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Enacting competition, capacity, and collaboration: performing neoliberalism in the U.S. in the era of evidence-based interventions

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Abstract

Funders increasingly encourage social and health service organizations to strengthen their impact on public health through the implementation of evidence-based interventions (EBIs). Local governments in the U.S. often utilize market-based contracting to facilitate EBI delivery via formal relationships with non-governmental community-based organizations (CBOs). We sought to understand how the discourses embedded within contracting to compete and perform influence how CBOs represent and accomplish their work. We draw on qualitative interviews conducted with government administrators (N=16) overseeing contracts for one child welfare EBI, SafeCare®

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and the leaders (N=25) of organizations contracted to implement this program. Participants endorsed competition, capacity, and collaboration as ideals within marketized contracting. Yet they expressed doubt about marketplace meritocracy and described the costs incurred in building the necessary organizational infrastructure to deliver EBIs and compete for contracts. We discuss the implications of marketized EBI contracting for CBOs and the limitations it poses for evidence-based public health, especially in socially marginalized communities.

Keywords

Community-Based Organization; Collaboration; Contracting; Evidence-Based Intervention; United States

Introduction

With the rise of evidence-based global health, investments in public health programming are expected to be driven by “technologies of measurement” that favor a scientifically justified body of evidence (Fan and Uretsky 2017; Lambert 2006). The public health organizations that are increasingly compelled to deliver evidence-based interventions (EBIs) must in turn transform themselves to accommodate these technologies of measurement. Organizations must build infrastructure to adopt and implement EBIs (Brownson, Fielding, and Green 2018) and establish collaborative inter-organizational relationships that enable organizations to sustain these EBIs as funding fluctuates (Aarons, Hurlburt, and Horwitz 2011).

In a concurrent process, the funding cuts and ideological trends associated with the privatization and decentralization of human services since the 1970s and 80s (often characterized as neoliberalism) (Harvey 2007; Ganti 2014) have led governments to transfer responsibility for the delivery of social and health services to community-based and non-governmental organizations (CBOs, NGOs) in domestic and global settings. In the U.S., the government initiated this process through contracting (Smith 2010a; Smith and Lipsky 1993). Yet as funding has decreased, the process of contracting has become more “marketized,” requiring CBOs to compete in local marketplaces for short-term contracts to support their delivery of services (Collins-Camargo, McBeath, and Ensign 2011; Willging et al. 2016; Smith 2010a; Grønbjerg 1993). The language of the “marketplace” presumes an equal space in which all bidders can articulate their EBI-related knowledge, skills, and competitively priced resources that they would provide the target population (Smith and Smyth 1996). Marketized contracting has pushed CBOs in the U.S. to adopt for-profit economic strategies, such as cost cutting and performance-based measurement (Williams 2010), that may be at odds with the often time-consuming and expensive activities that are crucial for successful delivery of EBIs, including job redesign, training, and extensive documentation (Jaramillo et al. 2018; Willging et al. 2016). CBO leadership engage in “creative financing” to balance sources of funding and negotiate with state funders about the “deliverables” required by their contracts (Jaramillo et al. 2018).

Marketized contracting entails expectations for CBO relationships—with communities, other CBOs, as well as with the state—that can be contradictory and tense in practice. While the transfer of service delivery to CBOs was bolstered by the claims that CBOs

possess greater alignment with community needs (Brass et al. 2018), the manualized nature of EBIs can require the frontline staff of CBOs to awkwardly mediate between program requirements and community discomfort with aspects of the EBI (Willging et al. 2017). In marketized contracting, organizations and companies are expected to move beyond historic patterns of cooperation, instead centering relationships on performance (Willging et al. 2016). Those CBOs that remain successful in this unstable funding environment balance collaboration on contracts with the maintenance of autonomy (Jaramillo et al. 2018; Bunger et al. 2014). Finally, CBOs' existence outside of state institutions is seen as critical to their flexibility, yet they are often deeply intertwined with state and business interests (Lewis and Schuller 2017), and the long-term sustainability of EBIs depends on effective relationships between the state and CBOs (Green et al. 2016; Jaramillo et al. 2018).

