

Birth Through Eight Strategy for Tulsa (BEST) Phase II Evaluation 2021 Workforce Survey Report

Gabriele Fain, Hannah Dunn-Grandpre, Hans Bos,
Kristen Beamer, Stephanie D'Souza, and Stephanie McCarty

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Advancing Evidence.
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Executive Summary

The American Institutes for Research® (AIR®) is conducting the Birth through Eight Strategy for Tulsa (BEST) Phase II Evaluation—the BEST Study. As part of the study, AIR is conducting annual workforce surveys of frontline staff and their managers who work for BEST partners. This report summarizes the findings from the second annual survey administration in 2021, updating information about the characteristics and experiences of the BEST partners’ workforce—frontline staff and their managers who provide the pivotal services that are the cornerstone of BEST. The survey gathered information on staff knowledge of BEST partner services, referral practices, service access barriers and facilitators, communication and coordination among service providers, the role of families in BEST partner agencies, and staff perceptions regarding their work and racial equity issues.

In 2021, the survey was sent to 348 BEST frontline staff and their managers within 26 BEST partner organizations. The survey response rate was 72 percent ($n = 250$). More than half of these respondents completed the survey in both 2020 and 2021. In this report, we compare the answers of all 2021 respondents to those of all 2020 respondents. However, when the answers of “repeat respondents” are meaningfully different, we also highlight changes across time. In addition, we disaggregate the results by service sector to examine if there were differences in responses across those sectors, including early learning and care (ELC) programs and related supports, family support programs, and health-related services. A summary of key findings is included in the following section and in Exhibit ES1.

Key Findings















- 1. Staff knowledge of the BEST initiative increased from 2020 to 2021.** Among respondents, 80 percent reported that they had heard of the BEST initiative, a significant increase from the percentage in 2020 (63 percent). As expected, most of this increase was among repeat respondents who were exposed to BEST for a longer period. Staff in the ELC sector increased their awareness of BEST the most, from 51 percent in 2020 to 80 percent in 2021.
- 2. Staff knowledge of individual BEST partners increased from 2020 to 2021.** Knowledge of BEST partners increased across the board. Staff were especially more likely to be knowledgeable about CAP Tulsa (a 14 percentage point increase from 2020 to 2021); Educare (15 percent increase); and the Women, Infants and Children (WIC) program (16 percent increase). Similarly, staff reported an increased level of knowledge of other (non-BEST) services in the community, such as SoonerCare and the Supplemental Nutrition Assistance Program.

- 3. Staff are making more referrals.** Compared with 2020, the percentage of staff who reported making referrals increased between 3 percentage points and 10 percentage points across all service sectors. Reported referrals to health services and family support services increased by 10 percent each, followed by job assistance (9 percent), mental health (8 percent), domestic violence (8 percent), nutrition (8 percent), and legal supports (8 percent).
- 4. More staff use “warm handoffs” and are doing so more frequently.** Compared with 2020, there was a 5 percentage point increase in staff who reported helping clients contact providers directly (from 53 percent in 2020 to 58 percent in 2021). In addition, staff who use warm handoffs are doing so more frequently. The service sectors for which the greatest increase in the frequency of warm handoffs occurred are domestic violence assistance (an increase from 37 percent in 2020 to 51 percent in 2021), mental health services (49 percent to 62 percent), and job training and placement (28 percent to 39 percent). Although these findings likely reflect improvements in the referral systems and practices for these important services, they also may reflect a greater need for these services as the COVID-19 pandemic has continued for a second year.
- 5. Staff reported that the most difficult sectors for clients to access are housing assistance, legal services, and mental health services for adults.** Staff mentioned challenges in each of these sectors more frequently in 2021 than in 2020, as opposed to childcare, which was mentioned less often. However, survey responses indicate that barriers to service access overall have not changed. Like last year, the most common challenges for clients identified by staff include a lack of transportation, a lack of child care, long wait times for services, client concerns about their immigration status, and clients’ lack of knowledge about available services. The most common response to an open-ended survey question about ways to improve services in Tulsa was “raising awareness about existing services.”
- 6. More than half of the BEST partner staff in different programs communicate regularly about shared clients, an increase from 2020.** In addition to more cross-agency communication, the proportion of staff reporting satisfaction with communication with staff in other organizations increased by 9 percentage points compared with 2020 (from 38 percent in 2020 to 47 percent in 2021). A lack of permission to discuss clients with other organizations is still the most common barrier to coordination, but this challenge seems to be improving. In 2020, 43 percent of survey respondents identified this as a challenge compared with 21 percent in 2021.
- 7. Engaging families in decision making and leadership roles continues to be a challenge for some BEST partners.** Rates of family engagement remained fairly constant from 2020 to 2021—a finding that may not be surprising as the pandemic continued to impact the service delivery system for a second year. In 2021, most staff (64 percent) reported that it was “completely true” that the opinions of families are heard regardless of their race, culture, or

