



Strong Staffing and Partnering Approaches in Healthy Marriage and Responsible Fatherhood Programs

A program cannot succeed without strong implementation, but what is it that helps programs thrive? At the request of the Administration for Children and Families (ACF), Mathematica visited 17 healthy marriage and responsible fatherhood (HMRF) grantees in spring and early summer 2019 to learn more about implementation of their grants and to identify factors that might help or hinder successful implementation. We talked to leaders and staff members from grantee and partner organizations, who were generous in discussing their experiences, successes, and challenges in operating their HMRF grants and implementing services.

In this brief, written for HMRF practitioners, we share some of what we learned, discussing several factors related to implementation and ways grantees could address those factors. Section A describes selected staffing factors drawn from an implementation science framework; information from our site visits suggests supporting and preparing staff contributes to successful implementation. Section B examines approaches to partnerships between the HMRF grantee agencies and other organizations; data from the site visits showed certain partnership approaches are linked with achieving implementation goals. An appendix provides an overview of the study approach.

A. Strong staffing approaches

Staff are a program's most important resource because they carry out the program. Staff salaries and benefits usually represent the largest share of program costs. Staff recruit and enroll HMRF clients. They orient new clients and deliver services, including workshops, case management, and economic supports. They also perform other vital functions, such as collecting and using data and supervising other staff.

Many successfully implemented programs (as defined in Box 1) share common features, particularly in their approaches to staffing. The National Implementation Research Network has studied "implementation drivers" that "contribute to the successful and sustainable implementation of programs" (n.d.). We examined several of those implementation drivers, as well as factors identified in other research. From our site visits, we found that implementation drivers related to staffing were linked to successful HMRF implementation. Grantees with more of these factors in place or mostly in place were more likely to achieve successful implementation, as defined in Box 1. However, this study did not examine participants' outcomes and whether the programs improved them. We next describe some of the staffing-related implementation drivers that stood out in our site visits, though the study was not designed to definitively show that these factors lead to better implementation.



Include direct services staff in team meetings. Convening direct services staff or including them in team meetings is an important component

of supervising and coaching staff. Direct services staff in HMRF programs include recruiters, intake workers, case managers, facilitators, and

Box 1. How did we define "successful implementation"?

- Meeting enrollment goals
- Meeting other grant expectations, such as engaging and retaining enrollees and delivering planned case management, workshops, and other core services
- Collecting program and participant data and using the data for decision making and program improvement

(Positive outcomes for participants is another marker of successful implementation, but this study was not intended to examine outcomes.)

employment specialists, among others. Grantees described the importance of involving direct services staff in team-building, continuous quality improvement (CQI), and ongoing training meetings.



Use data to support staff decision making. Using data for decision making support helps agencies implement and improve programs.

It requires two elements (Metz et al., 2018), which were present among many HMRF grantees with strong implementation: (1) Someone must be accountable for providing relevant, useful, and usable data, and (2) agency staff must have access to the data and a process for using it in their decision making. Program managers used data to manage and improve programs such as monitoring how subcontractors perform or tracking program attendance. Direct services and other staff also accessed and used data to make decisions about working with program clients. This might include data from the HMRF performance measures data collection system—Information, Family Outcomes, Reporting, and Management (nFORM)—the

organization's management information system, or additional data collected by evaluators or CQI consultants.



Provide adequate resources for staff.

The comfort and quality of workspace and resources varies among the public and private organizations that deliver HMRF services. But having adequate resources—such as supplies, support staff, session space, office space, and funding—influences the quality and success of implementation. One state agency grantee eventually placed a manufactured building at a program site so staff could work from dedicated office space. This improved productivity and morale, and made it easier to fill staff vacancies.



Open lines of communication between leadership and staff, and work to resolve challenges.

The National Implementation Research Network framework identifies another driver of quality implementation: maintaining channels of communication between program leaders and staff. At some sites we visited, program managers held office hours for staff to drop by or call, and regularly checked in with staff to solicit comments or discuss concerns. Successfully implementing programs is also driven in part by the commitment organization and program leaders make to (1) hear the needs and concerns of staff (through clear and frequent communication) and (2) address staff challenges.



