



Evidence-based practice criteria's effect on the implementation of the Family First Prevention Services Act in Nebraska and Colorado[☆]

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ABSTRACT

Child abuse, particularly neglect, is often preventable because many causes of harm stem from poverty, lack of social connections, substance use disorders, mental illness, lack of childcare, and other family support shortages. Prevention of child abuse and neglect starts with family support in these areas. The federal government recognized this need for prevention, and through considerable bipartisan support, passed the Family First Prevention Services Act on February 9, 2018. The Family First Prevention Services Act was designed to divert investment away from long-term foster care and toward programs that prevent unnecessary placement and child protective services interventions. The Family First Prevention Services Act restricts the state's use of federal funds for institutional foster care placements and uses those savings to fund reimbursements for evidence-based family preservation. The requirement for evidence-based prevention is a first in child-welfare federal law, and compliance with this requirement requires public-private partnership with agencies implementing the models, infrastructure, and evaluation standards that most states must build to be eligible for the new funding. This evaluation research analyzed how the stringent guidelines for prevention funding and the requirement of federally approved evidence-based practice programming affect the implementation of the Family First Prevention Services Act in Nebraska and Colorado.

1. Introduction

Child welfare laws affect many more children than the 391,000 American children living in foster care ([Administration for Children & Families, 2023](#)). Foster care policies have as much to do with who enters and leaves foster care as they do with what happens to a child while they are in the government's custody. Attempting to keep children safe and reduce child abuse, child removal, and out-of-home services have dominated the resources and work of state child welfare agencies. In the effort to reduce the number of children entering foster care and the length of time spent in care, child welfare policy is shifting toward prevention and family preservation.

Laws related to child maltreatment and foster care began to call for prevention measures in the 1970s. Since that time, guidelines for all areas of child welfare policy have undergone clarification and constriction. Each new law further defined policies and added additional standards for state child welfare systems. Although laws in the past 50 years have provided boundaries for safety assessment, case management, parental rights, reporting, and many other areas, it was not until

the Family First Prevention Services Act (FFPSA) (H.R 253) was enacted in 2018 that such drastic financial consequences were tied to policy implementation.

The FFPSA was passed with broad bipartisan support as part of the Bipartisan Budget Act of 2018 (P.L. 115–123). The goal of the act was to shift federal funds toward foster care prevention and away from institutions and group homes that child advocates and child welfare professionals have long criticized. The FFPSA also reauthorized adoption incentive funds to increase permanency for children needing adoption out of foster care. The Children's Bureau is the federal child welfare agency and reimburses each state for approximately half of its foster care operations budget. This law effectively changed the Title IV-E and Title IV-B federal funding under the Social Security Act away from foster care group homes and institutions that many states were using in excess.

With an approved Family First Prevention Services Act Title IV-E Five Year Prevention Plan (FFPSA Plan), state Title IV-E agencies, and Title IV-E American Indian and Alaska Native tribes can now get federal reimbursement for 50% of eligible prevention services expenditures for children, ages 0–21, who are “candidates for foster care” and youth in

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foster care who are pregnant or parenting. A candidate for foster care is a child identified by a Title IV-E agency assessment to be at imminent risk of entering foster care but can remain at home or in kinship placement safely with adequate prevention support and services.

Under the FFPSA, prevention programs fall under four categories:

1. Mental health services from qualified clinicians,
2. Substance abuse prevention and treatment services administered by qualified clinicians,
3. Parent skill-based programs to include parenting skills training and education as well as individual and family counseling, and
4. Kinship navigator programs

There are no income requirements for the services, and they can be used up to 12 months from the date a child is identified as a candidate for foster care or is a pregnant or parenting child in foster care in need of prevention. Services can continue for contiguous 12-month cycles on an approved case-by-case basis. There is no lifetime limit on accessing prevention services.

Prevention services eligible for federal reimbursement must be evidence-based and trauma-informed. “Evidence-Based Practice (EBP) is defined as bringing together the best available research, professional expertise, and input from youth and families to identify and deliver services that have been demonstrated to achieve positive outcomes for youth, families, and communities ([Evidence-Based Practices Tip Sheet, 2023](#)). “Trauma-Informed Care (TIC) understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize” ([Buffalo Center for Social Research, 2021](#)).

Preventing abuse and neglect while keeping families together is the primary aim of a good child welfare policy. The demand for the use of EBPs within government programs has been growing since the implementation of the Government Performance and Results Act (P.L. 103–62). The act “began to change the way federal programs reported on program performance, shifting from an emphasis on reporting program inputs to reporting information on outputs and, when possible, outcomes” ([Hart & Newcomer, 2018](#)). These data-driven approaches are meant to improve collaboration, accountability, and outcomes.

States with an approved FFPSA Plan can be reimbursed for up to 50% of their prevention expenditures if the funded programs meet the rating criteria established by the Title IV-E Prevention Services Clearinghouse. The Title IV-E Clearinghouse ([Title IV-E Prevention Services Clearinghouse Home, 2021](#)) was established “to conduct an objective and transparent review of research on programs and services intended to provide enhanced support to children and families and prevent foster care placements” (para. 1). Within the Title IV-E Clearinghouse, programs are evaluated to be evidence-based and given a rating of well-supported, supported, promising, or do not currently meet criteria.

Although there is no dispute that investment should be made in prevention services, evidence-based models are underutilized, and most states are ill-prepared to finance or build a system of services that will qualify for funding. Scaling existing approved programs is costly and requires a concerted and organized effort by public and private agencies, policymakers, and many stakeholders from multiple social systems. Racial disproportionality remains a significant problem in child welfare ([Dettlaff & Boyd, 2020](#)). Implementing the FFPSA within states with disproportionate Black and Alaska Native/American Indian children in out-of-home care is difficult due to the lack of approved culturally tailored EBPs. Although the FFPSA has a provision that exempts Title IV-E tribes from adherence to the EBP standard, most tribes are not direct Title IV-E agencies and continue to be subject to the EBP requirements. Implementing prevention services approved by the FFPSA should be done in ways that avoid racial disparity and reduce disproportionality.

In addition to the complexities of using approved EBPs for prevention services, there are concerns that the law’s family assessment and

case plan requirements may unintentionally involve more families in the child welfare system, not less. Child welfare professionals often refer to some preventions being further “upstream” than others, meaning that some preventions strengthen families so that interventions are not needed in the future, and there are preventions that are interventions after a family is in crisis. Preventions are often categorized into three separate forms: primary, secondary, and tertiary prevention. Elements of primary prevention are targeted toward the public to avoid developing problems in healthy families. Secondary preventions target families at risk of child welfare involvement. Families may be at greater risk if they have or are experiencing “poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities” ([Child Welfare Information Gateway, 2021](#)). Many EBPs approved for funding by the FFPSA fit within the purview of secondary prevention strategies. Tertiary preventions are services that most would associate with the child welfare field. They seek to mitigate the damage from the maltreatment that has already occurred. Foster and kinship care are considered tertiary preventions of child abuse because they remove a child from a dangerous situation. Out-of-home care is not the only form of tertiary prevention, however. Most common programs include parenting classes, mental health services, substance misuse treatment, and family support services. Services that reduce re-entry into foster care are also considered tertiary. A large portion of the families served through Title IV-E prevention EBPs will be those that have had some level of child protective services intervention in the past.

Although the implementation of the new law is in an infant stage, this research evaluated the current performance of the new law in Nebraska and Colorado by studying each state’s FFPSA Plan, public-private partnerships, and the EBP criteria’s effect on the FFPSA implementation progress. This study is significant for federal and state leaders as they gauge the success of the law and individual programs funded. Child welfare practitioners benefit from this research as it provides early insight into what is or is not working on the local level. State legislatures and policymakers need a current evaluation of the policies and programs they create so that they can make appropriate shifts in their efforts as needed.

