Voluntas: International Journal of Voluntary and Nonprofit Organizations

www.cambridge.org/vts

Multisectoral Approaches to Service Delivery and Implementation: Collaboration Among Syringe Service Programs in a Midwestern US State

Theresa Anasti

The Brown School of Social Work at Washington University in St Louis, USA

Research Paper

Cite this article: Anasti T. (2026). Multisectoral Approaches to Service Delivery and Implementation: Collaboration Among Syringe Service Programs in a Midwestern US State. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 1–12. https://doi.org/10.1017/S0957876526000690

Received: 01 October 2025 UTC
Revised: 29 June 2026 UTC
Accepted: 03 July 2026 UTC

Keywords:
Social work; Multisectoral collaborations; Nonprofits; Public health; Syringe services

Corresponding author:
Theresa Anasti;
Email: anasti@wustl.edu

Abstract

Syringe service programs (SSPs) are a key strategy to stem the overdose crisis. These organizations have recently benefited from increased state investment in the US, highlighting the need for collaboration across public and nonprofit sectors in their implementation. This paper examines an emerging, informal multisectoral collaboration among public and private SSPs, public health departments, and law enforcement to address the "wicked problem" of opioid overdoses. Based on 26 interviews with SSP frontline human service employees in a Midwestern US state, the findings explore SSP employees' perspectives on the development of (in)formal multisectoral collaborations. Results highlight how trust-based informal relationships and frontline relational work spearheaded by SSP employees lay the foundation for governance structures and more formalized collaborations. Through consideration of these findings, it is shown that frontline human service professionals play a pivotal role in facilitating such collaborations through bottom-up relational processes.

Multisectoral collaboration involves actors coming together from different organizational sectors (government, nonprofit, market) to solve complex problems (Gray, 1989; Hardy et al., 2006; McGuire et al., 2010). These collaborations aim to incorporate cooperative decision-making processes negotiated discursively, emphasizing mutual accountability and large-scale problem-solving. Such collaborations are mobilized to address "wicked problems," complex societal problems which require involvement of multiple actors working toward systemic change (Ansell & Gash, 2008; Austin, 2010; Gazley, 2017; Hardy et al., 2003, p. 322; Page et al., 2015; Phillips et al., 2000; Rittel & Webber, 1973; Williams, 2002). "Wicked problems" include public health crises, environmental catastrophes, child poverty, and homelessness, all complex problems that require involvement from multiple actors (Gray & Purdy, 2018; Hardy et al., 2006; McGuire et al., 2010; Mosley, 2021; Olvik, 2024; Witkowski et al., 2024). These collaborations, while highly beneficial for fostering innovation and knowledge-sharing, may be challenging as organizations in varied sectors, holding conflicting logics, may find it frustrating to work toward a solution with actors that have different values around such "wicked problems." While the benefits (and challenges) of multisectoral collaboration are significant, more research is needed to understand the specific conditions of multisectoral collaboration (Shier & Handy, 2016).

The U.S. overdose crisis is a wicked problem, shaped by interrelated sociopolitical factors, and involving multiple stakeholders with different views of the crisis (Lee, 2018; McCrea, 2019). During the late 2000s, multiple US states began implementing policies to decrease opioid-prescribing in order to reduce overdoses (Chiarello, 2025; Szalavitz, 2021). As opioids became harder to obtain, some users turned to street-based substitutes, leading to an increase in fatal overdoses in the 2010s (McCrea, 2019; Pacula & Powell, 2018). As such, increasing state attention has been paid to harm reduction practices, such as syringe service programs (SSPs), organizations that provide sterile syringes, naloxone, wound care, and basic needs services to people who use drugs (PWUD) (Weiland, 2022). In the US, SSPs are delivered through a mix of public and nonprofit/mutual aid sectors, staffed by social workers, medical staff, and peer providers. Thus, they are an important site for examining the dynamics of informal multisectoral collaboration in a politically contested setting (Jones, 2019).

This paper shows how multisectoral collaboration addressing the overdose crisis in one US state emerged from a small informal network of public and private actors to a burgeoning and formal(izing) multisectoral collaboration created to disseminate harm reduction practices intended to address the opioid crisis. In politically contested service environments, such as that of SSPs, frontline actors may work to maintain informal collaborative arrangements that support the field in the absence of broad-based state and community support (Szalavitz, 2021). Most research on collaborative efforts focuses on formal arrangements (Gazley, 2008, 2010; Jang et al., 2016), while much of the research on collaboration (in)formality uses quantitative research

© The Author(s), 2026. Published by Cambridge University Press on behalf of International Society for Third-Sector Research. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (http://creativecommons.org/licenses/by/4.0), which permits unrestricted re-use, distribution and reproduction, provided the original article is properly cited.

methods to investigate why organizations enter such arrangements, as well as the characteristics of organizations that enter (in)formal collaborative arrangements (Bauer et al., 2022). Thus, scholars know that organizations collaborate, and with whom they collaborate, but have less information about how such collaborations are managed, particularly in the absence of formal governance. This study uses qualitative interview data with SSP practitioners in a Midwestern US state to explore the emergence of an informal, multisectoral collaboration between public and nonprofit sectors in implementing SSPs and disseminating harm reduction practices, describing the role of frontline SSP practitioners as driving these collaborative processes. These collaborative arrangements did not result from state mandates but rather through informal relationships that fostered trust, navigated hostile institutions, and supported boundary-spanning leadership. The collaboration began to coalesce in 2020 in response to a rapid expansion of SSPs in the state between the years 2017-2020 due to an increase in state interest, and a corresponding shift from service delivery by a small cohort of nonprofit/mutual aid organizations to expanding public health involvement in SSP delivery. Thus, this study asks: How do frontline service providers construct and sustain multisectoral collaboration in environments with weak and/or absent formal governance structures?

Theoretical framework

Multiple theoretical frameworks have been proposed to understand the emergence and sustainability of multisectoral collaborations (Bryson et al., 2015; Emerson et al., 2012), recognizing that collaborations arise when sectors find a way to exchange resources, organizations have prior relationships, and complex issues emerge requiring collective responses (Bryson et al., 2015, p. 648; Gray, 1989; Thomson & Perry, 2006). External factors, such as the collaboration's institutional environment (including mandates, windows of opportunity, and vulnerability to change), can create incentives for organizations to engage in multisectoral collaboration (Alhassan et al., 2021; Bryson et al., 2015; Omar et al., 2014). Windows of opportunity, for instance, could take place in challenging or favorable political environments. Challenging political environments may facilitate collaboration when organizations need to address adverse conditions, while favorable political environments may result in increased resources for the multisectoral collaboration (Bryson et al., 2015; Schmid & Almog-Bar, 2020). For organizations that work within complex and possibly contentious environments, there are multiple factors that hinder and support the creation of collaborative mechanisms. For instance, formal mechanisms are important to sustain collaboration (Bauer et al., 2022; Jang et al., 2016), yet collaborations may start with informal arrangements in the absence of formal governance. Without formal support, collaborations may be sustained by frontline human service professionals who may act as boundary spanners who cultivate interpersonal trust among divergent actors.

Informal and relational trust-building in multisector and cross-sector collaborations

Formal mechanisms of collaboration typically emerge from top-down and state-mandated processes, such as formal contracting relationships, memorandum of understandings (MOUs), and mandated participation in collaborative processes (Bauer et al., 2022; Guo & Acar, 2005; Isett et al., 2011; Jang et al., 2016). While these processes are typically stable, as they are often legally binding and contain enforceable accountability mechanisms, informal collaborative arrangements may also play a crucial role in multi-sectoral collaborations, particularly in the absence of strong institutional supports. Much of the research on such collaborations has focused on the public-private contracting relationship, overlooking other relational and informal forms of collaboration between the government and nonprofit sectors (Gazley, 2008, 2010). Suggesting that studying "informal linkages" between government and nonprofit actors may not be valuable to stakeholders, Gazley (2008, p.141) notes that such trust-based relationships, fostered by interpersonal connections, may supersede formality and create relationships that serve as a substitute for formal collaboration mechanisms. Informal collaborations can be highly beneficial, as they allow organizations autonomy from commitment and foster "organic networks" (Bauer et al., 2022, p. 161) that bring actors with shared norms and values together to meet goals (Guo & Acar, 2005; Romzek et al., 2014). Trust-based informal networking can serve as a precursor to formal collaboration, which can provide additional benefits to small human service organizations (Peng & Kim, 2018). Indeed, Hung et al. (2025) note that trust is the only individual-level antecedent predicting an organization's decision to collaborate, indicating the importance of trust in facilitating informal collaboration.