Minimize staff turnover. Some turnover is inevitable—and sometimes necessary if a position is not a good fit or when performance is poor. Turnover

might be a result of factors beyond an organization's control, such as a shortage of qualified people in the

local labor market leading to stiff competition to retain good staff. Nevertheless, avoiding persistent or high turnover that disrupts program operations or the ability to form stable relationships with partners or trust with participants improves implementation success. In the HMRF programs we visited, program and organization managers with experience overcoming staff turnover challenges said they had to learn to try different staffing strategies and make changes when someone was not the right fit for a position. For example, one large state agency learned that hiring staff with current or past experience within the agency was important for retaining staff, because staff without such experience became too frustrated trying to navigate its systems and procedures or were unable to meet performance expectations. Other grantees needed staff with social work training and experience who could empathize with their clients but had strategies to avoid burnout.

B. Strong partnership practices

ACF encouraged applicants for the three 2015 HMRF funding streams to establish collaborative partnerships (Box 2). In practice, most agencies awarded grants worked with partner agencies that played various roles such as providing venues to recruit clients, referring potential clients to the program, training facilitators on the chosen workshop curricula, or providing core or support services to program clients. Based on information from the site visits, it is helpful to leverage existing relationships, keep linkages with partners strong, and carefully consider how to delegate work to partner organizations.



Leverage existing relationships.

Grantee organizations with prior experience implementing HM or RF programs had relationships with experts or other organizations they could use or build on. These included sources of referrals into their program or sites that would host workshops, for example. Entities without earlier grants also leveraged existing networks when they could, though more often had to start from scratch. It takes time to build trust, communication infrastructure, and continuity in operations across organizations. It's helpful to recognize this and devote sufficient attention to cultivate partners at every stage of implementation.



Maintain linkages with partners. For partnerships to function smoothly over time, organizations must continuously cultivate their relationships with

partners who provide referrals, service delivery, or workshops. Grantees described the importance of holding regular partnership meetings, engaging in ongoing communications, and monitoring partner activities and performance. When partner staff or leaders changed, grantee staff reached out to them as soon as possible to build their understanding and buy-in to the HMRF program, and to restart or adjust any activities or processes that might have been interrupted by the change.

Box 2. ACF encouraged HMRF grant applicants to partner

The funding opportunity announcements (FOAs) for all three HMRF funding streams stressed collaboration. For example, the New Pathways for Fathers and Families FOA said, "In addition to responsible fatherhood's core services and skills... applicants are encouraged to partner with human service agencies and community organizations. These collaborations will help organizations provide comprehensive services to address the social, emotional, and economic stability needs of fathers and their target communities" (HHS-2015-ACF-OFA-FK-0993). Similarly, the Healthy Marriage and Relationship Education Grants FOA said, "Applicants are encouraged to collaborate with human services agencies and community organizations to integrate services to address the social, emotional, and economic stability needs of individuals and couples" (HHS-2015-ACF-OFA-FM-0985).



Pay attention to key partnerships.

HMRF partner organizations, including subcontractors, play many roles. They might provide curricula or staff training, host workshops, provide job training or other economic support services, or refer potential clients. In our study, HMRF grantees that relied mainly or entirely on other organizations for referrals into their HMRF program seemed to have more difficulty achieving enrollment goals than those who also conducted their own outreach and recruitment. Programs that rely heavily on partners for recruitment might need to devote extra attention and resources to making these partnerships work.

References

National Implementation Research Network. "Framework 3: Implementation Drivers." n.d. Available at <https://nirn.fpg.unc.edu/module-1/implementation-drivers>. Accessed April 10, 2021.

Ward, C., Metz, A., Louison, L., Loper, A., & Cusumano, D. (2018). Drivers Best Practices Assessment. Chapel Hill, NC: National Implementation Research Network, University of North Carolina at Chapel Hill.

Appendix: Overview of the study approach

Mathematica examined several measures in nFORM and information from other sources and suggested grantees to be included in the study. ACF approved a set of grantees with varied programs, grantee organization types, and populations served.

Across the United States, Mathematica visited 7 HM grantees (Healthy Marriage and Relationship Education) and 10 RF grantees (New Pathways for Fathers and Families and Responsible Fatherhood Opportunities for Reentry and Mobility). We interviewed 173 people (11 per grantee, on average; see Box 3) and asked questions about factors that literature on implementation science and other sources suggest might affect successful grant implementation.

By comparing factors across grantees, the study provides qualitative evidence that some of the factors explored were related to grantee successes or challenges. The study was not able or intended to determine whether the factors were causally related to program performance and outcomes, though other types of studies might be able to do so.

Box 3. Whom did we interview?

- Leaders and staff of grantee organizations such as agency heads, chief financial officers, and grants managers
- HMRF project staff such as project directors, outreach workers, case managers, workshop facilitators, employment specialists, data managers, and marketing managers
- Leadership and/or staff from partner organizations such as referral sources, evaluators, CQI consultants, or employment training providers

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