Nebraska and Colorado were chosen as case studies because they had demonstrated significant success in prevention programming before the new law. Both state governments have invested substantially in their prevention network and are in a better position than most to implement the FFPSA expeditiously. This study of each state’s FFPSA Plan process using the phases of Exploration, Planning, Implementation, and Sustainment (EPIS) as the theoretical framework revealed the complexities in complying with the nuances of the law from both governmental and practitioner perspectives. It also sheds light on the unintended consequences of strict timeframes and eligibility guidelines prior to or without robust guidance from federal and state leaders.

2. Material and Methods

Evaluation research was used for this study because it is “a form of disciplined and systematic inquiry that is carried out to arrive at an assessment or appraisal of an object, program, practice, activity, or system, with the purpose of providing information that will be of use in decision making” ([Kellaghan, 2010](#)). Evaluation research focuses on an issue and is concerned with how the solution is being or has been implemented. Commonly, evaluation research compiles data from the stakeholders, clients, and practitioners to determine implementation failure or success. This study evaluated the implementation strategies of decision-makers and did not evaluate the effectiveness of selected programs within each state’s FFPSA Plan.

For this research, a qualitative comparative case study of Nebraska and Colorado’s FFPSA implementation was conducted by comparing each state’s progress within the four phases of the EPIS Implementation Framework, including (a) exploration, (b) preparation, (c) implementation, and (d) sustainment ([Epis Framework, 2022](#)). Using a case

study comparison approach was the only way the researcher could comprehensively contrast how individual state policies and practices were affecting the implementation of the same law. The contrasting methods revealed in this study provide valuable insights for Nebraska and Colorado stakeholders, as well as other states pursuing FFPSA funding.

The EPIS Framework was used as a guide to gather and compare participant interview responses and Title IV-E Five-Year Prevention Plan data. EPIS was chosen as a theoretical framework because it was specifically designed to facilitate the evaluation of EBPs within social service systems. The EPIS framework expands the understanding of EBP implementation complexity and ties together the required collaboration of outer and inner contexts. Outer contexts are systems or organizations that are external to but affect those whom the EBP is intended to serve. Outer contexts can be government entities, laws, funders, socioeconomics, agency relationships, and other large system influences. Inner contexts refer to the leadership, organizational structure, policies, and practices within the EBP-adopting organization. By going beyond just the identification of an implementation progression phase and into the interplay of the bridging factors between organizations within an interdependent system, this research identifies the needed adaptations within state child welfare systems that promote and hinder successful FFPSA implementation.

Nebraska and Colorado's FFPSA Plans are available online for public use ([Colorado Five-Year Family First Prevention Services Plan, 2023](#); [Nebraska's Five-Year Title IV-E Prevention Program Plan, 2020, 2023](#)). These plans were referenced as the primary data source for comparative analysis and overall implementation design. The researcher referenced additional reports and memos available on Colorado's Department of Human Services and Nebraska's Department of Health and Human Services websites to gather information on organizational structure and FFPSA planning ([Family First Prevention Services Act forms and resources, 2022](#); [Family First Prevention Services Act, 2022](#)). Journal articles were used to understand the history and context of the child welfare laws and systems as well as EBP implementation design. The secondary data used in this evaluation was collected through semi-structured interviews utilizing a standardized set of primarily open-ended questions. The researcher interviewed 12 child welfare experts for the study during May and June 2022. Interview questions focused on each participant's FFPSA implementation experience understood through the EPIS phases and contexts, as well as the effect of the EBP funding criteria on the process. The participants for this study included two state child welfare system leaders within Nebraska and Colorado and four non-government agency executives offering approved EBPs under their state's FFPSA Plan.

For full immersion in the data, the researcher coded all documents and interview transcripts individually and by hand. Both deductive and inductive approaches were used to analyze the data for this research, as each method served a distinct function. The researcher first analyzed the data submitted to the Administration for Children and Families (ACF) in Nebraska and Colorado's FFPSA Plan using a deductive coding process. Prior to coding, the researcher created a codebook of anticipated themes to search for within the FFPSA Plan text. This was done to gather and organize themes that the researcher assumed to be core components of the issue, given their knowledge ([Azungah, 2018](#)). This coding process assisted the researcher in contrasting data gathered within like themes to conduct a comparative case study. The researcher utilized an inductive approach to coding the interview data. The inductive approach relies on the participant's experience to drive the analysis ([Azungah, 2018](#)). The researcher coded the data according to the phases and contexts of the participants' experience within the EPIS Implementation Framework, EBPs, their beliefs about prevention, and perceptions of what it will take to implement the FFPSA successfully in their state. These inductive codes assist in classifying "participants' values, attitudes, and beliefs" about each state's plan and implementation experience ([Delve, 2021](#)).

3. Results

This research was a qualitative comparative case study of Nebraska and Colorado's implementation of the FFPSA, considering the requirement for using approved EBPs to receive funding reimbursement. This study compared Nebraska and Colorado's approach to FFPSA planning and implementation. To adequately compare Nebraska and Colorado's progress toward implementation and the effect that the evidence-based criteria is having on it, an implementation framework specifically designed for the social service sector is being used. This EPIS framework identifies four phases of implementation progress, and the contextual factors present in each phase ([Epis Framework, 2022](#)). The four phases are (a) exploration, (b) preparation, (c) implementation, and (d) sustainment. Each phase has outer and inner context themes that can either promote or hinder the progress of the law's implementation in that state.

3.1. Exploration Phase

3.1.1. Exploration Phase Outer Context Themes

Outer context themes represent large systems, government, funding, or policy issues related to the state's plan. Inner context themes represent community and agency dynamics, culture, and climate. Each participant was asked questions within the context of this framework and was encouraged to speak only about the things they had first-hand knowledge of, grounding the qualitative analysis.

Nebraska State Motivation and Action. Nebraska's Division of Children and Family Services (CFS) administers the state child welfare and protection system under the Department of Health and Human Services. Nebraska has been making significant efforts to increase child welfare prevention since 1997 when they used funds from the Family Preservation and Support Act (P.L. 103-66) to create and fund the [Nebraska Children and Families Foundation \(2021\)](#). The foundation coordinates and manages Bring Up Nebraska, a statewide prevention partnership of community-led child welfare preventions ([Bring Up Nebraska, 2022](#)).

Nebraska's prevention strategies over the past several years are proving effective. From 2017 to 2019, they reduced the number of children in out-of-home foster care by 15% and increased the use of kinship care by 12%. They also decreased their usage of institutional settings by almost 3% ([Nebraska's Five-Year Title IV-E Prevention Program Plan, 2020, 2022](#), p. 9). In 2021, Nebraska was ranked seventh among all states for overall child well-being by the Annie E. Casey Foundation ([Annie E. Casey Foundation, 2022](#)).

All four EBP agency executives interviewed participated in the initial FFPSA planning conversations with Nebraska's CFS and recalled the group's excitement to increase EBP usage and have access to additional funding. According to all Nebraska participants, Nebraska's Division of Health & Human Services (DHHS) had a significant leadership turnover in the past 2 to 3 years. Only one of the two state's child welfare system leaders interviewed was present for the first FFPSA Plan submission (P1). According to P1, the push to submit a plan and have approval by October 1, 2019, was "intentional because we are an IV-E Waiver State, and our Waiver went away on September 30, 2019. So, to help ensure the continuance of some line of federal funding, we decided to implement at that time and not delay."