language spoken. However, fewer staff indicated that it was “completely true” that staff regularly try to get ideas from families on how to improve services (42 percent). Fewer staff also mentioned that opportunities exist for family members to serve in leadership roles (25 percent) or that families are included in decision-making meetings about improving services (24 percent). Staff reported more opportunities for family engagement in the ELC sector compared with health-related services and the family support sector. The overall (and sector-specific) responses on the 2021 survey regarding family engagement are very similar to the survey responses in 2020.

- 8. Staff continue to report strong levels of satisfaction with their jobs.** As in 2020, most staff reported that their work makes a meaningful contribution, they have the support and resources they need from their respective workplaces, and it would take a lot for them to leave their jobs. Yet at the same time, slightly more than half of the respondents indicated that their job was very stressful.
- 9. Slightly more than half of the respondents reported that they talk with their adult clients about challenges or advantages they may face because of their race or ethnicity.** Staff also described how frequently their adult clients told them that their race/ethnicity was the reason they faced various challenges in their lives. The most common of these challenges (rated as a challenge occasionally or a great deal) was receiving poor- or low-quality services, followed by experiencing challenges in their job and being stopped by the police or another official. These responses changed little compared with the 2020 survey. Staff suggested a need for more training related to racial equity issues, support for increased public dialogue, and general investment in underserved communities.

Exhibit ES1. Key Findings

TOPIC	MAIN FINDINGS	CHANGE: 2020 TO 2021
	More staff are knowledgeable about available services in Tulsa.	
	Staff are making more referrals and using warm handoffs more often.	
	Barriers to service access persist, including lack of transportation, long wait time for services, and limited options for affordable childcare.	
	Staff communication across agencies is improving.	
	Levels of family engagement have remained stable during the pandemic, but there is room for improvement within some service sectors.	
	Staff satisfaction with their work has remained stable, despite the challenges of the pandemic.	
	Racial inequity persists , with continued calls from staff for more antiracism training and community dialogue.	

Conclusion

The 2021 workforce survey findings highlighted strong gains in several areas for BEST. For example, staff awareness of the BEST initiative increased 17 percentage points between 2020 and 2021. Similarly, staff knowledge of other BEST partners, as well as other (non-BEST-supported) services in the community, increased significantly. In addition, client referrals to services increased across BEST partners, particularly in regard to health, family support, and job assistance services. More staff are using warm handoffs to make referrals (and are doing so more frequently). Similarly, a growing number of staff reported that they communicate with staff at other agencies to coordinate services and are satisfied with that communication.

The survey data also suggest areas that may inform continuous quality improvement efforts for the BEST initiative, as follows:

- Although knowledge of BEST-supported organizations increased since 2020, room for growth still exists regarding the awareness of several partners and their services. These lesser-known partners include smaller programs in the health and criminal justice sectors

and partners new to the BEST initiative. This information can be used to target efforts to improve awareness of services among BEST partner staff.