This study examines nonprofit-state collaboration in an area historically served by the nonprofit/mutual aid sector. Early mutual aid SSPs were reliant on informal and trust-based coordination, particularly considering the disregard state actors had for these services (Hassan, 2022; Kelley et al., 2005; Szalavitz, 2021). Such collaborations relied on relational strategies and "soft control" (Vangen & Huxham, 2003, p. 14) mechanisms to maintain collaborations, using trust between individual and organizational actors as a "lubricant for collaborative transactions" (Szalavitz, 2021; Vangen & Huxham, 2003 p. 14). The history of SSPs provides some insight into current collaborations, with some in the field expressing mistrust of formal top-down mechanisms that may come with multisectoral collaboration, particularly with the state (Hassan, 2022), while others acknowledge the need for state involvement to disseminate the work of SSPs to broader communities (Fontaine et al., 2026). Regardless, such multi-sectoral collaborations can yield increased legitimacy for under-resourced community-based nonprofits, while also providing insights into the needs of the local community for public sector actors (AbouAssi et al., 2024a). In a recent survey with US SSPs, community-based SSPs had a higher uptake of services than public ones, indicating increased accessibility among nonprofit/mutual aid SSPs (Ray et al., 2024). This finding underscores why nonprofits may be mobilized to collaborate with state actors to extend their reach and to obtain resources, while organizations in the public sector collaborate to learn from nonprofit community expertise (Schmid & Almog-Bar, 2020).

Navigating conflicting relationships in multisectoral collaborations

Despite the benefits emerging from collaboration, multisectoral collaborations may encounter tensions because of conflicting goals and objectives (Gray, 1989; Kivleniece & Quelin, 2012). These tensions may include disagreements over inclusion and efficiency; balancing autonomy and interdependence; and having unclear accountability structures (Gray & Purdy, 2018; Hardy et al., 2006; Koliba et al., 2011; Romzek et al., 2014). Additionally, multisectoral collaborations may fail in attaining agreed-upon outcomes, and there could be a reputational risk for collaboration involvement (Andrews & Entwistle, 2010; Bakko, 2026; Foss et al., 2025; Gray &

https://doi.org/10.1017/S0957876526000690 Published online by Cambridge University Press

Purdy, 2018; Hardy et al., 2006). A perception among community members, donors, and other stakeholders that collaboration participation prioritizes the collaboration's interest over the community or clients of the nonprofit may lead to reputational harm, funding loss, and reduced community trust (Omar et al., 2014).

An additional complication emerges when considering the role of law enforcement, a public sector institution that is intertwined with the governance of drugs and drug use. Law enforcement is involved as an actor in a variety of "wicked problems" (such as homelessness, drug use, sex work and trafficking), although their involvement in addressing complex problems is often met with skepticism among service providers (Alford & Head, 2017; Anasti, 2020; Bakko, 2026; Daviter, 2017; Lee, 2018; Van Dijk et al., 2019). As noted by Bakko (2026), although law enforcement is on the front lines in addressing certain social concerns, they also pose a significant risk of causing harm to certain communities, leading to divergent approaches among providers when considering provider-law enforcement collaboration. Law enforcement's role as frontline public sector employees who use discretion (Lipsky, 2010) in enforcing federal, state, and local drug laws may make them important collaborators for organizations working with PWUD, considering the incompatible logics under which these actors operate.

Recent work looking at relationships between SSPs and law enforcement shows that experiences are mixed. Sightes et al. (2019) found that most law enforcement officials believe that SSPs promote drug use, despite evidence to the contrary. Allen et al. (2022) found that some members of law enforcement advocate for SSP implementation, while others actively oppose SSPs. Rudisill and Mohammad (2025) note that law enforcement believe that SSPs could decrease infectious diseases, but are also concerned about their potential for introducing drugs into a community. Understanding the relationships between public-sector law enforcement and public and nonprofit service providers can help untangle how actors manage differing logics and tensions, how they address complexity, and how they minimize risk of reputational harm (Bakko, 2026; Franke & Shdaimah, 2022).

Frontline actors as boundary spanners

While much of the literature on multisectoral collaboration emphasizes structural and field-level conceptions of collaboration, Bronstein (2003) focuses on interpersonal processes that emerge through interdisciplinary social work and other helping professionals' collaboration. Bronstein's interdisciplinary collaboration model, which emphasizes interdependence, newly created professional activities, flexibility, collective goal ownership, and process reflection, provides a framework to understand how social workers—which are referred to broadly as frontline human service professionals, even if they do not have a formal degree in social work—might perceive multisectoral collaborations at the micro level. This paper focuses on informal collaborations, where such informality may provide flexibility in assigning roles, but establishing collective goal ownership may be challenging because new collaborations may lack accountability. Bronstein's framework helps explain how individual social workers understand their own collaboration responsibilities while balancing dedication to their profession. In this case, role flexibility, where an actor can define their role over time, may serve to counteract role ambiguity, the confusion around who fills which collaboration role. This tension is present as social workers navigate interprofessional dynamics in multisectoral collaborations, collaborating with individuals of varied occupational backgrounds/statuses and organizational contexts.

One characteristic cited as necessary in this form of collaboration is boundary-spanning, where an individual has a specific internal role within an institution (whether leadership or otherwise) while working to connect outside organizations (Miles, 1980; Oliver, 2013; Stephens et al., 2024; van Meerkerk & Edelenbos, 2018). In this context, navigating power imbalances is critical in balancing the interests of diverse and perhaps unequal stakeholders. While the boundary-spanning literature emerges from management and organization studies, the emotional labor involved in connecting disparate organizations and sectors is pertinent to frontline social work and human service professionals. Frontline human service professionals may function as boundary spanners, facilitating coordination with actors across sectors (Miles, 1980; Stephens et al., 2024; van Meerkerk & Edelenbos, 2018). Boundary spanners are key agents in developing and sustaining collaborative partnerships through managing non-hierarchical partnerships and holding a deep understanding of multiple environments (Williams, 2002). Individuals who can engage in cross-boundary communication are important in building trust among different sectoral actors in collaborative processes and for improving coordination in decision-making processes (Steadman, 1992; Van Meerkerk & Edelenbos, 2014, 2018). These actors often hold formal roles within one organization, while simultaneously maintaining relationships with external partners. Boundary spanners are often discussed in the context of leadership, with boundary-spanning being cited as a necessary component of formal leadership (Guo et al., 2022). However, such boundary-spanning processes are seen among frontline professionals who engage in social work broadly defined, who are often skilled at facilitating communication across sectors, and at engaging in "emotionally laborious" practices (Needham et al., 2017, p. 288). Frontline human service professionals' roles at the intersection of organizations and communities allow them to mediate relationships and to connect with different sectors in ways that are rooted in community and an openness to new solutions (Bakken & van der Wel, 2023; Stephens et al., 2024). One under-researched area of boundary-spanning leadership concerns individuals with lived experience. For SSPs, lived experience has been cited as an important characteristic necessary to cultivate relationships with PWUD, and the empathy necessary to engage in this work may prove beneficial for boundary-spanning.

Methodology

Data

The data draws from qualitative interviews conducted with 26 paid employees from 22 SSPs in a midwestern US state in 2020. During data collection, directories maintained by the state's Department of Health and Human Services, as well as the North American Syringe Exchange Network (NASEN), identified 54 SSPs, managed by 29 organizations in the state. Interviewing employees from 22 SSPs out of 29 SSPs in the state resulted in a 76 percent response rate. Any person currently in a paid position at an SSP in the state was eligible. Of the sample, nine organizations represented are 501c3 nonprofits, and 13 are SSPs run out of local public health departments. The average age of the SSPs was 8 years old, while the median was just two years old. Seventy-three percent of SSPs had fewer than four employees. For the SSP employees, all were direct service providers, and many also held positions of leadership. Other organizational and individual demographics are in Tables 1 and 2.