Colorado State Motivation and Action. Colorado's child welfare system is State-supervised but administered by 59 different human services departments representing 64 counties ([Colorado Five-Year Family First Prevention Services Plan, 2023](#), p. 2). Between 2014 and 2019, there has been an increase of nearly 27% in the number of child welfare reports across Colorado, which appears to be driven both by the overall increase in population and by the implementation of a statewide Child Abuse and Neglect Hotline (2023, p. 12). Despite increases in the number of reports, the number of out-of-home placements is slowly declining. Additionally, Colorado has decreased the length of stay in out-of-home care, decreased the number of children/youth in

congregate care, and increased the percentage of children/youth in family-like or kinship care (2023, p. 12). Colorado was ranked 15th among all states for overall child well-being by the Annie E. Casey Foundation (Annie E. Casey Foundation, 2022).

These positive outcomes resulted from Colorado's dedication to building and sustaining a collaborative prevention network for over a decade. In 1994, the Colorado Family Preservation Act was passed to establish what is known as Core Services funding for strength-based resources and family support. Core Services funding provides \$55 million to county child welfare systems that have submitted locally designed annual strategic plans for preventative services (Colorado Five-Year Family First Prevention Services Plan, 2023, p. 3). The state has determined that its investment has been well spent. Of the 24,829 distinct children served under the Core Services Program in 2020, they report that the spending would have been \$50 million on out-of-home placement (Colorado Five-Year Family First Prevention Services Plan, 2023, p. 6).

Like Nebraska, Colorado built some of its prevention infrastructure with funding provided by the ACF for a Title IV-E Demonstration Project Waiver dating back to 2012. The waiver spending outcomes showed enough positive momentum that when the funds were set to expire in 2019, the Colorado Legislature appropriated \$9.7 million to extend the Title IV-E Waiver services (Colorado Five-Year Family First Prevention Services Plan, 2023, p. 4). State Agency leaders expressed that pursuing funding under the FFPSA is viewed as just one component of Colorado's more comprehensive family wellness approach and that they have a vision of a more primary prevention strategy that the FFPSA does not accomplish.

Nebraska Law and Policy. Nebraska's FFPSA Plan references two statute revisions related to the FFPSA. One is that Nebraska revised Statute §29–2260-02 so that the Office of Juvenile Probation could enter into a Title IV-E interagency agreement with Nebraska's DHHS to seek reimbursement under the FFPSA (Nebraska's Five-Year Title IV-E Prevention Program Plan, 2020, 2022, p. 10). The other was related to the foster care definition within Nebraska Statute §71–1901. P1 explained that the state agency leaders worked with the state legal team to ensure that the definition of candidacy did not unintentionally include families in the Nebraska foster care definition and that it encompassed the families for whom Nebraska wanted to provide services.

Colorado Law and Policy. In 2018, Colorado's General Assembly passed the Child Welfare Reform Bill, which created the Delivery of Child Welfare Services Task Force to ensure legal compliance, advise on funding and incentive structures, and create performance and outcomes measurements (Colorado Five-Year Family First Prevention Services Plan, 2023, p. 9). The bill also created a fund for agency implementation costs. Like Nebraska, Colorado needed to adjust laws related to the juvenile justice target population. The Juvenile Justice Reform Act was passed in May 2019 to strengthen prevention efforts and utilize resources to provide prevention services for youth involved in the juvenile justice system. Colorado's juvenile justice system considers youth in out-of-home care to be in foster care, so the act allows DJJ to divert youth away from corrections and toward prevention services (Colorado Five-Year Family First Prevention Services Plan, 2023, p. 12).

Nebraska Defining Candidacy. The CFS task force determined which children and families would be eligible for FFPSA prevention services. This candidacy definition includes but is not limited to those children and youth who are:

- residing in a family home accepted for assessment; or
- within an ongoing services case including non-court and court involved families where the child may be a State ward; or
- reunified with their caregiver following an out-of-home placement; or
- the subject of a case filed in juvenile court and is mentally ill and dangerous, as outlined by Nebraska Revised Statute 43-247 (3)c and defined by Nebraska Revised Statute 71- 908. This statute defines

that a mentally ill and dangerous person is one that is of substantial risk of serious harm to themselves or others in the recent past or near future; or

- pre- or post-natal infants and/or children of an eligible pregnant/parenting foster youth in foster care; or
- at risk of an adoption or guardianship disruption or dissolution that would result in a foster care placement; or
- presenting with extraordinary needs and whose parents/caretakers are unable to secure assistance for the child to transition between traditional IV-E eligibility and FFPSA IV-E eligibility; or
- involved with juvenile probation and living in the parental/caretaker home

(Nebraska's Five-Year Title IV-E Prevention Program Plan, 2020, 2022, p. 16).

Colorado Defining Candidacy. "Colorado's proposed definition of candidacy includes the following circumstances and characteristics of the child/youth, parent, or kinship caregiver that could put a child/youth at risk of entering or re-entering foster care:

- Substance use disorder or addiction
- Mental illness
- Lack of parenting skills
- Limited capacity or willingness to function in parenting roles
- Parents' inability, or need for additional support, to address serious needs of a child/youth or related to the child/youth's behavior or physical or intellectual disability
- Developmental delays
- Reunification, adoption or guardianship arrangements that are at risk of disruption."

(Colorado Five-Year Family First Prevention Services Plan, 2023, p. 16).

Colorado proposed such a broad definition of candidacy because they wanted FFPSA prevention services to be available to all children and families that meet any of the criteria. Due to the broad definition's reach and the hesitation for approval by the ACF, the State has proposed to create a pathway of phases for claiming candidacy. They kept their definition of candidacy the same, and only changed the implementation of how to serve selected target populations within that definition. Phase One determines candidacy as those with open child welfare cases or those currently involved with juvenile justice. Phase Two will extend candidacy to those without an open case or juvenile justice involvement but who would benefit from a collaborative case plan, and Phase Three is the addition of EBPs and technology systems (Colorado Five-Year Family First Prevention Services Plan, 2023, p. 18). Although the FFPSA Plan does not name an additional phase in specific terms, according to P7, it would be the expansion of Colorado's Program Area 3 that allows county departments to spend flexible funding on "community pathway" services for families that do not require system involvement (Colorado Five-Year Family First Prevention Services Plan, 2023, p. 36).

Nebraska EBP Selection. Nebraska contracted an external stakeholder workgroup to conduct a State scan of existing EBPs prior to the establishment of the Title IV-E Clearinghouse and relied on the ratings of the California Clearinghouse. Participants indicated that the process was useful, and a complete scan of existing EBPs available in Nebraska had not been conducted previously. Key information such as outcomes, target population, child welfare relevance, and Medicaid eligibility were identified for each program in the selection process (Nebraska's Five-Year Title IV-E Prevention Program Plan, 2020, 2022, p. 17). This approach was indicative of a gap analysis or needs assessment instead of building the FFPSA Plan service array from the current capacity of available EBPs operating to fidelity in Nebraska.

Colorado EBP Selection. Colorado's FFPSA Plan proposes 10 EBPs targeting the early years of childhood and mental health services. Colorado chose only to include EBPs currently operating with fidelity in the

state. “This strategy allows Colorado to build upon existing capacity, continue to assess program efficacy, make efforts to scale where appropriate and minimize start-up costs for initial implementation” ([Colorado Five-Year Family First Prevention Services Plan, 2023](#), p. 18).

3.1.2. Exploration Phase Inner Context Themes

Nebraska Collaboration. CFS developed eight workgroups for dedicated collaboration efforts on separate elements of the FFPSA Plan. They also established a Family First Prevention Services Act page on their website as a location for all information related to FFPSA planning ([Nebraska DHHS Family First Prevention Services Act, 2022](#)). The Nebraska FFPSA Plan outlines DHHS planning efforts in collaboration with tribal partners, legal groups, legislators, managed care organizations, community organizations, external partners like Casey Family, paid consultants, and the Nebraska Children and Families Foundation (2022, p. 10).