Collectively these shifts necessitate that organizations change their operational practices to facilitate contracted EBIs and engage discursively with the ideological demands of neoliberalism. To assess the effects of these demands on the organizations and service providers tasked with delivering EBIs in the contemporary contracting environment, we draw on data that were collected as part of a large-scale mixed-methods initiative to study the implementation of a single EBI called SafeCare[®], a widely used and highly structured home-based behavioral skills training and education EBI to reduce and prevent child maltreatment (Chaffin et al. 2012). Spanning 11 service systems in two U.S. states, these data capture the process through which the EBI was instantiated and sustained in these systems after initial funding for implementation support ended. We examine how administrators representing both CBOs and government agencies that contract for EBI provision wrestle with these overlapping and conflicting requirements affect the CBOs that deliver them, and accordingly, the implementation and sustainment of EBIs. In particular, we ask how do the expectations of competition and performance shape the work and self-presentation of CBOs? Understanding the ways that CBOs engage with the discourses of contracting in order to deliver EBIs enables us to track the potential restrictions that marketized contracting places on equity among CBOs and in the broader public health system and to identify the indirect impacts of these discourses on those receiving services.

Methods

Participants

We conducted 18 individual semi-structured interviews and 10 small-group interviews (5 participants) with 25 CBO leaders and 16 state and county administrators in fully-sustaining service systems. In one state, SafeCare was implemented through contracts between CBOs and a state-operated child welfare system. In the second state, the EBI was implemented through contracts between CBOs and county-operated child welfare, social service, and mental health systems. All CBOs were non-profit; most were social service agencies with missions related to child welfare and a few were community mental health centers. All service systems had fully sustained SafeCare for four years or more at the time of data collection (March-August 2016). Participants were invited via phone and email; participation was 96%. See Table 1 for participant backgrounds. All participants signed an informed consent document specifying that identifying features would be anonymized for

publications. This study was approved by the University of California San Diego Human Research Protections Program.

Data Collection and Analysis

Interviews lasted approximately one hour and were recorded and transcribed. Interviewers focused on issues impacting the sustainment of SafeCare, such as collaboration, contracting, and leadership, and the relationships between local and state government agencies and CBOs. Interviews focused on the contracting processes related to implementation and sustainment of the EBI.

Two research team members iteratively analyzed the transcripts using Dedoose qualitative data analysis software; transcripts were independently coded before being shared with and reviewed by the larger team. Segments of text were assigned codes based a priori on the topic areas and interview questions (Patton 2015). These codes centered on key sensitizing concepts from the implementation literature (e.g., collaboration, competition, contracting, leadership) that enabled us to sort key areas within the interviews. Within these codes, open coding was used to identify sub-themes, particularly those that highlighted affective dimensions of collaborative relationships, resources that organizations used to position themselves within marketplaces, and disparities between organizations. Focused coding determined frequent themes and those representing unusual or important issues. Detailed memos described and linked codes to each theme. While implementation science constructs had been used to guide the interviews, theory on technologies of the self (Foucault et al. 2010) employed in neoliberalism (e.g., Urciuoli 2008) was helpful to extend our analysis after focused coding, even as we recognize the limits of existing theory to explain participants perspectives (e.g., Burawoy 1998). We identified how participants engaged affectively with the concepts of competition, capacity to deliver EBIs, and collaboration to gauge how these discourses governed their practice—and when and how they were interrogated (e.g., Ganti 2014:99).

Results

Contracting EBIs depended on localized, capitalist marketplaces within counties and/or states, in which government entities solicited Requests for Proposals (RFPs) and CBOs submitted bids detailing the process by which the EBI would be implemented according to RFP requirements. Some CBOs focused solely on delivering child welfare services, while others—especially larger CBOs—had multiple divisions (e.g., mental health, addiction) and large, cross-division operating budgets. Marketplace size varied. County and state administrators in predominantly metropolitan counties described higher levels of competition compared to those in rural counties. Some of the service systems with competitive marketplaces reported reduced capacity to serve remote or rural populations. To comply with contracting processes, CBO staff prepared individual bids for contracts, maintained the reputations of their agencies in the community, and at times engaged in separate pathways for referrals, which could become competitive given contract requirements for client participation. Parameters around access to SafeCare varied across

systems; generally, a Child Welfare social worker referred a family that the social worker deemed eligible to the CBO.

