning forums in network emergency management (Moynihan, 2008). Although familiarity with the technology may have been a challenge for some members, overall, it did not have an effect on meeting attendance (Delaney, Jacob, Iedema, Winters, & Barton, 2004). The transition from F2F meeting to video conference aided MACP in producing a positive network level outcome through sustaining and maintaining regular meetings and membership attendance during the COVID-19 pandemic (Provan & Milward, 2001).

## **4.2 Modifications to MACP Agenda**

*4.2.1 MACP's typical agenda was revamped to address the COVID-19 pandemic.* In light of the COVID-19 pandemic and the state of emergency in the Commonwealth of Virginia, the previous F2F agenda items were insufficient to address current community needs. The typical agenda consisted of a community presentation on a new program or resource. Historically, these presentations were beneficial for sharing information about new programs in the community. However, since the community was operating under a state of crisis, the agenda was re-tooled to address the evolving needs of the community. Some of these new needs for the community included food, security, employment, and social interaction which provided an opportunity for MACP to collectively leverage limited resources (Provan & Lemaire, 2012).

As MACP employed a participant governance model that aligned with network partners having equal power in determining the agenda and resource allocation, the network valued the importance of all members' perspectives in developing the new agenda consistent with research suggesting the importance of goal consensus as a critical contingency (Provan & Kenis, 2008). For example, the police chief reported that the community was struggling with social isolation, anxiety, and challenges with domestic relations as domestic-related calls had increased substantially since the onset of the pandemic and the stay-at-home order issued by the governor (T. Foreman, personal communication, April 2, 2020). The police chief added that many of these calls were related to anxiety, social isolation, parenting children with behavioral difficulties, and domestic relationships. As a result of these increased calls, the police department and sheriff's department developed a call center specific to questions, concerns, and mental health needs related to COVID-19. This call center was an alternative to calling 911 for emergencies. The police chief reported that there were between 20–80 calls per day. Of these calls, he estimated at least 33% were related to mental health issues (e.g., anxiety, domestic relations, social isolation). Drawing from research that suggests bringing together network members with complementary skills in emergency situations, MACP formed a short-term committee to develop a plan to support the police and sheriff's call center (Moynihan, 2008). MACP decided to have social services family service specialists stationed at the call center to triage the mental health related calls.



### **4.3 Modifications to Family Treatment Drug Court (FTDC)**

**4.3.1 MACP's Family Treatment Drug Court was modified to address the COVID-19 crisis.** As part of the governor's issuance and stay-at-home order, the courts were closed except for emergency hearings, resulting in three modifications to FTDC. First, the weekly face-to-face drug docket meetings could not be held. As a result, the FTDC transitioned to audio and video conferencing to maintain the structure and accountability for FTDC participants as a key component of a successful drug court is ongoing judicial interaction with each participant (Hiller et al., 2010). Second, the FTDC family service specialist had to limit home visits and urine drug screenings of participants due to mitigation strategies. Drug and alcohol testing to monitor abstinence is another key component of a drug court to ensure successful outcomes (Hiller et al., 2010). Third, the treatment agency had to limit home and office visits. This limitation included the FTDC case manager who maintained weekly F2F contacts with FTDC participants. The FTDC case manager and treatment providers transitioned from F2F visits to TMH delivery through audio and video conferencing with FTDC participants. Treatment staff were able to deliver evidence-based substance use therapy (e.g., community reinforcement approach) through TMH sessions. Studies highlight that TMH has been shown to be cost effective and an effective alternative to engage individuals in treatment (Langarizadeh, 2017). Moreover, FTDC participants receiving substance use group therapy found that TMH was effective consistent with research that suggests no significant differences in attrition, therapeutic alliance, and homework completion in TMH group therapy versus F2F delivery (Greene et al., 2010). A meta-analysis revealed that TMH had a positive impact on clients' satisfaction. Additionally, communication and engagement between providers and clients were enhanced through TMH suggesting that this mode of delivery may be effective with FTDC participants (Orlando, Beard, & Kumar, 2019).

### **4.4 What are the Benefits and Challenges of MACP's Modifications as a Result of COVID-19?**

As highlighted in research, MACP experienced several benefits and challenges related to modifications as a result of COVID-19 (Huxham & Vangen, 2005; Millette-Winfrey, Orimoto, Preston-Pia, Schwiter, & Nakamura, 2020; Provan & Lemaire, 2012; Sowa, 2009).