- Rates of family engagement remained fairly constant from 2020 to 2021. There is room for growth in several aspects of family engagement, including solicitation of family input on how to improve services, opportunities for parents and family members to serve in leadership roles, and inclusion of families in decision-making meetings about improving services. Many staff, in response to an open-ended question, indicated that parents lacked time or interest to engage in these activities. As agencies transition to service delivery beyond the pandemic, BEST may play a role in helping agencies reflect on and implement structures and activities to meaningfully engage families, including providing training and supports to staff on creative ways to engage families in program decisions. There may also be a need for engaging organizations that focus specifically on family advocacy, including groups that have been founded by parents, to provide consultation or support to BEST partners.
- Although there was a major increase in the reported frequency of warm handoffs since 2020, they are used more often for some service sectors than others. For example, they are used more frequently for mental health, health, and family support services compared with services such as job training, nutrition assistance, and housing support. As in 2020, the most reported challenge to warm handoffs was a lack of professional connections with staff in other agencies. This actionable finding can inform BEST's efforts to create a network of coordinated agencies.
- Compared with 2020, there were slight improvements in terms of the number of staff who know if a referral was successful and in the documentation of referral outcomes. A quarter of the respondents still do not record referrals in a formal system. Exploration into this issue may inform the BEST initiative's efforts to improve referral practices across its partners and with other service providers in the community.

In both 2020 and 2021, staff generally identified the same set of barriers to service access and issues related to racial equity. They include the need to improve Tulsa's transportation system; increase the capacity of services to reduce long wait times for clients; and improve the supply of affordable, high-quality infant and toddler childcare. Staff also pointed to the need for community-wide diversity, equity, and inclusion training and opportunities to support public dialogue about racism in Tulsa. These are deep-rooted, complex issues, and it is not surprising that the survey did not detect change from 2020 to 2021, but it underscores the continued need to address system-level issues in Tulsa, as well as to track progress in these areas.

The workforce survey will occur annually during the BEST Study, allowing us to document changes across time in the early childhood workforce in Tulsa, which will reflect the impact of

the BEST initiative as it continues to grow and evolve. We greatly appreciate the time and attention that the survey respondents gave us in the second administration of the survey. Their work is critical to the families and children of Tulsa, and their input is essential for the success of our evaluation. We also want to thank the BEST partner leaders from Tulsa organizations and their staff who worked with our team to compile the survey sample and the GKFF-BEST team for their overall support for the survey effort.

Introduction

The purpose of this report is to summarize the results from the second annual workforce survey of the Birth through Eight Strategy for Tulsa (BEST) partners. BEST provides coordinated supports in the earliest years of children’s lives to help make Tulsa a good place for all children and families to live, grow, and thrive. By convening a diverse network of community partners in Tulsa, including public agencies, health and child care providers, education institutions, and local nonprofit organizations, BEST aims to develop a seamless, multisector continuum of high-quality programs and services for young children and their families, from preconception to age 8, to increase the percentage of children who are (a) born healthy, (b) on a positive developmental trajectory by age 3, (c) ready to enter kindergarten, and (d) achieving success by third grade.

This report describes and updates the characteristics and experiences of the BEST partners’ workforce—frontline staff and their managers who provide the pivotal services that are the cornerstone of BEST. The annual workforce survey is part of the BEST Phase II Evaluation—the BEST Study—conducted by the American Institutes for Research® (AIR®). The BEST Study is a 6-year study to learn how a comprehensive, continuous, and integrated system-change approach can build greater opportunities to improve the lives of young children and their families in Tulsa. The evaluation has three study components:

- **The process study** provides information about how the BEST initiative engages with, supports, and interacts with the preconception-to-age-8 service infrastructure in Tulsa and how it changes that infrastructure and its workforce across time.
- **The outcome/impact study** provides information from a representative sample of families about what it is like to be born and grow up in Tulsa or to be a parent to a child between 0 and 8 years old. It includes a representative survey of four cohorts of children—two cohorts followed from birth and two cohorts followed from the start of kindergarten—and analyses of extant data from a variety of agencies that cover Tulsa, Oklahoma City, and other comparison cities.
- **The ethnographic study** describes the routines and experiences of a subset of 40 families from the outcome/impact study’s survey sample in more detail.