In the findings below and summarized in Figure 1, we describe the central tension that emerged as participants—both in CBOs and in government—engaged with discourses of marketized contracting, commenting on their doubts about the values that undergirded it, and the consequences that marketized contracting had on their work. We found that CBO leaders engaged in ideological and structural “self-fashioning” of their organizations in order to take part in marketplaces to deliver EBIs.

Bidding for Contracts as a Process of Organizational “Self-Fashioning”

The CBO leaders were obliged to fashion their organizations’ work in particular ways for contract bidding and subsequently, SafeCare implementation. They averred that their agencies’ abilities to demonstrate capacity for delivering EBIs was critical. Government administrators and CBO leaders alike characterized viable competitors for bids as possessing EBI-implementation skills. These skills included matching their organizational mission to specific RFPs, demonstrating a strong relationship to the community, retaining staff, sustaining organizational capacity to document oversight, and maintaining the ability to serve the regions required under the RFPs.

In keeping with these expectations, the CBO leaders we interviewed were sensitive to how their organizational management and EBI performance were perceived by government stakeholders, knowing that these perceptions influenced their contract prospects. One CBO leader recalled that, during a recent contract renegotiation, s/he had reminded government administrators of the level of service required to deliver an EBI like SafeCare—a level provided by his/her staff. Government administrators, impressed by the explanation provided, awarded the CBO additional funds in their SafeCare contract. Even once a reputation was established, CBO leaders needed to maintain attention to their work. “We have to be quite vigilant about keeping up the caseloads and keeping up the presence and the visibility so that we don’t get forgotten about, because there are many programs and there are many non-profits in this county,” fretted one CBO leader. While the work itself was important, these comments indicated that organizations’ capacity to represent its work was critical to obtaining and sustaining contracts.

The logic of such a CBO marketplace was considered a given by many of the administrators and leaders we interviewed. Describing her/his lack of concerns about the competition faced by her/his agency during a recent bidding process, one CBO leader claimed, “Our view is if somebody can do it better than we can then they should take the funding!” Yet some felt that decreased funding led some organizations to pursue contracts outside their expertise. One CBO leader discussed organizational decisions to pursue contracts, “In the past you would see people going, or agencies saying ‘Oh they’ve been doing that, they’re doing it well, we’ll let it go.’” But because “money has dried up” in the last two decades, s/he continued, now “people are like, ‘Oh we might as well bid on that too,’ so I think it’s become more competitive.” CBO leaders sometimes cast a critical eye upon other peers who vied for contracts that they viewed as not matched to their expertise, contrasting their own approach as, “If it’s not in our mission, we’re not going to jump out after it and compete.” One CBO

leader asserted how competitive marketplaces were oriented toward identifying strengths of individual organizations, but “when there’s so much cross-over of people doing the same thing, people offering the same curriculums to the same populations with the same funding source, I mean it’s sort of—it’s an interesting environment.”

The CBO leaders were also aware that other organizations’ directors might misrepresent their capacity. Describing another local agency and potential competitor, one CBO leader noted, “Sometimes they portray themselves as similar to what we do.... If we’re in the same home with the family and that other provider is there it’s like, ‘Oh yeah we can do that.’ ‘No you can’t’.... So we’re kind of arm wrestling who can do what.” The potential for misrepresentation made CBO leaders uncomfortable because it was felt to challenge their own claims about their organizations’ capacity, while bringing them unwittingly into the role of adjudicating other CBOs’ claims—a role meant to belong to the convener of markets, the government.

Market Freedom?