This project sought to understand how SSPs conducted their work in a place-based environment that was rapidly changing regarding funding, public support, and transformation of the field.

https://doi.org/10.1017/S0957876526000690 Published online by Cambridge University Press

Table 1. Descriptive statistics: SSPs (*N* = 22)

Age in years	
Range	0–25
Mean	8
Median	2
Location	
Rural	11 (50%)
Suburban	4 (18%)
Urban	7 (32%)
Number of employees	
1–3	16 (73%)
4–10	4 (18%)
10+	2 (9%)
Sector	
Nonprofit	9 (41%)
Public	13 (59 %)

Table 2. Demographics: Employees (*N*=26)

Race	
White	20 (76%)
Black	3 (12%)
Hispanic/Latine	3 (12%)
Gender	
Male	6 (23%)
Female	19 (73%)
Non-Binary/Trans*	1 (4%)
Education	
Less than college	6 (23%)
College degree	14 (54%)
Graduate degree	6 (23%)
Former drug user	
Yes	9 (35%)
No	17 (65%)
Time employed in field	
0–5 years	9 (35%)
5–9 years	10 (38%)
10+ years	8 (31%)
Position at SSP	
Service provider	26 (100%)
Service provider and management	17 (65%)

The semi-structured questionnaire included questions about the history of the SSP, collaborations with other organizational and individual actors, perspectives on harm reduction, and hiring peer providers, among other questions. All interviews were conducted via telephone or Zoom. Data collection ended upon saturation, during which no new themes emerged from subsequent interviews. Immediately following each interview, memos were written to capture author insights. These memos were integrated into the analysis to highlight patterns in the interview not apparent in the transcript. This project was approved by Oakland University's IRB in April 2020.

The author, a MSW and PhD-level social worker with 20+ years of harm reduction experience, conferred with multiple harm reduction experts throughout the project to determine issues of importance. However, she does not have insider relationship with the SSP community in this context.

Analysis

This study used thematic analysis (Braun & Clarke, 2006) to find patterns and meaning in the data and twenty-first-century flexible coding (Deterding & Waters, 2021) as a guiding method of data analysis. Thematic analysis involves: (1) familiarization with data, (2) coding data (3) searching for themes, (4) reviewing themes, (5) defining themes, and (6) producing a report. Familiarization (multiple readings of transcripts) was followed by coding using the twenty-first-century flexible coding approach, which allows for flexible coding for large-scale studies, and facilitates re-analysis among projects likely to yield multiple papers (Deterding & Waters, 2021). Coding began by applying index codes (broad-scale code across large sections of text to assist in data retrieval) to selected chunks of the text. Coding was an iterative process, as it continued while the author fleshed out respondent memos and created cross-case memos to identify commonalities and differences across respondents. A priori and a posteriori analytic codes were applied to the index codes for further refinement. The author then proceeded to output the codes of interest to distinguish whether they had applied the correct criteria across the sample of codes. A codebook was created to document code labels, corresponding definitions, and example quotations. Reflexive memoing was engaged in throughout the research process to track the author's subjectivity and how it influenced the act of research—specifically interactions with research participants—as well as to document the transparency of the research process (Olmos-Vega et al., 2023). These results, including transcripts and memos, were discussed with a second qualitative researcher to assess the quality and coherence of themes. With the various concepts and themes discussed and referenced throughout the project, results were disseminated to the community in the form of a report for feedback and member checking (Padgett, 2017).

Limitations

Limitations included the lack of in-person ethnographic data collection. Being able to visit SSPs and observe their day-to-day work would have been beneficial in triangulating the qualitative data collection, thus increasing rigor. It is also important to note that only 1-2 individuals at each SSP were interviewed (except one organization, where four individuals who worked at four different sites run by the same SSP were interviewed). While most SSPs had fewer than four employees, there is likely information missing from employees who were not interviewed. Additionally, some participants mentioned that members of law enforcement were involved in the collaboration: interviewing law enforcement was not a part of this study, which could have provided alternative perspectives. Other limitations included the fact that this is a point-in-time project conducted during the COVID-19 pandemic lockdown—

https://doi.org/10.1017/S0957876526000690 Published online by Cambridge University Press

respondents were not re-interviewed to assess changes following the resumption of in-person activities.

Research context

This study examines multisectoral collaboration among SSPs in a midwestern US state up to the year 2020. To protect organizational identities and due to IRB constraints, the state is hidden. The first sanctioned nonprofit SSPs, or "legacy programs," were established in the 1990s and remained the only programs in the state until 2018-2019. A shift in the policy landscape, spurred by the 2015 HIV outbreak in rural Indiana and the 2016 federal removal of the SSP funding ban, led to increased political interest in harm reduction. In response, the state's public health department undertook significant efforts to expand SSP availability into underserved rural communities, growing from five to 29 by 2020. Newer SSPs were primarily managed by public health departments. In rural areas, public health departments led SSP delivery by leveraging existing infrastructure and state funding, often with technical assistance and support from nonprofit partners. This expansion extended SSP access to previously unserved regions, though new public health programs faced challenges in meeting community needs.

Results

To address the question of how informal collaborative arrangements develop with weak state support, the findings are organized into process mechanisms, followed by a reflection upon the formal(izing) collaboration. These process mechanisms are grouped into (1) Relationship development in the absence of formal state support, (2) Navigating hostile institutions, (3) Boundary-spanning leadership among frontline actors, and (4) Collaboration formalization. Respondents are described as one of three types: (1) legacy SSP employees, working at one of the five legacy nonprofit SSPs in the state, (2) public health SSP employees, employed at a public health-run SSP, and (3) nonprofit SSP employees, who are working at one of the newer nonprofit SSPs in the state.

Multisectoral relationship development in the absence of formal state support

In initial stages of SSP development, early adopters (the "legacy" programs) relied on informal collaboration with actors across sectors to sustain their work, particularly considering the opposition of legislative and other community stakeholders. Relationship-based, "handshake" collaborations laid the groundwork for trust and the cultivation of shared understandings of harm reduction as SSPs expanded across the state. When it comes to defining such relationships as "multisectoral," there initially lacked a cohesive structure that characterizes such relationships, yet these early organizational collaborations provided relational groundwork for emerging multisectoral partnerships, with the presence of actors in multiple sectors providing mechanisms to navigate challenges and gain legitimacy in often hostile environments. Such relationships were spearheaded by individual frontline actors, who were often among one of the only employees at the organization. As grassroots members engaging in the illicit work of syringe exchange, some legacy members described initially introducing themselves to individuals who could advance SSP efforts, thereby building informal networks of support that could provide leverage in addressing implementation challenges, including capacity building and resistance within hostile policy and criminal-legal environments.

Remembering her early role as an employee of one of the state's first SSPs in the 1990s, one legacy SSP staff member recounts the process of collaborating with multiple public and private institutions to strip the ordinance criminalizing the possession of drug paraphernalia:

> …we were doing teach and bleach, street outreach…with injection drug users… transmission of HIV, just like with any other place…was extremely high…So, we went to the [city] Health Department. It was a real public-private partnership effort… We initially worked on an [paraphernalia] ordinance…In order to operate a syringe exchange program, you have to have a paraphernalia ordinance. (LN2)

Considering that SSPs were in a legal gray area in the state until the 2010s (and in some counties remain in a legal gray area, as noted by respondents), these informal multisectoral partnerships were constructed by frontline actors in the absence of formal state support, often relying on supportive state actors who functioned as harm reduction champions as brokering early trust-building among sectors. While acknowledging the role of such champions, respondents suggested that this support varied across jurisdictions, reflecting varying political climates. As one legacy SSP provider explained:

> But I think everybody else, because the health department is on board, we haven't had to have those MOUs *[memorandum of understandings]* because the [NAME] County Health Department is amazing. Other health departments in other cities, it's going to be different….it really depends on the health department in the community because in [NAME] county the health department is very involved, very supportive. (LN4)

For many legacy programs, there is a focus on the necessity of program champions—public health officials for whom harm reduction efforts (including SSPs) were a necessary cause to defend. However, for some legacy providers, some of whom were former users themselves, developing relationships was initially challenging. Legacy organizations recounted that they were used to being perceived as "outsiders," having to do this work on their own terms, without state support. Yet over time, this bottom-up relational work generated legitimacy among public and nonprofit SSPs alike, serving to lay the foundation for supporting the more structured and formalized collaborations as SSPs proliferated across the state.