These three study components work together to answer all the BEST evaluation research questions. The workforce survey is a component of the process study but also informs the outcome/impact study by capturing change in the service infrastructure and workforce across time.

AIR conducts the workforce survey annually to capture change across time in BEST partners' and other service providers' knowledge of available services, referrals among different agencies, and collaboration among partners, as well as other topics relevant to children and families in Tulsa and the services available to them. In Section I, we describe the design and sample of the workforce survey. In Section II, we summarize the major findings from the 2021 survey and compare the results against the 2020 results across eight survey topics. Section III presents conclusions and recommendations. The appendix includes supplemental tables that contain data referenced in the text but not included in exhibits in the main body of the report.

Section I. Survey and Sample Approach

The purpose of the annual workforce survey is to provide a ground-up perspective of how BEST partner staff experience the implementation of BEST, with an eye to documenting changes across time on eight main topics (see sidebar). The 2021 survey consisted of 170 items and took about 30 minutes to complete (somewhat less time for repeat responders). Most survey items capture descriptive data, which we present as frequencies. The survey also obtained some qualitative data through open-ended responses. Using an online survey software platform, we launched the survey on November 2, 2021, and closed it on January 4, 2022. The survey was administered to 348 frontline staff and their managers within 26 BEST partner organizations.¹ If acceptable to their respective organization, respondents received a \$15 gift card as a thank-you for completing the survey.

To shorten the survey for repeat respondents, we omitted various questions from the 2021 survey if the respondent had already answered them in 2020. For example, we did not ask respondents who said they knew about BEST in 2020 about their knowledge of BEST in 2021. We used 2020 data for repeat respondents for 58 of the 170 survey items.

Sample

The survey was sent to 348 BEST frontline staff and their managers. The survey response rate was 72 percent ($n = 250$). However, the sample size for some items may be smaller because not

MAIN SURVEY TOPICS

1. Demographic information about respondents
2. Staff knowledge of BEST partner services
3. Referral practices
4. Service access barriers and facilitators
5. Communication and coordination among BEST partners
6. Role of families in BEST partner agencies
7. Staff workforce issues
8. Staff perceptions regarding racial equity issues

¹ The George Kaiser Family Foundation BEST team provided a list of its actively funded BEST partners for the purposes of this survey.

all respondents answered all questions. More than half of the respondents completed the survey in both 2020 and 2021: 133 respondents (53 percent) to the 2021 survey were repeat responders. Throughout this report, we compared the answers of all 2021 respondents to those of all 2020 respondents. In addition, we compared the 2020 and 2021 answers of the 133 repeat respondents separately. We discuss the results of those separate comparisons only if they differ meaningfully from those for the full survey samples.²

The representation of respondents across agencies reflects the size of the agency workforces; larger partner agencies were more heavily represented than smaller ones. Most respondents are frontline staff working directly with children and families (80 percent), and the remaining portion (20 percent) are managers and supervisors. As in 2020, we also present separate results for survey respondents in three general service sectors: (a) early learning and care (ELC) programs and supports, (b) family support programs, and (c) health-related services (detailed in the next section). Exhibit 1 presents sample sizes by service sector, the largest sector being ELC ($n = 105$), followed by family support ($n = 101$) and health-related services ($n = 44$).

Exhibit 2. Sector, program, and parent organization for survey respondents

Sector	Program and parent organization
Early learning and care	CAP Tulsa
	Gaining Ground ^a
	Tulsa Educare and Educare Early Learning Works
	Reach Out and Read
	Reading Partners
	Total: 105 42.0%
Family support	211, Community Service Council ^a
	Bright Beginnings, Parent Child Center
	Children-First Family Advocates, Tulsa Health Department
	Domestic Violence Intervention Services ^a
	Emergency Infant Services
	Family Advocates, Tulsa Health Department
	Front Porch Initiative, Health and Human Services ^a
	JAMES Inc. ^a
	Little by Little, Tulsa Health Department
ParentPRO, Tulsa Health Department	

² In most cases, there were no meaningful or statistically significant differences between the responses of “new” respondents and those who also participated in the 2020 BEST workforce survey.