Interviews indicated that the array of child welfare providers in each of the service systems was not exactly the diverse and competitive marketplace that neoliberal procurement processes presume. Many CBOs held multiple contracts with their local and state governments, which kept them engaged in continual communication and shared strategizing and interaction to facilitate referrals. Government administrators and CBO leaders suggested that past contract holders, due to prior relationships, were most competitively positioned in the next bidding cycle. One government administrator reflected, “It’s rare that we get new CBOs bidding for something that they haven’t bid for before.” Sometimes, the deep relationships of exchange between individual CBOs and government-funded systems offered privileges that were unavailable to CBOs with less entrenched relationships. “They keep us in the loop with any kind of changes...[Our] mentors sit on various boards and committees,” explained a CBO leader, “but I pride us on having that edge from the other agencies at the table in those meetings, so I find it very, very collaborative.” Here, the process of working together on contracts could further some CBOs’ relationships with key government administrators over others. At times, descriptions of their interconnections deviated from the hierarchy of their contracting relationship.

Some CBOs were effective in segmenting a region into several smaller marketplaces with each defined by specialized expertise for EBI provision. However, multiple CBOs simply dominated in other regions regardless of their mission. One government administrator noted, “The majority of services that are provided in our county are provided by those two [CBO] contractors and one additional [CBO] contractor for almost everything. I’m not anticipating we’re going to get something else here.” Government administrators in several service systems made efforts to deliberately increase the amount of competition among contractors by announcing RFPs and inviting a range of organizations to bid. Ultimately, CBO leaders acknowledged the limited effects of these efforts. One CBO leader explained, “When they’ve [government administrators] invested so much in certain agencies I know it makes it more difficult for new agencies to...come on because when you’ve made a big investment in one place, you want to...steward that all the way through.”

While CBOs were not explicitly excluded from bidding, those that were doing home-based services were well-positioned to integrate the EBI into their existing work. In many systems, contracts might be awarded to CBOs based on their ability to serve a particular region. Yet only the largest CBOs possessed the capacity to reach multiple regions—capacity that took years and significant expense to build. The staff of smaller agencies attempting to enter the marketplace faced challenges in documenting their experience with EBIs and their ability to reach the large service areas often specified within RFPs. One CBO leader reflected that the contracting process may indirectly privilege organizations with larger infrastructure: “I think that the contracting process can be overwhelming for smaller organizations.” Smaller agencies often relied on subcontracts with larger CBOs to gain experience that could be documented in future bids. Despite the stated faith of CBO administrators in the meritocracy of the marketplace, they were skeptical about the prospects of new CBOs for succeeding.

Building organizational infrastructure to facilitate supply and demand of EBIs

When interviewees discussed what it took to deliver SafeCare, it became clear that the capacity to deliver EBIs included an infrastructure of human resources, organizational procedures to document outcomes, and ongoing staff engagement. Although government funders typically covered the costs of training staff in an EBI, one CBO leader noted, “Some of the agencies are put off because there’s a lot of expense up front to actually get people trained and get up to the model fidelity.” Describing a CBO that had received a contract, one administrator remarked, “The structure is already built.... There’s just no other agencies that have the structure in place that are going to be able to just get it up and running immediately.” The cost of initial implementation, as well as follow-up training for new staff, remained a concern for all the CBO leaders well into the sustainment phase for SafeCare.

Another largely hidden element of CBO capacity to implement EBIs was the administrative infrastructure to undertake ongoing monitoring and reporting tasks to demonstrate contract compliance. One CBO leader commented on her/his staff using in-house technical expertise to build resources for tracking outcomes: “We’re lucky in a lot of ways that we have the infrastructure that our agency does.” In response to increasing the monitoring requirements built into contracts in several service systems, CBO leaders described having to expand their agencies’ internal resources for monitoring over time. To oversee the additional workload, some CBO leaders hired a dedicated program manager to preside over contracts. Others expressed frustration with perceived burdensome demands in contract monitoring. Nonetheless, most CBO leaders ultimately dismissed the work involved in fulfilling contract monitoring requirements. “I don’t feel like it’s like overly rigorous,” asserted one CBO leader, “They come in and they audit. I just look at it as something that has to happen.” Thus, oversight was normalized as part of the disciplined process of quality improvement.