Navigating challenging state institutions: Relationships with law enforcement

SSPs must strategically navigate relationships with law enforcement to address both the legal ambiguity surrounding SSPs and law enforcement hostility toward PWUD by focusing on shared public health goals. Indeed, relationships with law enforcement are challenging due to the historical mistrust that drug-using communities–and the organizations serving them–have toward law enforcement. Nevertheless, law enforcement collaboration was considered a necessary component of SSP work in order to protect their vulnerable participants. As one employee at a legacy SSP noted, the fact that SSPs are still in a legal gray area in the state requires building relationships with law enforcement:

https://doi.org/10.1017/S0957876526000690 Published online by Cambridge University Press

> [The state's] law enforcement structure is pretty autonomous…They have a lot of discretion. So in some of those situations it can help to work with the health department and law enforcement a little bit more closely because the legality of SSP is a gray area…[but] partnership with our departments is a bonus…I was speaking with a county sheriff…but he liked the idea so much that he wanted the sheriff's office to operate the SSP. (LN31)

Akin to the relationships discussed previously, these relationships were not formally codified, relying on personal relationships between frontline workers and law enforcement and informal verbal agreements. As one nonprofit SSP employee described:

> We have just personal connections…they know what we're doing and we tell them what we are doing. Then also, just last month, we had somebody come into the precinct, one of our syringe exchange people…she [officer] said, "Just please call this number," and it was one of us…So she walked there and then they called us and they arranged for somebody to come bring her here…It was cool how that worked out. (N3)

However, these relationships, relying on law enforcement discretion and personal relationships, may be fragile. The respondent goes on to note that "the relationships that we do have with law enforcement in [county] are so personal, everybody might not know what we're doing and so we have a couple of preventive measures, just to protect our clients." In noting the conflicting perspectives that may be held with some law enforcement stakeholders, a public health SSP employee describes how collaboration is based on relationships rather than formal institutional agreements:

> Some law enforcement are a little more progressive in their thinking….[with them] our relationships are nothing written on paper, it's more of a verbal agreement type thing. A mutual understanding rather. (PH1)

Here, it should be noted that there were minimal differences between the relationships of nonprofit SSPs and public health-run SSPs with law enforcement. These organizations described similar forms of collaborative relationships which were nonetheless beneficial insofar as law enforcement was not actively harmful to their participants. For instance, one legacy SSP provider noted: "We go to camp staff meetings for [city] policy department…they're aware, they know and support us." Another legacy nonprofit program employee described a process of formalizing law enforcement relationships, noting that their relationships could increase cross-sectoral collaboration in order to directly support an individual at increased risk for overdose:

> We do have a relationship…for law enforcement, when they do reverse an overdose, we've thought about taking this one step further, so we have what's called the wellness chat program, so when they do report an overdose, we're provided with that information, and then we have a recovery coach go out and follow up with that individual the following day. (LN20)

These collaborations, being negotiated through "verbal agreement type things," "personal relationships," and "mutual understandings," may appear to be fragile without the backing of institutional mandates for collaboration. Yet, for many respondents, they created the groundwork to facilitate more formalized collaborations with state and local agencies over time. Including these early forms of collaboration demonstrated the possibility for SSPs to thrive in challenging institutional environments, even if, for a minority of respondents, collaboration with the state, particularly law enforcement, was ideologically in opposition to how they perceived their work. While uncommon with respondents, one community-based employee described segregating themselves from police (Bakko, 2026), interacting with them only when absolutely necessary: the respondent described a situation wherein a cop intervened on their work distributing needles. When the respondent gave them their organization's card, the cop left them alone, and the respondent noted that no interactions with law enforcement have happened since—a relationship they prefer. Nevertheless, for most SSP providers, law enforcement members become involved in collaborations as the collaborations have become increasingly formalized, which many respondents credit to these "mutual understandings."

The role of boundary-spanning leadership among frontline actors

For the legacy programs that engaged in substantial early relationship-building to gain support for their work, several individuals used their talents and emotional intelligence to reach "drug users, sex workers…those populations that are already so vulnerable and looked down upon." Respondents informed me that empathy allowed such boundary spanners to connect with state employees and business owners to gain support for the implementation of SSPs—a form of charisma that was able to influence a wide range of actors. One former legacy provider, whom a respondent described as a "a one man show," was a former user who would "sit there, talk to people…respect them, I think that just his personality has benefited from that." This provider's success in "meeting people where they are at," shaped his ability to connect with a wide swath of individuals, such as business owners, who allowed the SSPs to operate in parking lots, and local law enforcement, who have become key supporters of this SSP. These ad-hoc public-private relationships succeeded by focusing on the broader goal of overdose prevention and improving public health, while also having someone available to translate the values of the work across sectors.

Boundary-spanning leaders were cited by respondents as using their lived experience in drug use, their adaptability, and their deep knowledge of different systems to connect individuals across sectors. Multiple boundary-spanning leaders were cited, but respondents mentioned one repeatedly: the individual's background was especially relevant to their emergence in this leadership role, as a former service user, a nonprofit SSP employee, and eventually, holding a position in the state public health department. Respondents noted that his experiential expertise allowed him to navigate varied organizational contexts and institutional logics, maintain the respect from other collaborative actors due to his lived experience and facilitating collaboration across geographically dispersed programs. His familiarity with the lived realities of program participants conferred credibility and authenticity, further enhancing his capacity to cultivate trust across multiple stakeholder groups. A single boundary-spanning leader can serve as a catalyst for multi-sectoral collaboration—especially when equipped with lived experience, granting them experiential legitimacy that usurps conventional notions of hierarchical power. Having boundary-spanning leadership appeared to destabilize power dynamics in the collaboration, as participants were able to view such de facto leaders as individuals who shared their concerns and were able to speak to a variety of different stakeholders. As one respondent put it: "He was one of the old hands and he has now moved forward in

https://doi.org/10.1017/S0957876526000690 Published online by Cambridge University Press

his position in working through [public health department]." The perception of being one of the "old hands," and his openness about his own experience likely provides a sense of trust and security in pushing this collaboration forward. As one public health SSP respondent noted, "he knew this [syringe exchange] works":

> He actually is one of the state representatives for harm reduction, and he has personal experience with [ORGANIZATION]. I think he really brought to the table, [STATE] knew they had a hepatitis C problem, and he knew this works. (PH15)

While this specific boundary-spanning individual was described most frequently, it should be noted that similar discussions occurred regarding similar boundary-spanning individuals. These individuals maintained connections with their community, did not hide their lived experience, and were able to navigate the intricacies of cross-sector relationships due to their ability to connect authentically with others and speak from a place of lived experience as a source of credibility and insight. For one organization, one of the only legacy programs located in a rural community, they described the founder of the organization as follows:

> …we have ongoing presentations that we do at public libraries. Sometimes nursing students…come to our presentation….If [ORG LEADER] who is our biggest egghead, if they're doing the presentation, they have hours of subject matter and things that they can present on. They can just plug and play whatever somebody's looking for. [LN7]

Having these interpersonal skills, being a person of lived experience, and being able to present in mainstream venues were all crucial components of what made a boundary-spanning leader and how these individuals were able to connect with stakeholders who may not have been attuned to the needs of an SSP.

Transitioning to "formalized" multi-sectoral collaborations

Relational trust-building, working with hostile institutions, and the presence of boundary-spanning leadership have set the stage for the gradual formalization of multi-sectoral collaborations that have emerged between the public health sector and community-based nonprofits. Respondents noted that the collaboration, the formation of which was encouraged by the state public health department upon the increase in government funding in the late 2010s, took some time to gain traction—an issue which was compounded by the onset of the COVID-19 pandemic in 2020. Nevertheless, individuals felt that due to the relative freedom to join this work, they had role flexibility in this process and appreciated the range of perspectives that were put forth. The reason for the collaboration was to determine the SSP funding process (which was now distributed through the state public health department) and to disseminate harm reduction practices. As one respondent who works at a health department SSP described:

> There's a Syringe Service Program Advisory Committee…the goal is looking at funding coming into the state. I guess they said…some of those funding decisions needed to be made quickly….But now just really wanting to be very strategic in that, and in getting input across the state in order advance harm reduction…this includes some of the syringe programs in the state, some people from the medical community, places that are going to provide technical assistance to us via monthly webinars. [PH5]

The transition from informal to formal(izing) collaboration created opportunities for more cohesive leadership (particularly through boundary-spanning leadership) to institutionalize collaboration in such a way as to enhance the shared vision of the collaborative—not an easy task when contending with public health departments, mutual aid groups, and community-based nonprofits located in different geographical communities.