Sector	Program and parent organization	
Heath-related services	Parent Resource Center, Tulsa Public Schools ^a	
	Strong Tomorrows, Tulsa Public Schools	
	WIC, Tulsa Health Department	
	Women in Recovery, Family and Children’s Services	
	Women’s Justice Team Family and Children’s Services	
		Total: 101
		40.4%
	Amplify Youth Health Collective ^a	
	Centering Pregnancy, Community Health Connection	
	Healthy Steps, Oklahoma University School of Community Medicine	
Family Connects, Parent Child Center		
Take Control Initiative		
Healthy Start, Tulsa Health Department		
Lactation consultant, Tulsa Health Department		
Doula program, Tulsa Birth Equity Initiative		
Youth Services of Tulsa		
	Total: 44	
	17.6%	

Source: December 2021 workforce survey.

Note. N = 250. ^a indicates a new partner in 2021.

Section II. Findings

The survey findings cover eight major topics: (a) staff demographic characteristics, education, and experience; (b) staff knowledge about the BEST initiative and service providers in Tulsa; (c) referral practices among BEST partners; (d) staff perceptions of service access in Tulsa and the perceived impact of recent state and federal policy changes related to young children; (e) communication and coordination activities among partners; (f) the role of families in BEST partners; (g) staff job satisfaction; and (h) perceptions of racial equity issues.

Diversity, Education, and Experience

The survey respondents reflect a highly educated and experienced BEST partner workforce. In 2021, 71 percent of respondents had a bachelor’s degree or higher (Exhibit 2) versus 69 percent in 2020. Staff characteristics in 2021 were very similar to those in 2020. Overall, the staff are highly experienced, with nearly half of respondents reporting more than 10 years of experience

in relevant fields and only 3 percent with less than 1 year of experience. The time staff had worked at their current organization was more varied, with 29 percent of respondents reporting that they have been at their current organization for 2 years or less. Conversely, a third of respondents have been with their organization for at least 7 years.

Exhibit 3. The BEST workforce is diverse, educated, and experienced.

Variable	Characteristic	N	Percentage
Education	High school	12	5.2
	Vocational, some college, or associate degree	49	23.4
	Bachelor’s degree	78	37.3
	Some graduate school	12	5.7
	Graduate degree	58	27.8
Total years of experience in relevant fields^a	Less than 1 year	6	2.9
	1–2 years	22	10.5
	3–6 years	51	24.3
	7–10 years	34	16.2
	More than 10 years	97	46.2
Time at current organization	Less than 1 year	23	10.9
	1–2 years	38	18.1
	3–6 years	79	37.6
	7–10 years	28	13.3
	More than 10 years	42	20
Race/ethnicity	American Indian or Alaska Native, Non-Hispanic	4	1.9
	Black, African American, African, Non-Hispanic	44	21
	Hispanic	51	24.3
	White, Non-Hispanic	79	37.6
	Other, Non-Hispanic ^b	29	13.8
Language spoken	English only	145	69
	English and Spanish	55	26.2
	English and another language	16	7.6

Source: AIR calculations from the December 2021 workforce survey.

Note: N = 210.

^a We asked respondents to indicate their total years of professional experience in the field(s) of early childhood, education, and/or health and human services. ^b This category consists of participants who identified as multiracial, Asian, and other.

The BEST partner workforce is racially and ethnically diverse. Sixty-two percent of respondents identified as being non-Hispanic Black or African-American, Hispanic, American Indian, Alaska Native, or Native American, multiracial, or of another race or ethnicity. This is consistent with the 2020 survey, in which 61 percent of respondents identified as non-White. In addition, 31 percent of respondents reported speaking a language other than English.

Compared with the population of Tulsa as a whole, the BEST partner workforce is more diverse. Fifty-three percent of Tulsans identify as White, not-Hispanic; 15 percent as Black; 17 percent as Hispanic; and 15 percent as two or more races or other. In addition, 17 percent of all Tulsans older than 18 reported speaking a language other than English in the home.³

Exhibit 3 shows the breakdown of respondents by their role in their organization. The most common roles were early childhood staff (20 percent); Women, Infants, and Children (WIC) staff (12 percent); and case manager/social worker (11 percent). These numbers were very similar to the 2020 breakdown of staff roles.