Once CBOs could “supply” EBIs, they had to maintain demand for it among providers and clients. The time and human resources needed to build client buy-in for a time-consuming and, in some service systems, mostly voluntary program were often unaccounted for in contracts. “Sometimes it takes more than one, two, or three times to refer a family before they finally will actually take that referral and engage,” commented a government administrator. As government agencies and contracted CBO staff introduced new EBIs into

local service systems, they had to ensure that their social workers continued to use existing interventions in their work with families. Yet they faced challenges in maintaining social workers' awareness of each of the EBIs available to families on their caseloads. These social workers helped drive demand. "We're about to roll out another large preventative service," reflected one government administrator, "[and] my concern honestly is [that] referrals have been sinking for SafeCare over the last six months." Much of the labor for maintaining demands fell upon CBO staff and was subsidized by the CBOs, because contracts required them to demonstrate reaching a certain number of clients.

Systems with well-established referral and funding procedures vastly increased the ease with which CBOs could implement EBIs. For instance, the government administrators in one service system had created a centralized referral support structure that equalized work among contracted providers, in contrast to having CBOs compete for clientele or be relegated to a waitlist. Rather than passively contracting out services to be delivered by CBOs, some government administrators were actively immersed in the implementation of the EBI. In contrast, in cases where county or state governments had far less functional service provision or oversight departments, the ability of CBO staff to operate was limited. One CBO leader described the local service system as chaotic, because of the high turnover among government-employed social workers and the confusion that this turnover engendered for families. S/he observed, "It's really hard to keep track of who the social worker is for an individual family and so sometimes we feel like we're forever playing phone tag." The need to maintain demand for SafeCare also meant that CBO staff not only engaged in continued training of their employees about SafeCare, but also in education of the government-employed social workers whom they relied on for referrals.

Finally, interviewees asserted that the infrastructural demands involved in implementing EBIs multiplied for each type of EBI offered by a CBO. "For our workers I think what's more confusing is we have so many services [is how to determine] what service is the right one for each family at the right time," noted one CBO leader. A second CBO leader reflected:

[It's] not just SafeCare. That's every single model that we implement here. There are different kinds of challenges involved whether it's financial or committing to training and keeping up.... Models get modified and changed.

This leader summarized that it was simply hard "to maintain and sustain these things" in "the real world of non-profit organizations." The "real world" encompassed the true costs of what could be included in contracts. One CBO leader explained with resignation, "Of course we'd love to be able to include more like the actual indirect costs but part of a lot of non-profit contracts is you just sort of eat some of that in order to maximize the services that you're delivering."

Collaborative relationships among CBOs

Competitive bids required CBOs to collaborate—sometimes explicitly, sometimes in order to amass the vast organizational resources required to deliver an EBI. This ideal of collaboration encompassed their flexibility to work as members of a team. One CBO leader explained, "What we want is to strengthen the families and [our] county [so]

we collaborate well with other agencies.” In some cases, collaboration was imagined as generating efficiency by convening staff from multiple CBOs into a single implementation team. Leaders of different CBOs also integrated their resources to provide training for EBIs, developed pathways to facilitate referrals, engaged in shared decision making through their representation on community boards, delivered services together when their expertise complemented one another, and occasionally shared office space.

In other cases, collaboration was imperative to enable the survival of multiple organizations facing intensive demands to deliver a menu of evidence-based services and to maintain the regional infrastructure that each CBO needed to function. “To be honest with you if we didn’t collaborate we would die,” stated one CBO leader plainly. “That is why we have to, and we should.” Still, limited funding restricted the potential of certain collaborations. As one CBO leader noted, “A lot of times the grants are so lean that to write in other people it’s just not meaningful enough to really give them enough to do anything so sometimes it just fiscally doesn’t make sense although programmatically it’s like, ‘This would be great.’”

Yet a number of CBO directors were skeptical about how the ideals for collaboration could be realized in an environment structured by market competition. One CBO leader explained,

Everyone can be friendly and amicable with one another but when push comes to shove everyone’s looking out for their own agency’s interests and I don’t really care about making referrals to you guys because my business is going to be made by having referrals held internally. I think most agencies tend to be that way.