**4.4.1 Benefits.** Some of MACP's benefits of modifications included enhanced learning opportunities and improved quality of services (Moynihan, 2008; Provan & Lemaire, 2012). First, MACP found a cost effective, user friendly video platform: *GoToMeeting*. Second, there was not a decrease in attendance due to switching from F2F to video conferencing. Third, video conferencing offered time savings and members reported improved productivity through the elimination of travel to meetings. Video conferencing may have addressed MACP members' feelings of isolation related to working at home. Research has indicated that a major negative aspect of telework is that work at home individuals have feelings of isolation and detachment from co-workers (Golden, Veiga, & Dino, 2008). Video conferences allowed MACP members who were working from home to stay connected and engaged with community stakeholders and colleagues and continue with learning opportunities through access to video conferencing technology.

MACP reprioritized its agenda to address current needs for the community which included food, insecurity, employment, school, and social isolation. Because many

community members lost jobs and schools were closed, they were having challenges feeding their families. Members of MACP developed a plan to feed families in the community including the delivery of 3,000 meals to families twice per day. MACP also assisted school staff in providing childcare to over twenty children of first responders. Second, MACP's re-tooled agenda addressed an increased mental health need of families struggling with social isolation, anxiety, and challenges with domestic relations as a result of school closings and the governor's stay-at-home order. MACP provided social services family specialists to triage the mental health calls.

FTDC transitioned from F2F client contact to audio and video conferencing and TMH. FTDC participants with accessibility or transportation barriers in meeting treatment requirements for FTDC were able to receive TMH from their treatment provider and FTDC case manager demonstrating improved organizational survival during a crisis which is one desired benefit of collaboration (Sowa, 2009). FTDC participants relied on each other for support through the availability of group counseling offered through TMH. Pro-recovery peers play an important role in the recovery from a substance use disorder and the evidence-based treatment model used in FTDC, community reinforcement approach, focuses on increasing pro-recovery peers and pro-social behaviors (Hunt & Azrin, 1973; Myers & Godley, 2001). Thus, FTDC participants remained actively involved in their treatment through engagement with their FTDC peers. FTDC participants were able to access online recovery support, such as Alcoholics Anonymous/Narcotics Anonymous recovery groups. A randomized controlled trial of individuals with an alcohol use disorder highlights that the use of smartphone applications with recovery supports have been found to be associated with fewer days of drinking than those who did not use online recovery supports (Gustafson et al., 2014).

*4.4.2 Challenges.* Similar to existing research, some of MACP's challenges of the modifications have included communication difficulties (Huxham & Vangen, 2005). First, the technology was not without flaws. At the monthly MACP meetings, several members experience technical difficulty joining the meeting. Other members are able to join by audio conference but unable to join by video conference. Thus, there are challenges ensuring that all members have equal opportunity to offer feedback and discussion because there is no ability to read facial cues and prompts for discussion for those that join by audio conference. Second, consistent with research, the scope of learning required for a network to function during a crisis is greater than for routine situations (Moynihan, 2008). Prior to the pandemic, most MACP community trainings and programming were conducted in-person. Trainers did not have the experience or skill set in conducting virtual training.

Because of COVID-19 many businesses and restaurants closed resulting in an increase in unemployment in the community. Research suggests that unemployment affects mental health, including depressive symptoms (Pelzer, Schaffrath, & Vernaleken, 2014). To address this challenge, MACP developed a list of resources, such as unemployment benefits, for first responders and service providers to share with community members. Second, because MACP agencies had limited or suspended face-to-face visits, outreach to the community was a barrier. To address this obstacle, MACP agencies changed service delivery from F2F to audio and video conferencing with families demonstrating MACP's ability to use data to inform decisions at the stakeholder, network, and organization level (Millette-Winfrey et al., 2020).

The suspension of urine drug screening for FTDC participants in order to practice COVID-19 mitigation strategies to avoid the potential spread of the virus was an

identified barrier. Regular drug screening is an integral part of an FTDC to assist with participants' accountability with FTDC guidelines and was a potential cultural clash between MACP organizations with differing opinions on how to continue to provide screening (Huxham & Vangen, 2005). To address this barrier, the family service specialist began using oral drug screening swabs.

MACP's prevention programming, including Hidden in Plain Sight, went to a virtual format. MACP members felt strongly that prevention efforts aimed to reduce youth substance use needed to continue as the pandemic continued to unfold. Members hypothesized that youth may be at even greater risk for substance use given the isolation and lack of available pro-social activities during mitigation strategies. For some youth, boredom may be a trigger to use substances and MACP wanted to ensure that efforts continued to address this community problem. Consistent with learning forums (Moynihan, 2008), the MACP prevention subcommittee developed a virtual Hidden in Plain Sight presentation.