Respondents emphasized that these monthly gatherings created necessary spaces for organizations to collaboratively address challenges like funding for syringes, as state funding cannot be used to fund actual syringes. Respondents describe collaborative members as being engaged in problem-solving actions and "out of the box thinking," indicating the importance of flexibility in roles to explore innovative solutions, as one nonprofit SSP employee suggested:

> … if [SSPs] aren't…participating on the monthly state syringe call be part of that. They don't have to be necessarily one of the recipients of state funding although most are. But it's been a great network to especially brainstorm some of these out-of-the-box thinking…it's such a critical part because when you're trying to fundraise for syringes…[you need] some good backing behind you and good data behind you, which we discuss in the state calls. (N2)

This respondent highlights the importance of network building in finding new ways to explore challenges, providing context for collective problem-solving, information-sharing, and decision-making. One notable outcome was the state's first Harm Reduction Conference. These spaces were established through strategic efforts to create a community of individuals and organizations (nonprofits, mutual aid, law enforcement, health department, academics) to discuss a shared goal to disseminate harm reduction practices statewide. The conference's creation deepened participant dedication to ongoing partnerships, highlighting what can be accomplished through sustained and strategic collaboration efforts, as this public health SSP noted:

> Well, [the conference] was phenomenal…They had a panel of individuals who are utilizing syringe exchanges…they have state health representatives come up and discuss the HIV outbreak …Even law enforcement speaks in support of it, I thought was so cool. (PH15)

Here, the respondent illustrates how the conference showcased creative efforts through bringing together multiple stakeholders and co-producing innovative solutions. Respondents suggested that these processes can create mutual values across geographically dispersed areas in the state, where such values may not be assumed.

While participants expressed support for these collaborations, some respondents viewed them as more of an obligation, showcasing the need for leaders to work on fostering trust and engagement among a diverse group of collaborative members. While no participant explicitly dismissed the value of the collaboration, engagement was at times superficial. As one health department SSP employee in a rural community noted:

> I regularly sit in on the state calls for the syringe program that they have… I'm on their something or other, I don't even know what it's called but they have a harm reduction brainstorming, grow brighter, something…. the Syringe Service Program coalition-type brainstorming group, I don't even know what it's called. (PH6)

This limited engagement suggests strategies to develop trust and secure buy-in from participants with minimal involvement. Other

https://doi.org/10.1017/S0957876526000690 Published online by Cambridge University Press

participants spoke of it as something that was useful but stopped short when discussing it as a driver of meaningful, systemic change. While this could be an individual decision among the SSP employees, collaborations may distract from frontline work, particularly in low-resource contexts. This can shift power dynamics, in that the SSPs with lower interest may be less likely to have their voices heard within the collaboration, which may hinder the ability to identify shared collaborative goals.

Discussion

Participation in multisectoral collaborations is crucial to addressing wicked problems. As multisectoral efforts are often discussed in highly formalized, large-scale terms, this paper offers an alternative perspective by examining an informal (yet formalizing) multisectoral collaboration among SSPs, public health departments, and law enforcement. This paper makes several contributions to understanding multisectoral collaboration. First, this paper focuses on how informality can be an overlooked structure in such collaborations, particularly as the bulk of collaboration literature focuses on formalized partnerships. While limited to a single location and time, this study shows how frontline relational work created the groundwork for governance structures that later resulted in a more formalized process—a process that may be similar for other collaborations starting informally. Second, for a core-stigmatized service (Anasti & Zhao, 2025), the ability to navigate relationships with hostile institutions is important to developing sustainable multisector relationships. Third, boundary-spanning leadership rooted in lived experience may foster positive relationships in collaborations, indicating that the trust built through such individuals may matter more than top-down authority. Finally, while multisectoral collaboration may be fraught with tension, confusion, and/or miscommunication (Gray, 1989; Hardy et al., 2006), addressing low buy-in is also important in early-stage collaborations. Figure 1 presents a process model illustrating the pathway toward formalizing multisectoral collaboration in a case study of a marginalized social service that has limited, yet existing, state support.

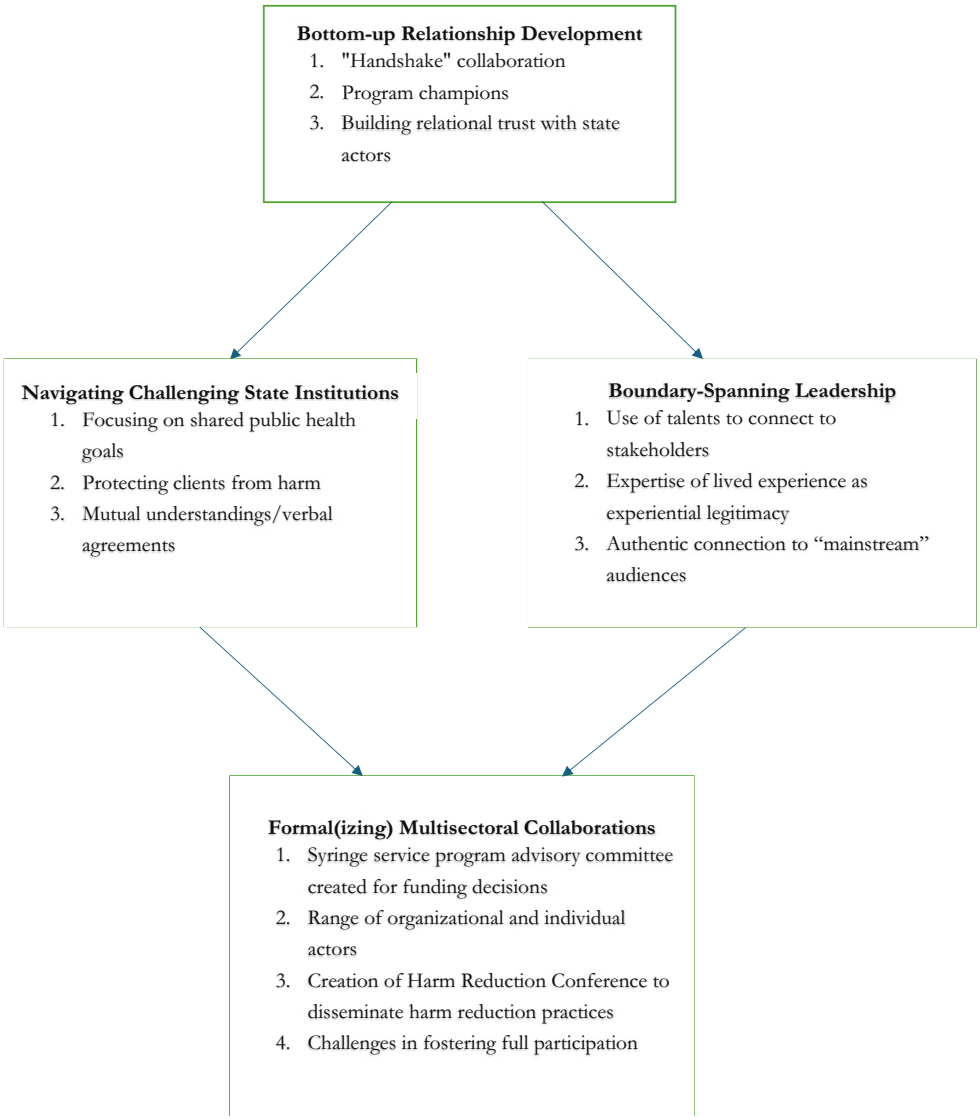


Fig. 1. Process Model of Multisectoral Collaboration.

https://doi.org/10.1017/S0957876526000690 Published online by Cambridge University Press

One of the biggest drivers of multisectoral collaboration is the existence of prior relationships (Bryson et al., 2015; Vangen & Huxham, 2003). Prior research shows that trust is the only individual-level factor associated with nonprofit collaboration (AbouAssi et al., 2024b; Gazley & Guo, 2020). AbouAssi et al. (2024b) found that nonprofits privilege trust with individuals when deciding to collaborate, while local governments privilege trust with the organization—in either case, trust is a key driver for multisector collaboration. Given that early organizations in the SSP space were accustomed to existing without state support (Bramson et al., 2015; Hassan, 2022; Showalter, 2018), it follows that building trust and the relational groundwork between individuals were necessary preconditions for considering collaborative work. Some organizations (particularly legacy SSPs) had long-standing relationships with multisectoral partners in the public health space facilitating knowledge and resource-sharing, underscoring the importance of having program champions (Romzek et al., 2014). This highlights the importance of investing in trust-based relationship-building early in the organizational tenure to strengthen future collaboration efforts.