The CBO leaders towed a thin line between embracing the language of collaboration normative in the EBI marketplace and shoring up their organizations’ boundaries to maintain the performance necessary to continue receiving contracts.

Consequences of the EBI marketplace for equity

Most RFPs included mandates to deliver the EBI to all families within a given service area—whether a county or portion of the state. Many CBO leaders expressed pride that they had created the necessary infrastructure to provide services to groups that were considered “hard to reach” by virtue of their remote location, language requirements (e.g., Spanish, Vietnamese), or lack of response to initial referrals to SafeCare. Yet there were costs to these ethical commitments. For example, the CBO leaders at agencies dedicated to rural service delivery asserted that they faced greater challenges in sustaining the human resources to deliver the EBI. “We’re trying to reach different pockets,” stated one county leader describing her/his CBO’s increased reach to the rural, Spanish-speaking population they served. “The dilemma,” s/he continued, “is there’s no way we can reach all the pockets.”

Leaders of CBOs who had made the financial and organizational investment to serve “hard-to-reach” clients, such as rural families, commented that marketplace rules did not always incentivize this investment. These leaders conveyed frustration that the relative ease of providing services in metropolitan areas attracted multiple organizations offering overlapping services for the same populations, while rural communities remained underserved. In some cases, government administrators could not identify CBOs able to serve these communities. One administrator bemoaned, “Especially out in the desert trying

to find CBOs is very difficult so then you're trying to get west-end agencies to drive or set up a satellite or somehow provide services." Yet several participants were careful to distinguish between the populations that were harder to serve in their marketplace and the larger disparities between their markets and others. One government administrator who described his/her county as being resource rich still commented that, "There's never enough services to go around. We can always use more, especially in certain specialties or certain languages... The rural areas are always a struggle." These perspectives raised doubts about the potential of marketplaces to serve all communities equitably, both because of the fact that English-speaking, urban populations were perceived as "cheaper" to serve, and because of inequalities within and between marketplaces.

Discussion and Conclusions

The contracting relationships essential to delivering EBIs force CBOs to address the conflicting expectations inherent within competition, collaboration, and service. In a neoliberal marketplace, CBOs are presumed to act as agents on a competitive playing field, distinguished from each other by innovation and metrics of performance (Willging et al. 2016). Researchers in implementation science—the field devoted to increasing the uptake of EBIs—have outlined a package of characteristics that make organizations "ready" to implement EBIs, including their commitment to change and appraisal of resources, demands of EBIs, and situational factors (Weiner 2009). Our findings reveal that this understanding of "readiness" may not sufficiently capture the challenges that ideological and practical aspects of EBI contracting can pose for organizations, requiring them to both re-organize their organizational structures, adjust their organizational relationships, and fall in line with the conflicting expectations entailed in competition, collaboration, and service.

Human service contracting and the growth of evidence-based public health represent large structural changes in service delivery—both *how* services are delivered (Smith and Lipsky 1993; Smith 2010b; Collins-Camargo, McBeath, and Ensign 2011; Willging et al. 2016) and *what* is delivered (McCoy, Chand, and Sridhar 2009; Fan and Uretsky 2017). Yet these changes have been embedded within larger affective and moral shifts of neoliberalism that articulate "a normative vision of the proper relationship between the state, capital, property, and individuals" (Ganti 2014:94). Anthropological theory on how individuals engage with market ideologies as they manage their selves (e.g., Urciuoli 2008) can help to understand how CBO leaders must participate in neoliberal processes and discourses to demonstrate their ability—and that of the agencies they represent—to both propose and implement contracts successfully. Throughout their interviews, CBO leaders engaged with prescriptive concepts for the identities of their agencies, their relationships to the state, and the expectations of the marketplace. They pointed to their agencies' capacities to serve communities, seek and secure funding, and tend to their missions, like the "skills" that the anthropologist Bonnie Urciuoli describes in neoliberal workers that are "credited with the capacity to bring about measurable outcomes; their reality lies both in their promise of success and their status as commodities" (Urciuoli 2008:213). The CBO administrators, then, tout their CBOs as embodying the set of skills that can complete the contracted tasks in the neoliberal context. In this way, they "demonstrate [their] willingness to play by the

rules and [their] belief in the system,” fashioning their organizational subjectivity within the system (Urciouli 2008:215).