Exhibit 4. Respondents reported a range of job titles, the most common being early childhood teacher/caregiver.

Job title	N	Percentage
Attorney/legal professional	1	0.5%
Case manager/social worker	22	10.7%
ConnectFirst Family Advocate	6	2.9%
Other family advocate	8	3.9%
Early childhood staff	40	19.5%
Elementary staff	9	4.4%
Front office staff	1	0.5%
Healthy Steps specialist	11	5.4%
Home visitor	3	1.5%
Lactation consultant	1	0.5%
Mental health professional	11	5.4%
Nurse/nurse educator	14	6.8%
Parent educator	3	1.5%
Special education/early intervention staff	2	1.0%
WIC staff	24	11.7%
Youth counselor/educator	4	2.0%
Other	45	22.0%

Source: AIR calculations from the December 2021 workforce survey.

Note. N = 205.

³ Population data from the U.S. Census Bureau. (2019). [Tulsa, Oklahoma, profile](#).

Staff Knowledge of BEST and Services in Tulsa

Among respondents, 80 percent reported that they had heard of the BEST initiative (Exhibit 4), a significant increase from the percentage in 2020 (63 percent).⁴ As expected, most if this increase was accounted for by repeat respondents, 90 percent of whom reported hearing about BEST. As expected, among new respondents, knowledge of BEST was lower (66 percent). The most common way that respondents learned about BEST is from leadership at their own organization (64 percent), followed by a BEST professional meeting or event (28 percent).

Exhibit 5. Most staff who had heard about BEST learned about it from their organization’s leaders.

Response	2021	2020
Had heard about the BEST initiative	80.2%	63.1%
Among those who had heard about BEST, how did they learn? (Select all that apply)		
From leadership at my organization	63.7%	70.8%
At a professional meeting or event (meeting about BEST, at a BEST convening)	28.0%	33.1%
From a coworker	8.5%	11.5%
At a community meeting (meeting with members of the community)	6.4%	8.5%
BEST website	5.5%	6.9%
Other	5.0%	5.4%
Written information (description of BEST, flyer, brochure)	5.5%	4.6%

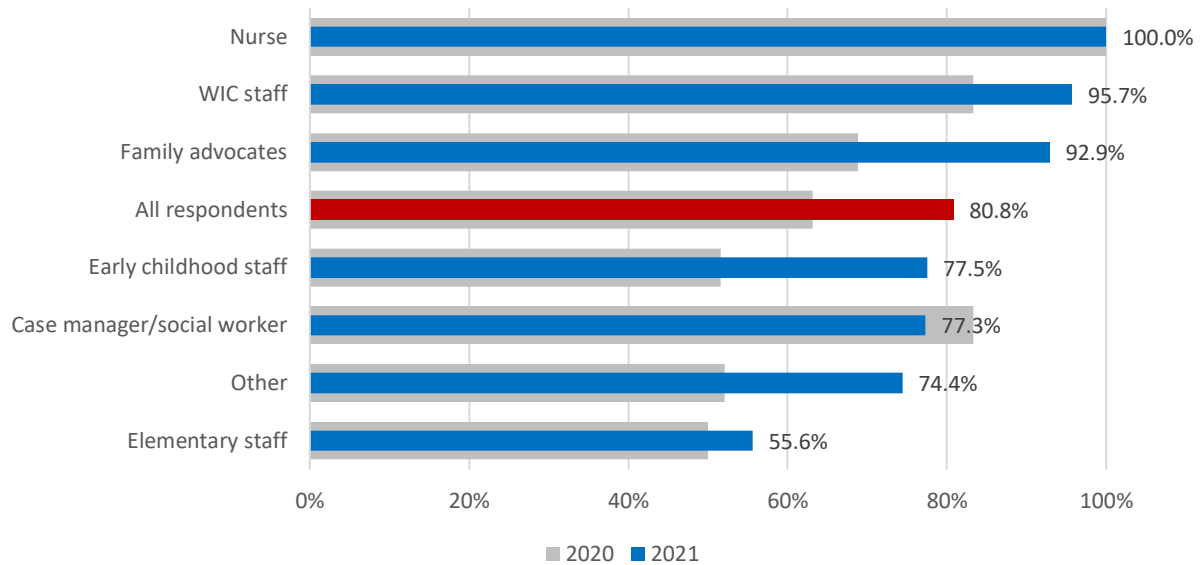
Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Note. N = 227.