Colorado Collaboration. Starting in March 2018, Colorado began facilitating a collaborative group charged with creating a roadmap for implementation. In early 2019, a 27-person Family First Implementation Team of county and state child welfare system leaders, other public and private stakeholders, and tribes was formed to create a detailed action plan with accompanying workgroups ([Colorado Five-Year Family First Prevention Services Plan, 2023](#), p. 9). In addition to the Delivery of Child Welfare Services Task Force created in 2018, the Child Welfare Prevention Task Force was formed specifically to streamline and integrate the services and funding components of the FFPSA Plan ([Colorado Five-Year Family First Prevention Services Plan, 2023](#), p. 10).

3.2. Preparation Phase

3.2.1. Preparation Phase Outer Context Themes

Nebraska EBP Proposal Process. In May 2019, following the state scan, Nebraska issued a statewide Request for Qualifications (RFQ) for evidence-based in-home parenting skills services, substance abuse, and mental health services ([Nebraska's Five-Year Title IV-E Prevention Program Plan, 2020, 2022](#), p. 18). Twenty-four providers responded to the RFQ with a range of evidence-based programs. Of the nine programs in Nebraska's FFPSA Plan, one was not yet rated by the Title IV-E Clearinghouse but already being used, four were rated by the Clearinghouse and being used in Nebraska, and four were rated but not yet being used in Nebraska ([Nebraska's Five-Year Title IV-E Prevention Program Plan, 2020, 2022](#), p. 18).

Colorado EBP Proposal Process. Unlike Nebraska, Colorado did not issue a proposal request to potential EBP provider agencies. The Colorado Family First Implementation Team was tasked with selecting existing EBPs operating in Colorado that could be scaled across the state and utilized to access additional Title IV-E funding. The Colorado Evaluation and Action Lab was contracted to continue to provide ongoing recommendations as more EBPs are rated by the Title IV-E Clearinghouse and the state works through the phases of its FFPSA Plan ([Colorado Five-Year Family First Prevention Services Plan, 2023](#), p. 18).

Nebraska Funding. Nebraska plans to use the FFPSA's 50% federal reimbursement in conjunction with State family support funds already being used to keep families from entering further into the child welfare system ([Nebraska's Five-Year Title IV-E Prevention Program Plan, 2020, 2022](#), p. 13). The FFPSA Plan identifies the funding coordination for FFPSA eligible programs with other Title IV-B Plan funding. P1 said,

We utilize state general funds for our services unless there are other federal funding streams available. So, we just stuck with that as the plan, knowing that we would have the opportunity to pull back 50% of it. We also knew with those behavioral health programs; Medicaid was more than likely going to be the one to pay for it. We were made aware of some additional funding available in the State that we could utilize for the programs as well. That has yet to be used at this time, but we intend to use it.

Nebraska received Family First Transition Act funds as well as the Funding Certainty Grant because of their expiring IV-E Waiver. When asked what the FFPSA Plan project budget was for Nebraska, P1 informed me that “It started off as \$3 million. During that first RFQ, some funding did go to the payment of training; I believe a lot of it was PCIT training for interested providers at that time. I believe what's remaining now is around \$2.5 million. So, we're looking at using a majority, if not all of that funding, to put towards the initial startup costs, implementation training of these services, you know, to assist the providers out.”

One of the four agency executives interviewed utilized the PCIT training referenced by P1. All other agency executive participants articulated that they have not received training or EBP support, although they have asked for them to be offered. All agency executives felt that assistance in EBP training via funding or collaboration would be helpful.

Colorado Funding. All EBP agency executives interviewed had existing contracts with various state or county child-serving departments. Agency braided funding comes through Medicaid or other federal grants, private funders, service fees, and state funding through the Core Services. In addition to FFPSA taskforces responsible for funding strategies, counties make the final decisions on how prevention dollars are spent in their location.

Colorado added a unique feature to their prevention funding strategy. The state created the Child Abuse Prevention Trust Fund that will capture all Title IV-E reimbursement for FFPSA spending ([Colorado Five-Year Family First Prevention Services Plan, 2023](#), p. 35). The Colorado Trust will pool these reimbursements, and the managers and related workgroups will use the funds to pay for expanded prevention services. According to two of the EBP agency executives, this was not understood at the beginning of the planning process, which led to organizations believing that they would receive back 50% of their investment in service delivery.

3.2.2. Preparation Phase Inner Context Themes

Nebraska Provider EBP Readiness. When Nebraska's CFS issued an RFQ in May of 2019 for EBPs, providers were asked to submit information related to the EBP, their capacity to implement with fidelity, prove adequately trained staffing, rates for services, and the geographic reach they could provide services ([Nebraska's Five-Year Title IV-E Prevention Program Plan, 2020, 2022](#), p. 18). This RFQ was due by June 30, 2019. According to the agency executives interviewed for this study, the RFQ process was a heavy lift and required a lot of paperwork, with little time to respond to the RFQ. For several of these EBP providers, they were submitting proposals that were not yet being implemented in their agency, which encompassed many potential complications given the implementation timeline of October 1, 2019. The sentiment that the RFQs submitted by agency executives in 2019 “did not go anywhere” was echoed by all four non-government participants. Although the RFQ process helped inform which EBPs Nebraska listed in their FFPSA Plan, the contracts for those initial RFQs were not started except for two pilot projects with Family Centered Treatment and Healthy Families America, which were already under contract prior to the initial implementation in 2019 (P1). At the time of the study, providers were being asked to submit another RFQ during the summer of 2022 for EBPs; this would be the third round, according to participants. Two of the four agency executives expressed that they may not participate in the process going forward due to their lack of confidence in the state's leadership, given their ongoing experience.

Colorado Provider EBP Readiness. All 10 EBPs in Colorado's FFPSA Plan have been operating in Colorado with fidelity for many years. When EBP agency executives were asked if they were ready for the implementation, all said yes and were anticipating implementation soon.

Nebraska Leadership. All interview participants referenced an extensive change in CFS leadership since the initial FFPSA planning process started. There was also a consensus that the current leadership is

committed to the FFPSA Plan and implementation. Despite the newer, motivated leadership, agency executives expressed frustration with the lack of direction and commitment to sustainability thus far.

Colorado Leadership. Child welfare system leadership in Colorado is segmented. The state oversees compliance with ACF, but administration of child welfare occurs at the ground level within the county government using a Collaborative Management Program. To ensure impact and strategy alignment at all government levels, Colorado requires the use of the Child Maltreatment Prevention Framework for Action ([Colorado Five-Year Family First Prevention Services Plan, 2023](#), p. 5). One of the unique leadership constructs within Colorado's FFPSA Plan is the use of state intermediaries. "To promote consistent service and program delivery within Colorado's decentralized county-administered, state-supervised system, CDHS will identify state program intermediaries for each service in this prevention plan" ([Colorado Five-Year Family First Prevention Services Plan, 2023](#), p. 26). These contracted intermediaries are the liaison between state agency leadership and local EBP agencies. Intermediaries are responsible for all monitoring, reporting, training, Continuous Quality Improvement (CQI), and evaluation of EBP within their scope and compliance with the FFPSA Plan.

3.3. Implementation Phase

3.3.1. Implementation Phase Outer Context Themes

Nebraska Contracting. Implementing EBPs is costly as they require specific training, curriculum, certifications, monitoring, and evaluation by the model for fidelity. Although an EBP model may have standardized fees for association or training, the service delivery cost to the implementation agency will vary by location, workforce, and delivery method. This complexity is one of the most challenging components of implementation success because agencies may not know how much it will cost to provide the EBP without years of field experience in that area. This unknown leads to well-meaning but inaccurate proposals by EBP providers to state child welfare agencies, as well as incorrect funding assumptions on behalf of state leadership making contracting decisions.