Still, CBO leaders’ narratives admitted that the neoliberal discourses of competition and capacity that they engaged with could conflict with the everyday procedures involved in delivering EBIs, as well the ethical demands and values of collaboration that service providers commonly espouse. Many affirmed the ideal of meritocracy at its core—that the agencies best able to fulfill criteria stipulated in RFPs deserve the contracts to carry out the work. While CBO leaders asserted how self-improving neoliberal characteristics enabled their organizations to implement EBIs, they overwhelmingly emphasized their investment in organizational infrastructure to build capacity for one EBI at a time, which was neither explicitly detailed in RFPs nor compensated in contracts. Yet, as EBIs are increasingly accepted as the norm in public health, CBO leaders reflected ambivalence about the additional organizational infrastructure required for this work—voicing acceptance of the demands required by EBIs and the contracting process, but also expressing fatigue with intensive documentation and the continual demands of the “flexible” EBI economy (cf. Fan and Uretsky 2017).

“Collaborative” relationships forged and reinforced through contracts between CBOs and government are characterized by asymmetry, transferring costs and risk from governments to CBOs, and in the process, ultimately challenging the long-term survival of CBOs (Marwell and Calabrese 2015; Grønbjerg 2001). Even as they embraced marketplace meritocracy, CBO leaders admitted their own skepticism. They acknowledged the dominance of established players, the high barriers to entry for newer CBOs, the questionable tactics employed by competing CBOs seeking to advance their position, and the unevenness of the child welfare marketplace. Their critiques outlined how “collaboration” between CBOs and governments depended on established relationships with the government and an agency’s ability to assume the burdens of implementing a particular EBI. The capacity of these agencies to deliver EBIs was strongest when county or state patrons were actively invested in implementation as partners, echoing scholars who describe the hybridization of private and public sectors (Klenk and Reiter 2019) that contrast with neoliberal discourses about the shrinking role of government (Harvey 2007). The dynamics of collaboration between CBOs and the government that shape EBI implementation would benefit from further comparative study, including the responsibilities that the government assumes in EBI implementation and the unstated assumptions about what must be shouldered by CBOs.

What are the impacts of the mismatch between neoliberal expectations for capacity, collaboration, and competition and the ambivalent, unequal experiences our participants described? First, our findings point to our participants’ discomfort in the inequalities within and between marketplaces. More specifically, they suggest that marketized procurement processes can lead to a glut of providers to serve those populations who are more easily reached and in areas with the financial resources to support a larger “marketplace” of CBOs. At times, CBO leaders maintained a moral commitment to underserved populations, but wondered how the added costs of travel, increased outreach, or translation might make their contract bids less competitive. While some CBOs successfully gained contracts by building capabilities to serve “hard-to-reach” populations, there was inadequate capacity to serve

these communities in many marketplaces. In other cases, the unevenness of marketplaces produced less obvious impacts. For instance, some participants in “low resource” marketplaces with few CBOs reported greater collaboration to address the immense needs while participants from “thriving” marketplaces described strong competition that yielded duplication of efforts. These findings underscore the challenge of predicting how marketplace competition will impact inter-organizational relationships and service quality. Second, participants’ need to conduct business according to the tenets of capacity, collaboration, and competition had the effect of silencing their ambivalence about their limits, therefore restricting their ability to comment on how the EBI marketplace could be reformed. Future research must compare how underserved populations are served both within and between marketplace systems—taking care to identify how some contracts may include mandates to serve all. Future research must also evaluate how, in the process of emphasizing accountability of CBOs to comply with contract requirements, contracting reconfigures the relationships of CBOs to the communities they serve and how they respond to core needs (e.g., Fan and Uretsky 2017).