Navigating hostile institutions, such as law enforcement, is necessary for SSPs to secure space for their work and to protect program participants. According to Hardy et al. (2006), collaborative conversations are successful when participants put aside their individual interests to work with other collaborators to pursue an issue of mutual interest, a dynamic emphasized in relationships with law enforcement. As noted by other scholars, the entrenchment of carcerality in human service provision makes it challenging to disentangle care from control (Bakko, 2026; Jacobs et al., 2021; Kim, 2020). This tension between care and control is particularly salient for SSPs as organizations that have actively worked to distance themselves from carceral control yet need to collaborate with law enforcement to ensure their participants do not become involved in the criminal-legal system. Broadly speaking, law enforcement may hold negative or mixed views of SSPs (Faber & Rigg, 2026), while harm reduction proponents may hold negative views of law enforcement and the carceral state (Hassan, 2022). However, other research holds that syringe program staff may have positive views of law enforcement (Franco et al., 2021), which held in this study. The positive regard–or at least the respectful distance–with which SSP employees held toward the police created openings through which multisectoral collaborations could be developed and maintained, setting the stage for broader state-level work.

The participants highlight the importance of multiple boundary-spanning leaders in collaborative efforts, emphasizing their significance at the individual and organizational levels. For some early SSPs, these leaders—who may not have been in positions of official authority but nevertheless were consistently looked to as key figures because of their expertise—were accepted because of their lived experience and ability to connect to various stakeholders. These individuals leveraged their connections to PWUD and field-level knowledge to address stakeholders' concerns. In particular, the work of several individuals with lived experience, emerging as leaders in the field, exemplified how they successfully translated goals and values across organizations operating with different logics, and were respected across sectors (Van Meerkerk & Edelenbos, 2018). While they often did not hold a formal leadership position, they were described as individuals able to lend mutual respect and credibility to the de facto "leadership" position. As noted by Armistead et al. (2007), recognition of someone who is a leader in this space relies on the "traits and behaviors of people…performing a leadership role emergently" (p. 19). As individuals who were perceived as trustworthy with deep knowledge of the community, such characteristics were noted in the enactment of boundary-spanning leadership—even if the individual was not in a formal authoritative position. Moreover, second-person strategies, the "inter-relationships between people and within and between groups and factions in a partnership" (p. 19), were brought forth as important relational behaviors to facilitate shaping the outcomes and process of the collaboration.

Multisectoral collaborations allow for combining expertise, information, and resources to work toward solving wicked problems (Bryson et al., 2015) and can foster innovation through merging knowledge acquired in multiple sectors (Thomson & Perry, 2006). The respondents in this study acknowledged these factors, describing these collaborations as necessary for brainstorming solutions and sharing knowledge they would not have obtained otherwise. Respondents highlighted tangible outcomes emerging from the collaborations, such as the harm reduction conference, which provided a practically and symbolically important venue for social workers, service users, and other health professionals to come together and learn about other's work in the harm reduction field. Indeed, the informal components of collaboration highlighted in this paper such as information sharing, working groups, and consistent communication are early steps in building trust and the groundwork for more formal collaborations (Park et al., 2021). As noted by Romzek et al. (2012, 2014, p. 834), relationship-building and champion behaviors not only are important antecedents to collaborative behavior, but also "shape effective informal accountability." In this case, while there are no sanctions for low participation in the collaboration, there seemed to be a mutual understanding among participants that collaboration involvement outweighed any costs. Yet while public and nonprofit SSP employees come together to discuss shared issues and challenges, engagement varies, and participants note that there is a minimal accountability process for involvement. Collaboration requires shared commitment and proactive efforts to balance power and encourage participation—without equitable participation participants may become disengaged from the collaborative process over time even with general agreement on the goals of the collaboration (Hardy et al., 2006). Reiterating that these were new collaborations taking place during the height of the COVID-19 pandemic, this may be evidence of early growing pains as the collaboration takes shape.

These multisector collaborations emerged to advocate for more equitable distribution of resources amongst SSPs, dissemination of harm reduction practices, and supporting existing harm reduction programs. In these collaborations, having limited formal authority fosters interorganizational trust, although the informal structure may require more intentional participation to counteract disengagement. Establishing collective goal ownership is challenging in informal contexts, where inconsistent participation may be more likely without the presence of accountability. While this project does not make claims around the collaboration effectiveness in its meeting of operational goals, and acknowledges its location in a single US state, it does describe a process through which organizations can consider their orientation to multisectoral projects with limited state support, findings that may hold in similar contexts. Future research should continue to explore how informal multisectoral projects emerge, evaluate the effectiveness of such processes in addressing wicked problems, and to investigate how trust can be cultivated in sectors characterized by an initial mistrust. Understanding how and why collaborations emerge in response to politically stigmatized issues is essential for social work and other human service professionals to contribute meaningfully to multisectoral efforts, allowing these joint efforts to endure.

https://doi.org/10.1017/S0957876526000690 Published online by Cambridge University Press

Acknowledgments. I would like to thank the two anonymous reviewers and the editors of VOLUNTAS-Fredrik O. Andersson, Galia Chimiak and Marlene Walk-for their thoughtful suggestions and support. I would also like to thank Jennifer Mosley, Sunggeun (Ethan) Park, and Peter Raeymaeckers, the editors of this special issue, for initial readings and suggestions for this article. I also thank participants at the 2023 ARNOVA conference and the 2024 ISTR conference for their helpful comments, and Chris Dingwall for a thorough reading of the paper and valuable suggestions.

Funding statement. This paper was funded by the University Research Council at Oakland University.

Competing interests. The author confirms that there are no competing/financial interests related to this work.

Ethical standards. Informed consent was obtained from all study participants, and the study was approved by the Oakland University IRB. Participants were assured of confidentiality and the right to withdraw without penalty. Data were anonymized prior to analysis to protect participants' privacy.

References

AbouAssi, K., Chen, T., Grossman, K. L., & Johnston, J. M. (2024a). Does service category matter for cross-sectoral collaboration? *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, *35*(3), 608–621. https://doi.org/10.1007/s11266-023-00626-3

AbouAssi, K., Tran, L., Bowman, A. O., & Johnston, J. M. (2024b). Which trust matters and to whom in cross-sector collaboration? Evidence from the local level in the Middle East. *International Public Management Journal*, *27*(5), 827–846. https://doi.org/10.1080/10967494.2024.2314051

Alford, J., & Head, B. H. (2017). Wicked and less wicked problems: A typology and a contingency framework. *Policy and Society*, *36*(3), 397–413. https://doi.org/10.1080/14494035.2017.1361634

Alhassan, J. A. K., Gauvin, L., Judge, A., Fuller, D., Engler-Stringer, R., & Muhajarine, N. (2021). Improving health through multisectoral collaboration: Enablers and barriers. *Canadian journal of public health Revue canadienne de sante publique*, *112*(6), 1059–1068. https://doi.org/10.17269/s41997-021-00534-3

Allen, S. T., Danforth, S., Grieb, S. M., Glick, J. L., Harris, S. J., Tomko, C., & Sherman, S. G. (2022). Law enforcement and syringe services program implementation in rural counties in Kentucky: A qualitative exploration. *Harm Reduction Journal*, *19*(1), 109. https://doi.org/10.1186/s12954-022-00684-8

Anasti, T. (2020). Officers are doing the best they can": Concerns around law enforcement and social service collaboration in service provision to sex workers. *Affilia*, *35*(1), 49–72. https://doi.org/10.1177/0886109919889034

Anasti, T., & Zhao, R. (2025). Strategies for cultivating organizational legitimacy among Core-stigmatized service providers: The case of syringe service programs. *Social Service Review*, *98*(4), 739–772.

Andrews, R., & Entwistle, T. (2010). Does cross-sectoral partnership deliver? An empirical exploration of public service effectiveness, efficiency, and equity. *Journal of Public Administration Research and Theory*, *20*(3), 679–701. https://doi.org/10.1093/jopart/mup045

Ansell, C., & Gash, A. (2008). Collaborative governance in theory and practice. *Journal of Public Administration Research and Theory*, *18*(4), 543–571. https://doi.org/10.1093/jopart/mum032

Armistead, C., Pettigrew, P., & Aves, S. (2007). Exploring leadership in multisectoral partnerships. *Leadership*, *3*(2), 211–230. https://doi.org/10.1177/1742715007076214

Austin, J. E. (2010). *The collaboration challenge: How nonprofits and businesses succeed through strategic alliances*. John Wiley & Sons.