Agency executive P2 spoke candidly about contracting and payment issues related to the EBP they are providing at the request of Nebraska's CFS. "We are losing money hand over fist right now because they changed the way that we were going to be reimbursed for the service" (P2). Halfway through the contract, Nebraska changed the fee structure. "And we've let them know it's not going to be humanly possible for us to continue to provide the service because it will not cover the cost to provide it" (P2). The revision will create a funding shortage of \$20,000 each month for the private agency. P2 said that the state found a way to cover the gap for the first year, and the agency will have to determine if they want to continue to provide the EBP going forward.

To assist in establishing the rates Nebraska will pay for EBP services, they reached out to purveyors asking what states like Nebraska are paying but were unable to gather much information due to the infancy of implementation across the U.S. (P1). They are also evaluating the costs of the EBP providers involved in their pilot program and using an "expense reimbursement methodology" to gain information about the costs and complexities of implementing those programs. This information will enable them to average the costs associated with the EBP to establish a base case rate. The final method P1 explained about setting baseline rates for EBPs was to reference the cost of a similar prevention program that is not an EBP.

Colorado Contracting. The rates that EBP Providers are paid for services vary due to several factors. P11 reported, "There is not one standard rate; every organization will negotiate their reimbursement rate with the array. So, there could be two organizations in the same array, and they might have different reimbursement rates. Reimbursement rates are not advertised, they're not shared, and they're not public; they negotiate with their local area". The issue of Title IV-E

reimbursements funneling into the Colorado Trust has been a sticking point for EBP agency executives and a tricky sell for state child welfare system leaders. Speaking about the Colorado Trust, P8 said,

They're taking a very clear stance; until we have dollars, we're not even going to pretend to tell you how we're going to allocate them. So, to your point, the question we've had, and we have not had a clear answer for, is, 'what's the carrot?' Why should Denver County stand up a prevention and evidence-based prevention service, and bill for that, and do that stuff, and they pay for that however they pay for it? If there's no guarantee that they're going to get 50% reimbursement, even if they meet all of the requirements of FFPSA?

Nebraska Systems. For a private agency to provide EBP services to Nebraska's CFS, referral, billing, and tracking systems are required. For the existing FFPSA pilot programs, referrals are coming to EBP agencies through Nebraska's Alternative Response system, according to P2. Nebraska's FFPSA Plan outlines a CQI Plan that assesses needed system changes for reporting and fidelity monitoring. Nebraska's system has been enabled to collect data specific to families that are eligible for services according to the candidacy definitions and analyze quantitative data outcomes. A contract monitoring department within CFS is responsible for monitoring EBP providers' fidelity compliance and gathering all data needed for reporting (P6). This department tracks provider training and quarterly reviews documented on a spreadsheet as an auditing function.

Colorado Systems. In addition to the fidelity monitoring system created for FFPSA compliance tracking, Colorado has developed a standardized Learning Management System for training in COACT Colorado, which is their trauma-informed system of care. Local universities and research institutions are an integral part of Colorado's evaluation process. They also collaborate with several partners to train professionals working with families through the Colorado Cross-System Training Institute ([Colorado Five-Year Family First Prevention Services Plan, 2023](#), p. 25).

Nebraska Timeline. State leader participants were hopeful that they would be able and ready to implement in 2022–2023, and EBP agency executive participants expected an implementation range of 2–10 years from 2022.

Colorado Timeline. Generally, Colorado participants felt prepared for FFPSA implementation because the changes to their service delivery and processes will be minimal. Participants expected implementation to start within 2022–2023.

3.3.2. Implementation Phase Inner Context Themes

Nebraska Support. The common themes amongst agency executive participants were related to the need for implementation support. EBP training requirements and the need for help in this area came up in every Nebraska interview.

If we don't do this right, we're not going to have enough providers to offer the services. Providers are on board; providers are willing to help. But unless there are adequate resources, i.e., dollars, to infuse the front end, what a waste. Being focused on doing the work and getting reimbursed for it and being able to survive as an organization. So there have to be some dollars on the front end to train these folks. And then on the back end to monitor the fidelity. (P4)

Funding was the other central theme that surfaced in every interview.

Colorado Support. The designation of intermediaries that provide training, fidelity monitoring, service delivery, and reporting creates a robust level of support for EBP implementing agencies. Although the EBP agencies bear much of the cost related to implementation, the state has a long history of contracting with providers for their services through a large pool of Core Services funding. The state has also utilized local academic and research institutions to support their chosen EBP models.

Nebraska Provider Perception of EBPs in Prevention. Agency executives' perceptions of the importance of EBPs in prevention varied. P5 cited prohibitive costs and strict model guidelines as a deterrent. P5 said, "I understand the importance of evidence-based practice. But I also think that there is often too much emphasis put on evidence-based practice as a whole. I think that you can get better outcomes with staff that have longevity and are well-trained, well-trained staff that also have lived experience". P2's agency was shifting services to EBPs but expressed reluctance because they felt EBPs were not designed with enough parent or child voice and did not allow for enough innovation or fit the client's needs. P4 was a firm believer in only using EBPs.

Colorado Provider Perception of EBPs in Prevention. EBP providers interviewed in Colorado had significant buy-in to the claims of EBP programs for prevention efforts. P11 had been involved in the early trials and development of the EBP they represented, and three participants filled the role of experts or managers for their EBP model. P10 expressed the general opinion amongst participants in Colorado: "I feel like we don't know if other things work. We know that these models do."

3.4. Sustainment Phase

3.4.1. Sustainment Phase Outer Context Themes

Nebraska Critical Components for Success. Each participant was asked what they believe to be the critical components for successful FFPSA Plan implementation in Nebraska. Adequate funding was the issue most expressed by both state system leaders and EBP agency executives. The second most common answer was EBP provider capacity. Other topics mentioned as a response were fixing the internal state referral and billing systems, statewide collaboration and buy-in, and continually monitoring the data to evaluate the outcomes for families served under FFPSA services.

Colorado Critical Components for Success. Each interview participant was asked what they believe are the critical components for implementation success in Colorado. Three participants identified the collaboration between the levels of state, county, intermediary, and agency leadership and systems as being a critical factor. Three participants mentioned funding security and transparency as key issues.

Nebraska Evaluation. Each state FFPSA Plan must outline how they plan to implement the EBPs listed in their plan with fidelity and CQI. They also must indicate a rigorous and well-designed evaluation strategy for each EBP. The state can ask for an evaluation waiver for well-supported EBPs with documentation that the program has compelling evidence and that the state will implement within its CQI requirements ([Implementing the Family First Prevention Services Act, 2022](#), p. 28). Nebraska requested an evaluation waiver for seven of the nine EBPs in their FFPSA Plan ([Nebraska's Five-Year Title IV-E Prevention Program Plan, 2020, 2022](#), p. 45).

Colorado Evaluation. Colorado created a statewide platform for gathering data and monitoring the fidelity requirements within the FFPSA Plan. State intermediaries are responsible for uploading all adherence data designed to provide the decision-makers with the information they need for CQI. To ensure meaningful and comparable data, service-specific measures will be translated to a standardized scale for state-level adherence monitoring, allowing CDHS to quickly identify trends. The standardized scale will be a three-point scale of "not met, approaching, and met" fidelity for the service ([Colorado Five-Year Family First Prevention Services Plan, 2023](#), p. 24).

3.4.2. Sustainment Phase Inner Context Themes

Nebraska Workforce. Nebraska State's child welfare system leadership was replaced within the past three years, creating planning changes and delays (P1, P3, P6). Additionally, sustaining EBPs in Nebraska requires a qualified workforce. Many EBPs require bachelor's or master's degrees with clinical experience and licensure. P2 expressed the workforce requirements as a barrier to sustainability, noting, "I think the staffing piece, the shortage of what's currently required for some of

the evidence-based practice; we don't have it. I mean, we just don't have it."