As EBI implementation is encouraged through marketized contracting, many CBOs must invest substantially to build and maintain the infrastructure to deliver EBIs, particularly as overall funding has diminished. While our interviews were limited to those CBOs with the capacity to implement and sustain the EBI SafeCare, stakeholder descriptions of the resources required to implement EBIs raise questions about how the increased requirements of documentation and infrastructure in the era of evidence-based services have empowered some CBOs and excluded others. It may be that some CBOs prioritize the value of EBI capacity both to improve the quality of services they provide in the public sector and to promote competitive advantage in the marketplace—and that, similarly, some state and county systems develop practices to support CBOs in their implementation. However, EBI contracting emphasizes the capacity of CBOs while overlooking the role of the state in supporting the implementation and sustainment of EBIs that can positively impact public health—yet our findings show how delivery of services depends on both CBO *and* state capacity in collaboration (Willging et al., 2016). Implementation of EBIs through neoliberal contracting can further exacerbate inequalities in services between areas where CBOs have chances to collaborate with well-funded and well-administered state or county governments and where they do not.

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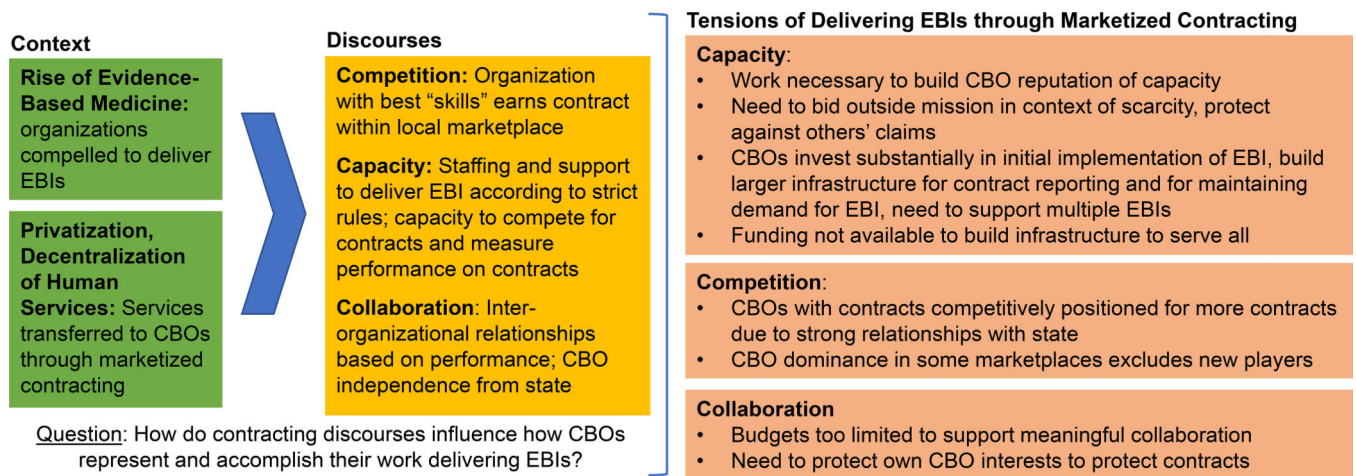


Figure 1:
Conceptual Model of the tensions faced by CBOs as they engage with discourses of marketized contracting of EBIs

Table 1:

Participant Demographics

| Characteristics | | Percentage | Number |
|-----------------|-----------------------------------|------------|--------|
| Type | <i>CBO leader</i> | 61 | 25 |
| | <i>County/state administrator</i> | 39 | 16 |
| Gender | <i>Female</i> | 88 | 36 |
| | <i>Male</i> | 12 | 5 |
| Race/Ethnicity | <i>White, non-Hispanic</i> | 54 | 22 |
| | <i>White, Hispanic</i> | 27 | 11 |
| | <i>Black</i> | 7 | 3 |
| | <i>American Indian</i> | 2 | 1 |
| | <i>Other</i> | 2 | 1 |
| | <i>Missing</i> | 7 | 3 |

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