Bakken, F. M., & van der Wel, K. (2023). Cross-sectoral frontline delivery of welfare-to-work services for young adults with complex problems in Norway. *Social Policy & Administration*, *57*(3), 304–317. https://doi.org/10.1111/spol.12860

Bakko, M. (2026). The boundary work of conflicting interorganizational relationships: Social service providers managing the harms of police collaboration. *Social Service Review*, *100*(1), 000–000. https://doi.org/10.1086/739297

Bauer, Z., AbouAssi, K., & Johnston, J. (2022). Cross-sector collaboration formality: The effects of institutions and organizational leaders. *Public Management Review*, *24*(2), 159–181. https://doi.org/10.1080/14719037.2020.1798709

Bramson, H., Des Jarlais, D. C., Arasteh, K., Nugent, A., Guardino, V., Feelemyer, J., & Hodel, D. (2015). State laws, syringe exchange, and HIV among persons who inject drugs in the United States: History and effectiveness. *Journal of Public Health Policy*, *36*(2), 212–230. https://doi.org/10.1057/jphp.2014.54

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77–101. https://doi.org/10.1191/1478088706qp063oa

Bronstein, L. R. (2003). A model for interdisciplinary collaboration. *Social Work*, *48*(3), 297–306. https://doi.org/10.1093/sw/48.3.297

Bryson, J. M., Crosby, B. C., & Stone, M. M. (2015). Designing and implementing cross-sector challenges: Needed and challenging. *Public Administration Review*, *75*(5), 647–663. https://doi.org/10.1111/puar.12432

Chiarello, E. (2025). *Policing patients: Treatment and surveillance on the frontlines of the opioid crisis*. Princeton University Press.

Crosby, B. C., & Bryson, J. M. (2005). A leadership framework for cross-sector collaboration. *Public Management Review*, *7*(2), 177–201. https://doi.org/10.1080/14719030500090519

Daviter, F. (2017). Coping, taming or solving: Alternative approaches to the governance of wicked problems. *Policy studies*, *38*(6), 571–588. https://doi.org/10.1080/01442872.2017.1384543

Deterding, N. M., & Waters, M. C. (2021). Flexible coding of in-depth interviews: A twenty-first-century approach. *Sociological Methods & Research*, *50*(2), 708–739. https://doi.org/10.1177/0049124118799377

Emerson, K., Nabatchi, T., & Balogh, S. (2012). An integrative framework for collaborative governance. *Journal of Public Administration Research and Theory*, *22*(1), 1–29. https://doi.org/10.1093/jopart/mur011

Faber, K. B., & Rigg, K. K. (2026). Strengthening partnerships between syringe services programs and police in the United States. *Substance Use & Misuse*, *X*(XX), 1–7. https://doi.org/10.1080/10826084.2026.2626420

Fontaine, G., Day, E., Luhmann, N., Madden, A., Sabin, K., Scheibe, A., Stoove, M., Vickerman, P., Wisse, E., Grebely, J., Taylor, N., & Voets, A. (2026). Addressing policy barriers to scaling up needle and syringe programmes: A global call to action. *The Lancet Global Health*, *14*(1), e164–e172.

Foss, Z., Intindola, M. L., Martin, E. C., & Coșciug, A. (2025). Multi-level mapping of tension in cross-sector social partnerships: A Romanian response to Ukrainian refugees. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, *36*(5), 827–838. https://doi.org/10.1007/s11266-025-00771-x

Franco, C. Y., Lee-Winn, A. E., Brandspigel, S., Alishahi, M. L., & Brooks-Russell, A. (2021). We're actually more of a likely ally than an unlikely ally": Relationships between syringe services programs and law enforcement. *Harm Reduction Journal*, *18*(1), 81. https://doi.org/10.1186/s12954-021-00515-2

Franke, N. D., & Shdaimah, C. (2022). 'I have different goals than you, we can't be a team': Navigating the tensions of a courtroom workgroup in a prostitution diversion program. *Ethics and social welfare*, *16*(2), 193–205. https://doi.org/10.1080/17496535.2022.2069544

Gazley, B. (2008). Beyond the contract: The scope and nature of informal government–nonprofit partnerships. *Public Administration Review*, *68*(1), 141–154. https://doi.org/10.1111/j.1540-6210.2007.00844.x

Gazley, B. (2010). Linking collaborative capacity to performance measurement in government—Nonprofit partnerships. *Nonprofit and Voluntary Sector Quarterly*, *39*(4), 653–673. https://doi.org/10.1177/0899764009360823

Gazley, B. (2017). The current state of interorganizational collaboration: Lessons for human service research and management. *Human Service Organizations: Management, Leadership & Governance*, *41*(1), 1–5. https://doi.org/10.1080/23303131.2015.1095582

Gazley, B., & Guo, C. (2020). What do we know about nonprofit collaboration? A systematic review of the literature. *Nonprofit management and leadership*, *31*(2), 211–232. https://doi.org/10.1002/nml.21433

Gray, B. (1989). *Collaborating*. Jossey-Bass.

Gray, B., & Purdy, J. (2018). *Collaborating for our future: Multistakeholder partnerships for solving complex problems*. Oxford University Press.

https://doi.org/10.1017/S0957876526000690 Published online by Cambridge University Press

Guo, C., & Acar, M. (2005). Understanding collaboration among nonprofit organizations: Combining resource dependency, institutional, and network perspectives. *Nonprofit and Voluntary Sector Quarterly*, *34*(3), 340–361. https://doi.org/10.1177/0899764005275411

Guo, Z. A., Heidl, R. A., Hollenbeck, J. R., Yu, A., & Howe, M. (2022). When discretionary boundary-spanning relationships cease becoming discretionary: The impact of closed ties on informal leadership perceptions. *Journal of Applied Psychology*, *107*(6), 898–916. https://doi.org/10.1037/apl0000911

Hardy, C., Phillips, N., & Lawrence, T. B. (2003). Resources, knowledge and influence: The organizational effects of interorganizational collaboration. *Journal of Management Studies*, *40*, 321–347. https://doi.org/10.1111/1467-6486.00342

Hardy, C., Lawrence, T. B., & Phillips, N. (2006). Swimming with sharks: Creating strategic change through multi-sector collaboration. *International journal of strategic change management*, *1*(1-2), 96–112. https://doi.org/10.1504/IJSCM.2006.011105

Hassan, S. (2022). *Saving our own lives: A liberatory practice of harm reduction*. Haymarket Books.

Hung, C., Gazley, B., & Guo, C. (2025). Antecedents of nonprofit collaboration: A meta-analysis. *Nonprofit management and leadership*, *36*(2), 199–211. https://doi.org/10.1002/nml.21664

Isett, K. R., Mergel, I. A., LeRoux, K., Mischen, P. A., & Rethemeyer, R. K. (2011). Networks in public administration scholarship: Understanding where we are and where we need to go. *Journal of Public Administration Research and Theory*, *21*(1), i157–i173.. https://doi.org/10.1093/jopart/muq061

Jacobs, L. A., Kim, M. E., Whitfield, D. L., Gartner, R. E., Panichelli, M., Kattari, S. K., Downey, M. M., McQueen, S. S., & Mountz, S. E. (2021). Defund the police: Moving towards an anti-carceral social work. *Journal of Progressive Human Services*, *32*(1), 37–62. https://doi.org/10.1080/10428232.2020.1852865

Jang, H. S., Feiock, R. C., & Saitgalina, M. (2016). Institutional collective action issues in nonprofit self-organized collaboration. *Administration & Society*, *48*(2), 163–189. https://doi.org/10.1177/0095399713513139

Jones, C. M. (2019). Syringe services programs: An examination of legal, policy, and funding barriers in the midst of the evolving opioid crisis in the US. *International Journal of Drug Policy*, *70*, 22–32. https://doi.org/10.1016/j.drugpo.2019.04.006

Kelley, M. S., Lune, H., & Murphy, S. (2005). Ng syringe exchange: Organizational transformation and volunteer commitment. *Nonprofit and Voluntary Sector Quarterly*, *34*, 362–386. https://doi.org/10.1177/0899764005275568

Kim, M. E. (2020). The carceral creep: Gender-based violence, race, and the expansion of the punitivestate, 1973–1983. *Social Problems*, *67*(2), 251–269.

Kivleniece, I., & Quelin, B. V. (2012). Creating and capturing value in public-private ties: A private actor's perspective. *Academy of Management Review*, *37*(2), 272–299. https://doi.org/10.5465/amr.2011.0004

Koliba, C. J., Mills, R. M., & Zia, A. (2011). Accountability in governance networks: An assessment of public, private, and nonprofit emergency management practices following hurricane Katrina. *Public Administration Review*, *71*, 210–220. https://doi.org/10.1111/j.1540-6210.2011.02332.x

Lee, J. C. (2018). The opioid crisis is a wicked problem. *The American Journal on Addictions*, *27*(1), 51. https://doi.org/10.1111/ajad.12662

Lipsky, M. (2010). *Street-level bureaucracy: Dilemmas of the individual in public service*. Russell Sage Foundation.