Colorado Workforce. Colorado State's child welfare system leadership has been stable since the origination of its FFPSA planning process (P7 and P8). This has enabled them to keep continuity in planning objectives and strategy. Colorado has tasked state intermediaries with EBP agency workforce development, burdening the EBP implementing agencies and the intermediaries they pay for service delivery accountability. It was unclear how or if this model stabilizes the workforce in Colorado's EBP agencies. In contrast to Nebraska, EBP agency staffing issues were not repeatedly highlighted by interview participants as a significant hurdle. There were two exceptions; P9 mentioned that their agency has high turnover rates but did not provide a clarifying rationale, and P12 explained the importance of EBP agencies' staffing to ensure sustainability in the EBP model so that fidelity is not jeopardized with employment changes.

4. Discussion

Staying true to the purpose of evaluation research, this study and its findings are a tool for assessing the government intervention of tying EBP usage to prevention funding in federal child welfare policy. The data revealed in this study does not provide a pathway for successful FFPSA implementation to be used as a template or standard. Additionally, the two states' experience only sometimes merit generalization. However, through careful assessment of the outcomes in this small case comparison, we understand more about the effects of this form of intervention. To summarize the "why" and "how" of FFPSA implementation, the findings discussed here are arranged within the EPIS phases they emerged and have been labeled as either a practice theme, representing the "how," or a policy implication, representing the "why."

The findings in this research underline the importance of having a solid state child welfare system leadership team providing vision, guidance, and strategic planning. It also exposed the complexity of child welfare system reforms and the unintended consequences of ideological policies, like EBP program requirements and strict timelines, above what may be more achievable and practical prevention strategies with lower implementation barriers.

4.1. Discussion of Practice Themes and Policy Implications in Findings

4.1.1. Exploration Phase Practice Themes and Policy Implications

Practice Theme: Leading with Certainty. Although Nebraska and Colorado's state child welfare system leaders faced the same end of Federal Title IV-E Demonstration Project Waiver funding in 2019, their motivation for filing and their planning strategies were quite different. As the adage goes, building a bridge while you walk on it is much more treacherous than walking on one that's been there for ages.

Nebraska's Legislature did not provide \$9.7 million in Demonstration Waiver gap funding like Colorado's. Standing up EBPs in Nebraska and quickly implementing the FFPSA was necessary for existing program funding to continue. Nebraska's early FFPSA adoption efforts began before an abundance of ACF guidance and EBP approvals by the Title IV-E Clearinghouse. In many ways, as suggested by P9, Nebraska was building an EBP prevention service array from scratch, beginning with a gap analysis, as EBPs were not a strict requirement before the FFPSA. Their initial RFQs was intentionally broad to gather capacity information and invite collaboration. Still, it ended up creating a significant amount of uncertainty amongst potential providers and fueled a lack of confidence in state leadership when the process did not yield executed contracts. The ongoing proposal process and failed contract environment during the study continued to undermine the implementation momentum.

State child welfare system leaders in Nebraska recognized that the candidacy definition chosen might inadvertently include children in foster care that should not be, so they worked diligently to revise two

state statutes strengthening those boundaries. Nebraska defined candidacy, in summary, as those at imminent risk of entering foster care unless they received the necessary Title IV-E prevention services they were eligible for ([Nebraska's Five-Year Title IV-E Prevention Program Plan, 2020, 2022](#), p. 16). Leaders were wise to choose a narrow definition of candidacy as they are already at risk of EBP prevention service demand being greater than supply. This narrow definition will allow them to assess who now qualifies for and accesses services that did not prior to the law. They plan to scale services and expand the candidacy definition accordingly.

Colorado State child welfare system leaders took a different approach to the exploration process and FFPSA planning. They postponed their FFPSA Plan submission until August 2020, after many clarifying guidelines had been released. Colorado State's system leaders appeared to approach FFPSA implementation bordering skepticism that it would fit with their primary prevention approach (P7 and P8). The Legislature had already extended the Title IV-E Demonstration Waiver Project Funding, so they were not racing the clock to implement and draw down FFPSA reimbursement.

State leadership in Colorado only submitted EBPs already operating successfully within the state and informed potential EBP providers instead of asking agencies to propose services. Most of the collaborative planning efforts were on defining candidacy and establishing efficient systems for intermediaries and county departments. Although this approach did not allow for expansion within the service array, it will accomplish what Colorado hopes to achieve in Phase One of their FFPSA Plan, which is to provide prevention services and capture federal funding reimbursements in a way that perpetuates continual investment into their vision of a more holistic child and family well-being continuum of care. Colorado's planning approach mitigates risk at almost every turn and only includes what is already working. Their plan outsources accountability and management of agencies and EBP fidelity to state intermediaries and counties, and most significantly, the State keeps the Title IV-E reimbursement dollars in a trust to spend on more prevention. There is a risk that Colorado's strategy may yield minimal improvements.

Although most of their FFPSA Plan is based on existing systems, Colorado proposes a significant experimental and financial risk by utilizing the FFPSA as only a piece of their overall strategy to generate positive reform. Colorado's most significant bets are on the efficacy of primary preventions. The state is continuing to invest large sums in prevention programs. In their boldest move, they defined candidacy in the broadest terms, including circumstances or characteristics of parents or children that may affect the caregiver's ability to safely care for and nurture the child ([Colorado Five-Year Family First Prevention Services Plan, 2023](#), p. 17). This broad definition has the potential to open up eligibility for Title IV-E Prevention Services to a large majority of families in Colorado; indeed, its broad scope has caused the ACF to repeatedly reject their FFPSA Plan submissions and require a phased-in eligibility approach.

In the simplest terms, successful implementation of the FFPSA is an approved FFPSA Plan with Title IV-E funds reimbursing states 50% of their supported or well-supported EBP prevention spending. To achieve this base implementation standard, state child welfare agencies would do well to start implementation planning only when they can lead with certainty. Leading with certainty in this context requires (1) an understanding of what families and children need from those with lived experience, (2) a stable state child welfare system leadership team, (3) consistent communication with private EBP agencies and other stakeholders, (4) eligible EBPs that are available and appropriately funded to garner reimbursement, (5) a candidacy definition that achieves the desired outcomes for prevention but does not overwhelm the system's capacity, (6) the buy-in of a collaborative service network, and (7) the support of the state legislature.

Policy Implication: EBP Rating and Usage Requirements. Before ACF created the Title IV-E Clearinghouse, the child welfare field relied

on the EBP ratings established by the California Evidence-Based Clearinghouse for Child Welfare ([The California Evidence-Based Clearinghouse For Child Welfare, 2022](#)). When the FFPSA launched the creation of a new Title IV-E Clearinghouse, new EBP ratings were needed on EBPs that had already received positive ratings from the California Clearinghouse, this created a significant delay in the state's ability to plan and, in Nebraska's experience, diverted time and resources. The Title IV-E Clearinghouse rating system is rigorous and lengthy. The bogged-down rating queue for the Title IV-E Clearinghouse has added to the complexity of implementation and potentially to the lack of approved culturally tailored EBP models to serve already marginalized groups, further catalyzing racial disparity and disproportionality ([Testa, Kelly, Slack, & Berger, 2020](#), p. 92).

The FFPSA requires that until 2024, 50% of all state spending on preventions must be on EBPs that the Title IV-E Clearinghouse has rated as supported or well-supported. Beyond 2024, federal reimbursement is only available for states that spend a minimum of 50% on well-supported EBPs. This requirement limits the EBPs states can choose from for their FFPSA Plan.

Although the goal of EBP requirements within the FFPSA is to promote proven practice, the rule that requires 50% of all state prevention spending to be on supported and well-supported EBPs circumvents a state's ability to customize their prevention approaches for their populations. As a point of example, states with large indigenous populations are disproportionately constricted by this caveat in the law. Should they utilize EBPs that are inappropriate for their population simply to draw down federal reimbursement, or should they forgo federal investments into their preventions because there are no eligible EBP options that appropriately meet the needs of their families? Both choices exemplify the unintended negative consequences of this policy.