## **5.0 Potentially Generalizable Lessons from MACP Modifications**

The modifications of MACP in the three aforementioned areas offer several potential lessons for networks that may be considering the need to make modifications to address community needs as impacted by COVID-19. In the next sections, potentially generalizable lessons from MACP modifications will be presented.

### ***5.1 Couple Structure with Flexibility***

Provan and Kenis (2008) highlight flexibility versus stability as one of the persistent tensions in network collaboration. MACP recognized the importance of keeping consistent and regular scheduled meetings to ensure that members felt engaged, supported, and informed of community-based human service activities during COVID-19. MACP balanced flexibility versus stability by maintaining the same meeting date and time while transitioning to a video conference platform in April 2020, demonstrating the vital characteristics of self-organization and spontaneity (Comfort, 1994). As the Commonwealth of Virginia progressed through different stages of mitigation strategies, MACP began offering both in-person and video conference meetings when the governor determined that groups of ten or more could safely meet in-person. Networks adapting to the COVID-19 crisis may benefit from understanding the ability to delicately balance the need to continue with regularly scheduled meetings and activities while having the deftness to pivot and use new and innovate strategies (e.g., distance collaboration modalities) to engage members and sustain the network. Effective networks may benefit from understanding this persistent tension and strategic responses of movement toward the creative balance of order and flexibility to ensure continued viability during a crisis (Comfort, 1994).

### ***5.2 Revisit Key Factors of Effective Networks***

MACP revisited the several critical contingencies—(a) degree of trust, (b) number of members, (c) goal consensus, and (d) the need for network-level competencies—developed from network theory (Provan & Kenis, 2008) in order to sustain effective functioning during the COVID-19 pandemic. These key factors guided MACP's modifications as a result of COVID-19. In particular, MACP ensured that modifications to the face-to-face meetings would allow for a quorum of members to attend in order to develop goal consensus in re-prioritizing MACP's agenda. As some members were not able to join by video conference and instead joined through

audio, MACP found that existing relationships among members and degree of trust facilitated effective meetings during COVID-19. Networks modifying their meetings or operations may benefit from ensuring that they remain focused on implementing key factors that led to their initial network development.

### ***5.3 Rely on Governance Structure to Guide Decision-Making***

Provan and Kenis (2008) offer three forms of governance for effective networks—shared governance, agency-led governance, and network administration organization. As MACP modified meetings, re-prioritized their agenda, and adapted Family Treatment Drug Court to telehealth service delivery, the shared governance model served as a basis for all decision-making activities. Networks adapting to changes in the community related to COVID-19 may benefit from the importance of using their governance structure to inform decision-making. Some possible challenges exist during a crisis situation as there may be temptations for political dynamics and suboptimal decisions (Moynihan, 2008). However, relying on shared governance ensured that MACP's decision making process was inclusive and egalitarian.

### ***5.4 Differentiate Between Past and Present Learning Opportunities***

An obvious strategy in dealing with a crisis situation is to look at the past to offer learning opportunities and a road map or direction. Certain crises may lend themselves to this transfer of standard operating procedures to effectively deal with a crisis situation (Moynihan, 2008). Given the lack of precedence in handling a worldwide pandemic, MACP recognized that reliance on past learning would be limited at best and that faulty conclusions may be drawn in absence of previous experience. Thus, MACP relied on regular and open communication to ensure a process of creative exchange and learning opportunities to effect action in light of the pandemic (Comfort, 1994). Creative exchange opportunities for MACP included use of distance collaboration modalities for meetings, training, and service delivery. Networks addressing a crisis may benefit from an understanding that over reliance on past lessons may lead to ineffective problem-solving strategies in dealing with a pandemic or crisis situation.

## **6.0 Conclusion**

This case study describes the modifications that a network collaborative in Central Virginia made as guided by the network theory model of Provan and Kenis (2008) and the literature on network emergency management (Comfort, 1994; Moynihan, 2008) during the COVID-19 pandemic to continue to provide viable community partnerships to fulfill the mission of meeting the health and wellness needs of the individuals in the community. Overall, with the aforementioned modifications, MACP maintained a steadfast focus on community collaboration to meet the challenging and complex needs of the community and shared clients. A limitation of this case study is that there is little linkage to a cause-and-effect relationship between modifications made by the collaborative network and network effectiveness in that the outcomes cannot be generalized statistically. The needs of the community were re-shaped with the arrival of the COVID-19 pandemic, and the purpose of this article is to share the modifications made by MACP in order to offer generalized lessons learned for other cross-sector networks as communities and human services agencies continue to operate through a pandemic of unknown proportions.

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