McCrea, A. M. (2019). Can administrative capacity address wicked problems? Evidence from the frontlines of the American opioid crisis. *Administration & Society*, *52*, 983–1008. https://doi.org/10.1177/0095399719878727

McGuire, M. C., Brudney, J. L., & Gazley, B. (2010). The "new emergency management". In R. O'Leary, D. Van Slyke, & S. H. Kim (Eds.), *The future of public administration, public management and public service around the world: The Minnowbrook perspective* (pp. 117–128). Georgetown University Press.

Miles, R. H. (1980). Organizational boundary roles. In C. L. Cooper & R. Payne (Eds.), *Current concerns in occupational stress* (pp. 65–95). Wiley.

Mosley, J. E. (2021). Cross-sector collaboration to improve homeless services: Addressing capacity, innovation, and equity challenges. *The Annals of the American Academy of Political and Social Science*, *693*(1), 246–263. https://doi.org/10.1177/0002716221994464

Needham, C., Mastracci, S., & Mangan, C. (2017). The emotional labour of boundary spanning. *Journal of Integrated Care*, *25*(4), 288–300. https://doi.org/10.1108/JICA-04-2017-0008

Oliver, C. (2013). Social workers as boundary spanners: Reframing our professional identity for interprofessional practice. *Social Work Education*, *32*(6), 773–784. https://doi.org/10.1080/02615479.2013.765401

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE guide no. 149. *Medical Teacher*, *45*(3), 241–251. https://doi.org/10.1080/0142159X.2022.2057287

Olvik, J. (2024). Navigating complexity: Potentials and paradoxes within governance strategies for public and third sector collaboration. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, *35*, 1154–1166. https://doi.org/10.1007/s11266-024-00682-3

Omar, A. T., Leach, D., & March, J. (2014). Collaboration between nonprofit and business sectors: A framework to guide strategy development for nonprofit organizations. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, *25*(3), 657–678. https://doi.org/10.1007/s11266-013-9357-6

Pacula, R. L., & Powell, D. (2018). A supply-side perspective on the opioid crisis. *Journal of Policy Analysis and Management*, *37*(2), 438–446. http://www.jstor.org/stable/45105260

Padgett, D. K. (2017). *Qualitative methods in social work research* (3rd ed.). SAGE Publications.

Page, S. B., Stone, M. M., Bryson, J. M., & Crosby, B. C. (2015). Public value creation by cross-sector collaborations: A framework and challenges of assessment. *Public Administration*, *93*(3), 715–732. https://doi.org/10.1111/padm.12161

Park, A. Y., Krause, R. M., & Hawkins, C. V. (2021). Institutional mechanisms for local sustainability collaboration: Assessing the duality of formal and informal mechanisms in promoting collaborative processes. *Journal of Public Administration Research and Theory*, *31*(2), 434–450. https://doi.org/10.1093/jopart/muaa036

Peng, M., & Kim, S. (2018). The dilemma for small human service nonprofits: Engaging in collaborations with limited human service capacity. *Nonprofit Management and Leadership*, *29*(1), 83–103. https://doi.org/10.1002/nml.21314

Phillips, N., Lawrence, T. B., & Hardy, C. (2000). Interorganizational collaboration and the dynamics of institutional fields. *Journal of management studies*, *37*(1), 23–45. https://doi.org/10.1111/1467-6486.00171

Ray, B. R., Humphrey, J. L., Patel, S. V., Akiba, C. F., Bluthenthal, R. N., Tookes, H., LaKosky, P. A., Wenger, L. D., Kral, A. H., & Lambdin, B. H. (2024). Comparing harm reduction and overdose response services between community-based and public health department syringe service programmes using a national cross-sectional survey. *The Lancet Regional Health–Americas*, *34*, 1–9.

Rittel, H. W., & Webber, M. M. (1973). Dilemmas in a general theory of planning. *Policy Sciences*, *4*, 155–169. https://doi.org/10.1007/BF01405730

Romzek, B. S., LeRoux, K., & Blackmar, J. M. (2012). A preliminary theory of informal accountability among network organizational actors. *Public Administration Review*, *72*(3), 442–453. https://doi.org/10.1111/j.1540-6210.2011.02547.x

Romzek, B., LeRoux, K., Johnston, J., Kempf, R. J., & Piatak, J. S. (2014). Informal accountability in multisector service delivery collaborations. *Journal of Public Administration Research and Theory*, *24*(4), 813–842. https://doi.org/10.1093/jopart/mut027

Rudisill, T. M., & Mohamed, R. (2025). Police officers' perspectives of harm reduction programs in West Virginia. *Contemporary Drug Problems*, *52*(2), 123–138. https://doi.org/10.1177/00914509241292480

Schmid, H., & Almog-Bar, M. (2020). The critical role of the initial stages of cross-sector partnerships and their implications for partnerships' outcomes. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, *31*, 286–300. https://doi.org/10.1007/s11266-019-00137-0

Shier, M., & Handy, F. (2016). Cross-sector partnerships: Factors supporting social innovation by nonprofits. *Human service organizations: Management, leadership and governance*, *40*(3), 253–266. https://doi.org/10.1080/23303131.2015.1117556

Showalter, D. (2018). Federal funding for syringe exchange in the US: Explaining a long-term policy failure. *International Journal of Drug Policy*, *55*, 95–104. https://doi.org/10.1016/j.drugpo.2018.02.006

Sightes, E., Ray, B., Paquet, S. R., Bailey, K., Huynh, P., & Weintraut, M. (2019). Police officer attitudes towards syringe services programming. *Drug and Alcohol Dependence*, *205*, 107617. https://doi.org/10.1016/j.drugalcdep.2019.107617

https://doi.org/10.1017/S0957876526000690 Published online by Cambridge University Press

Steadman, H. J. (1992). Boundary spanners: A key component for the effective interactions of the justice and mental health systems. *Law and Human Behavior*, *16*(1), 75–87. https://doi.org/10.1007/BF02351050

Stephens, W., van Steden, R., & Schoonmade, L. (2024). Boundary-spanning in local governance: A scoping review. *Administration & society*, *56*(2), 99–144. https://doi.org/10.1177/00953997231219262

Szalavitz, M. (2021). *Undoing drugs: How harm reduction is changing the future of drugs and addiction*. Hachette UK.

Thomson, A. M., & Perry, J. L. (2006). Collaboration processes: Inside the black box. *Public Administration Review*, *66*, 20–32. https://www.jstor.org/stable/4096567

Vangen, S., & Huxham, C. (2003). Nurturing collaborative relations: Building trust in interorganizational collaboration. *Journal of applied behavioral science*, *39*(1), 5–31. https://doi.org/10.1177/0021886303039001001

Van Dijk, A. J., Herrington, V., Crofts, N., Breunig, R., Burris, S., Sullivan, H.,Middleton, J., Sherman, S., & Thomson, N. (2019). Law enforcement and public health: Recognition and enhancement of joined-up solutions. *The Lancet*, *393*(10168), 287–294.

Van Meerkerk, I., & Edelenbos, J. (2014). The effects of boundary spanners on trust and performance of urban governance networks: Findings from survey research on urban development projects in the Netherlands. *Policy Sciences*, *47*(1), 3–24. https://doi.org/10.1007/s11077-013-9181-2

Van Meerkerk, I., & Edelenbos, J. (2018). Facilitating conditions for boundary-spanning behaviour in governance networks. *Public Management Review*, *20*(4), 503–524. https://doi.org/10.1080/14719037.2017.1302248

Weiland, N. (2022). Biden's Drug Czar Is Leading the Charge for a 'Harm Reduction' Approach. *The New York Times*. https://www.nytimes.com/2022/07/26/us/politics/biden-drug-czar-rahul-gupta.html

Williams, P. (2002). The competent boundary spanner. *Public Administration*, *80*(1), 103–124. https://doi.org/10.1111/1467-9299.00296

Witkowski, K., Whetsell, T. A., & Ganapati, N. E. (2024). Using collaborative governance to regulate sober living facilities. *Administration & Society*, *56*(4), 473–510. https://doi.org/10.1177/00953997241235102

https://doi.org/10.1017/S0957876526000690 Published online by Cambridge University Press