To increase state adoption of the FFPSA, the ACF could restructure or remove the strict provision within the law requiring at least 50% of all state prevention spending to be on supported or well-supported EBPs. A gradual increase in reimbursement percentage according to rating or a delayed timeline for compliance would maintain the incentives designed in the law without risking complete abandonment of the FFPSA implementation by states due to these absolute criteria.

To address appropriate EBP selection, the strict timeline for supported and well-supported EBP usage should be reevaluated by the ACF, and Title IV-E Clearinghouse resources should be focused on the expeditious rating of culturally tailored EBPs. At a minimum, until an abundance of culturally tailored EBPs are eligible, non-direct Title IV-E tribes with the state Title IV-E agency acting on their behalf should be permitted to utilize and receive the 50% reimbursement on any EBP evaluated by the Title IV-E Clearinghouse, regardless of the rating.

4.1.2. Preparation Phase Practice Themes and Policy Implications

Practice Theme: Influence of Funding Complexities. The 50% prevention funding reimbursement available through Title IV-E is only available as the payor of last resort. This means that Medicaid, private insurance, and any other funding stream from the federal or state government must be billed first. This caveat is problematic on several levels. A large portion of the population that fits the candidacy definition and is eligible for FFPSA prevention services are covered by Medicaid, limiting the additional funding available to states. Of the children that Nebraska's CFS works with, 80% are covered by Medicaid ([Nebraska's Five-Year Title IV-E Prevention Program Plan, 2020, 2022](#), p. 20). In Colorado, 31.2% of all youth under 18 are covered by Medicaid ([Georgetown University Health Policy Institute Center for Children and Families, 2022](#)). Interview participants articulated this funding complexity as they were navigating the inclusion and billing of programs covered by Medicaid at the allowable rate. Many mental health EBPs listed on the Title IV-E Clearinghouse are already funded through Medicaid. In addition to Medicaid, funding for prevention often comes from state, local, and other federal block grant dollars. Given the complexity, it is understandable that all participants in the study echoed

the need for braided funding assistance.

EBP agency executives interviewed who act as Colorado intermediaries are trying to assist providers in finding Title IV-E funding that covers some of the administrative costs associated with service delivery not included in the Medicaid reimbursement rate; however, funding guidance remains difficult for some of these reasons: (a) unique service delivery specifications, (b) location of EBP delivery, (c) cost and fee transparency among providers and Colorado state and county procurement processes, (d) layered county and state child welfare management, and (e) lack of intermediary and private agency funding expertise (P10, P11, and P12). Nebraska is working on a system for assisting agencies with this planning, but it had not been provided to the EBP agency executives interviewed (P1, P2, P3, and P4). It is recommended that state system leaders and EBP agency executives perform fiscal projections with analysis tools to determine the implications of their program and plan choices (Annie E. Casey Foundation, 2022).

Practice Theme: Influence of Evidence-Based Practice Cost. Lester's (2022) research on the lack of EBP use in child welfare due in part to cost was confirmed in this study. The data in this research showed that the cost of EBP models is a primary concern and hindrance to use. Colorado shifted to investing in EBPs many years ago and invests a substantial amount each year. They have also collaborated with other institutions within the state to promote their use, which recruits even further investment from different stakeholders. Until the FFPSA, Nebraska had focused its state funding and prevention efforts on community-led networks and programs and did not have firm requirements for EBPs until the new law forced the change. This requirement created a financial strain for potential implementation agencies and the Nebraska child welfare system. Testa et al. (2020) affirmed this in their warning that diverting funding from community-led preventions to EBPs could create negative momentum. Proving the benefit of the EBP funding caveat within this law, given its prohibitive cost, warrants continual social and financial return on investment calculations. This analysis should be ongoing and conducted by the ACF, state and private agency leaders, child welfare practitioners, families, and policymakers during the first decade under the FFPSA.

Policy Implication: EBP Service Fee Minimums. This study confirms that EBPs are costly to deliver. The precise cost is affected by location, workforce wages, and EBP oversight criteria. Successful nationwide implementation of FFPSA demands an element of cost transparency and planning assistance that is not currently available to states and agencies during their planning process. Fee standards and transparency would assist state, agency, and policy decision-makers. Providing established EBP service fee calculations with proposed minimum funding standards would legitimize the financial planning process and increase EBP sustainability. These sustainable or minimum fee formulas should be created by the EBP model developer with data gathered from long-standing, successful practitioners utilizing the model. To support to the FFPSA planning process, the formulas should be provided to the Title IV-E Clearinghouse for inclusion in the EBPs public profile on the Title IV-E Clearinghouse. In addition to the fee formulas, it would be beneficial if EBP modelers provided guidance on which federal funding streams have historically funded the program with examples of how existing implementers have accessed that funding.

4.1.3. Implementation Phase Practice Themes and Policy Implications

Practice Theme: The Intersection Between Policy and Practitioner Attitudes. A longitudinal study following 57 caseworkers revealed that practitioners' use of an EBP is determined by their buy-in and attitude toward the model and openness to new practice and not their training or knowledge of the model (Leathers, Melka-Kaffer, Spielfogel, & Atkins, 2016). This study's participants confirmed this. Colorado's participants already had significant buy-in to the EBPs they were implementing. One of them was even part of the original model design. The others had been using their EBP for long enough to believe in the efficacy or had only ever used their model.

Nebraska's participants displayed lower confidence in EBPs to improve child and family well-being. All EBP agency executives interviewed in Nebraska were concerned with the legitimate or perceived hurdles of EBP execution due to rural service delivery complications, inappropriate fit for families, cost, and lack of workforce and training. These attitudes display the effect of Nebraska's lack of solid guidance and communication during the beginning of the planning process and can be shifted in time with committed leadership. In this study, hesitancy among potential EBP providers had less to do with EBP model specifics and more with system questions regarding sustainable funding, contracting integrity, and technology.

It is no mystery that buy-in and attitude are directly tied to identity and compensation, albeit subconsciously. If state child welfare system leaders desire the use of EBPs, they will need to provide time and space for listening and allow EBP recommendations from families and providers. Families and practitioners have a working knowledge of what is necessary and practical. EBP implementers must also feel confident that their work is valued by receiving adequate and stable funding. Relying on the expertise of those with lived and practitioner experience will ensure better utilization of the chosen programs and a more successful FFPSA Plan overall.

Policy Implication: Safety and Reporting Requirements in Prevention Services. Testa et al.'s (2020) research aims at the claims of "prevention" within the design of the FFPSA, and they are not alone. Before the FFPSA, Colorado, and Nebraska had already been successfully utilizing alternate response systems to divert at-risk families away from child welfare involvement toward community-led preventions. The FFPSA's requirement for children to undergo safety assessments and be deemed at "imminent risk" moves any prevention effort out of the primary prevention category and into the secondary. The law's requirement for individual prevention case plans and the monitoring of those plans initiates the input of a family's information into child welfare reporting databases. The concern that the foster care system would unnecessarily include children and families because of these assessment and monitoring provisions was enough for Nebraska to revise Statute 71-1901, clarifying their foster care definition (Nebraska's Five-Year Title IV-E Prevention Program Plan, 2022, p. 16).

These safety and reporting requirements are also a sticking point for Colorado and what they were pushing back on in their FFPSA Plan negotiations with the ACF. State child welfare system leadership would like to make family support and prevention programs available to all who need them without including everyone in their monitoring system. Primary preventions target the general population and not specific subsets that are already disadvantaged and at risk for disproportionate bias. The FFPSA's design is intended to better prevent child abuse and neglect by strengthening families and preventing child removal. Given that objective, the law should be revised to allow for reimbursement on actual primary prevention strategies that do not require safety assessments and ongoing family monitoring within child welfare systems.

4.1.4. Sustainment Phase Practice Themes and Policy Implications

Practice Theme: Disproportionate Return on Investment. Private agencies essentially bear the fiscal burden of EBP implementation. This was confirmed by the data collected from interview participants in Nebraska and Colorado. In Nebraska, agencies responding to the CFS RFQs for either standing up a new EBP or scaling an existing one were assuming a potentially significant financial risk because of unknown costs and contract insecurity. As stated by some participants, they worry that they will invest financial and personnel resources and valuable time into deploying a model that cannot be sustained because of workforce and funding lack.

Colorado EBP agency executives face disproportionate returns on their investments for several reasons. Because all Colorado EBP providers listed in the FFPSA Plan successfully operate and have experience contracting with the state, they have a limited up-front investment in adapting or scaling their service delivery. They are, however, at a

significant disadvantage because of Colorado's choice to capture all Title IV-E reimbursements into the Colorado Trust to be pooled and distributed outside of their control. In Colorado's model, outside of future contracts for their services, private agencies' investments to operate their EBPs under the FFPSA Plan will not be directly reimbursed.

Policy Implication: The Burden of Evaluation. Within the FFPSA Plan submitted to the ACF, states must provide proof of a "well-designed and rigorous evaluation strategy for each service" listed for use ([Implementing the Family First Prevention Services Act, 2022](#)). In addition to EBPs being rated by the Title IV-E Clearinghouse, state FFPSA plans must provide compelling data for the EBP efficacy claims and a CQI Plan for continued evaluation. These evaluation strategy requirements are burdensome to state child welfare personnel, and the evaluation systems required may not be in place. If a state meets the CQI standards in the FFPSA, a waiver of this rigorous evaluation process can be requested for well-supported EBPS only.

Outsourcing evaluation to external consultants and limiting EBP selection to only well-supported programs are common state reactions to this policy guideline. In this study, Colorado and Nebraska outsourced the evaluation of some programs chosen for the FFPSA Plan. Contracting with external entities to provide a formal evaluation of all EBPs with ratings below well-supported is very costly. Alternatively, a state may not want to limit EBP selection to only those that are well-supported. Until Title IV-E Clearinghouse has an abundance of well-supported EBPs that include an adequate selection for all four prevention categories addressing the needs of all target populations, the evaluation waiver should extend to supported EBPs.

5. Conclusions

This research provided multiple leaders perspectives on what it is like for states to implement the new and highly anticipated FFPSA, given the law's funding criteria tied to EBPs. Comparing Nebraska and Colorado's EPIS phases through the outer and inner contexts of the EPIS framework showcased the diverse prevention program infrastructure within the states and the vastly different implementation strategies. The qualitative data collected from interview participants with current lived experiences revealed contextual data that could not have been garnered through a different methodology. This research contributes uniquely to child welfare reform research, given the recent adoption of the FFPSA and the integration of a qualitative case study.

Colorado and Nebraska are two states that have proven to value child abuse prevention by investing in and supporting community-led primary prevention. State executive and legislative branches are supportive of prevention efforts with advocacy and funding. In Nebraska and Colorado child welfare, significant value is placed on family preservation, as evidenced by their alternative response systems and in-home services for families.

The primary difference between the two is that Colorado State's leadership chose many years ago to approach child welfare as a holistic continuum of care for the family. By creating their Core Services model of program delivery and funding, they internalize the responsibility of prevention within the Department of Human Services. For excellent service standards and proven outcomes, EBPs were integrated within DHS departments. As an example, within the Department of Early Childhood a family can receive state-funded, well-supported EBP prevention services like Nurse Family Partnership, SafeCare Colorado, and Parents as Teachers. Colorado's DHS contracts with intermediaries and private agencies for the delivery of these EBPs. This integrated approach is what built Colorado's state and county child welfare system prevention network to what it is today, and it exists in collaboration with existing community-led efforts. These pre-FFPSA advantages make Colorado a difficult case comparison.

Political, socio-economic, and philosophical ideologies are the

unseen foundation of our social system. Colorado's integrated approach is notable because many states, like Nebraska, have designed child welfare prevention with more bifurcation between public and private services. This leads to a robust community-led prevention network with a state child welfare system that lacks the needed infrastructure for the oversight demands of the FFPSA. System inadequacies experienced during FFPSA planning are occurring across the country. Nebraska is hardly alone in the struggle of implementing large-scale EBP use for FFPSA funding. It takes many years for research to be experienced in practice. Politics and lack of knowledge also play roles in the low usage of EBPs in child welfare until now ([Lester, 2022](#)). It is no wonder that many states were not prepared for the FFPSA's stringent requirements. Large-scale FFPSA implementation across the United States will take many years. For most states, an approved FFPSA Plan that includes a robust service array for children and families will come through several years of ongoing building, collaboration, learning, guidance, and many revisions.

Contextualizing the admonition, "Expect the best. Prepare for the worst. Capitalize on what comes" (AZ Quotes, 2022), the researcher provides the following takeaways:

- "Expect the best." States are responsible for child welfare system oversight, but child well-being is only achieved within families and communities. Working together, public and private stakeholders have the ingenuity and resources necessary to create and maintain prevention services that meet family needs in their community. When a joint vision for change drives an intervention movement, those involved are propelled by the results of their good work and when that work is celebrated, the movement grows.
- "Prepare for the worst." States may or may not have the resources and infrastructure to fully implement the FFPSA at this time. Policy trends favoring EBP use and similar performance-based funding requirements will most likely continue. In anticipation of this direction, funding for improvements in technology, training, and CQI systems is necessary.
- "Capitalize on what comes." The optimization of federal funding streams requires strategic planning and administrative resources. States and private agencies that wish to capitalize on all available funding should work collaboratively on braided funding plans, create resources, and offer assistance for providers within their state.

6. Limitations

As in all research, there were limitations within this study. The researcher anticipated that an evaluation at such an early stage in implementation carried risks of insufficient data collection. This concern was resolved when Nebraska and Colorado's state child welfare system leaders and EBP agency executives agreed to participate with transparency. Evaluation of a large-scale system implementation at too early a stage can skew perceptions of the law's efficacy or criteria. However, evaluation at any stage is helpful in providing experiential knowledge. The study had a planned limitation by only comparing two states. Comparing more states would have provided greater insight but was time prohibitive. The FFPSA is an extensive child welfare law, and only one notable provision was analyzed in this study: the EBP usage requirement for federal reimbursement. The research did not address or attempt to analyze the other elements of the law that also impact Nebraska and Colorado's FFPSA Plan implementation. From a child welfare policy reform view, this research provides only a peek into the complexities and effects of tying performance or proven practice outcomes to funding. The researcher hopes that this study adds to the knowledge informing child welfare systems, EBP use, the EPIS Implementation Framework, performance-based funding strategies, and the field of implementation science.

7. Suggestions for Future Research

To maximize understanding, evaluation research is best done on a continuum. Although this study provides insight into the early-stage implementation of the FFPSA, a continued longitudinal study of Nebraska and Colorado would benefit the field. It is also recommended that qualitative case studies be conducted on other states in the process of FFPSA implementation to provide additional data for other states, agencies, legislators, and the ACF. As more states receive ACF approval on their FFPSA Plans and begin their implementation journey, quantitative data will be available for reference. At that time, mixed-methods or quantitative studies should be conducted to provide child and family well-being outcomes related to EBP usage. Prevention program sustainability should also be studied related to the law's funding complexities.

CRedit authorship contribution statement

Charity Carmody: Conceptualization, Methodology, Software, Validation, Formal analysis, Investigation, Resources, Data Curation, Writing - Original Draft, Writing - Review & Editing, Visualization, Supervision, Project administration.

Declaration of Competing Interest

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