Exhibit 5 shows how knowledge of BEST varies across different job categories. Consistent with most other exhibits in this report, the exhibit shows the 2021 data in colored bars with the 2020 data in gray bars underneath them. Staff in almost all job categories showed meaningful increases in their awareness of the BEST initiative.

⁴ At this point in the BEST Study, the combined survey sample size is too small to support formal statistical comparisons between years. Tests of the statistical significance of differences between 2020 and 2021 had *p* values ranging from 0.04 to 0.15. While it is unlikely that such pervasive differences are the result of random sample variation, many are not technically “statistically significant” at the usual 0.05 level. These *p* values are available on request.

Exhibit 6. The rate at which respondents reported having heard about BEST varied somewhat by job role.

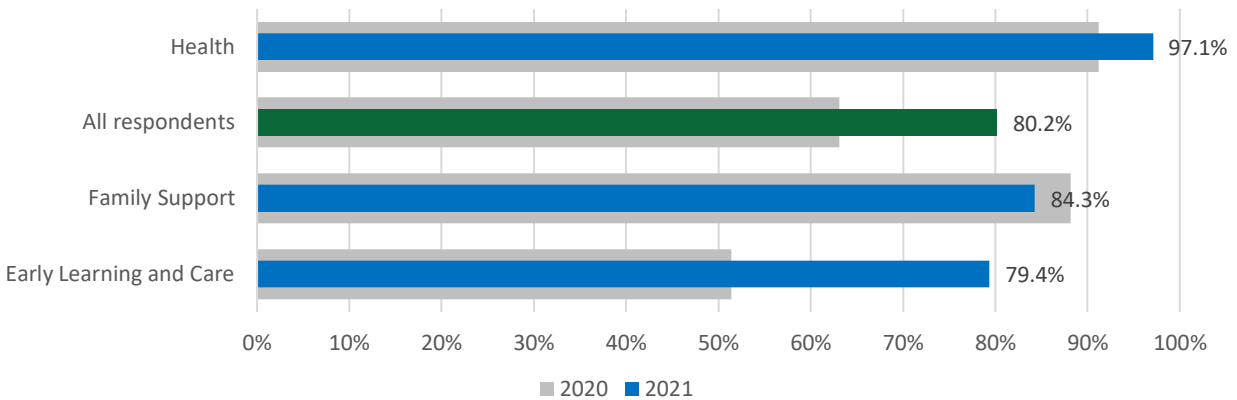


Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Notes: N = 227. Percentages of survey respondents by job role who responded “Yes, I’ve heard of the BEST initiative.” “Other” includes attorney/legal professional, front office staff, Healthy Steps specialists, home visitors, lactation consultant, mental health professionals, parent educators, physicians, special education/early intervention staff, and youth counselors/educators.

Similarly, Exhibit 6 shows how knowledge of BEST varies across different service sectors, again with the 2021 responses in the colored bars and 2020 responses in gray bars. As was the case in 2020, staff in the health sector are the most aware of the BEST initiative, compared to the ELC and family support sectors. At the same time, we found an especially large increase, from 2020 to 2021, in the awareness of BEST among survey respondents in the ELC sector, which explains almost the entire overall increase in BEST awareness among respondents. Again, most of this increase in awareness of BEST in the ELC sector came from repeat respondents.

Exhibit 7. Compared with 2020, more ELC staff are aware of BEST.



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Notes: N = 227. Percentages of survey respondents who responded “Yes, I’ve heard of the BEST initiative.”

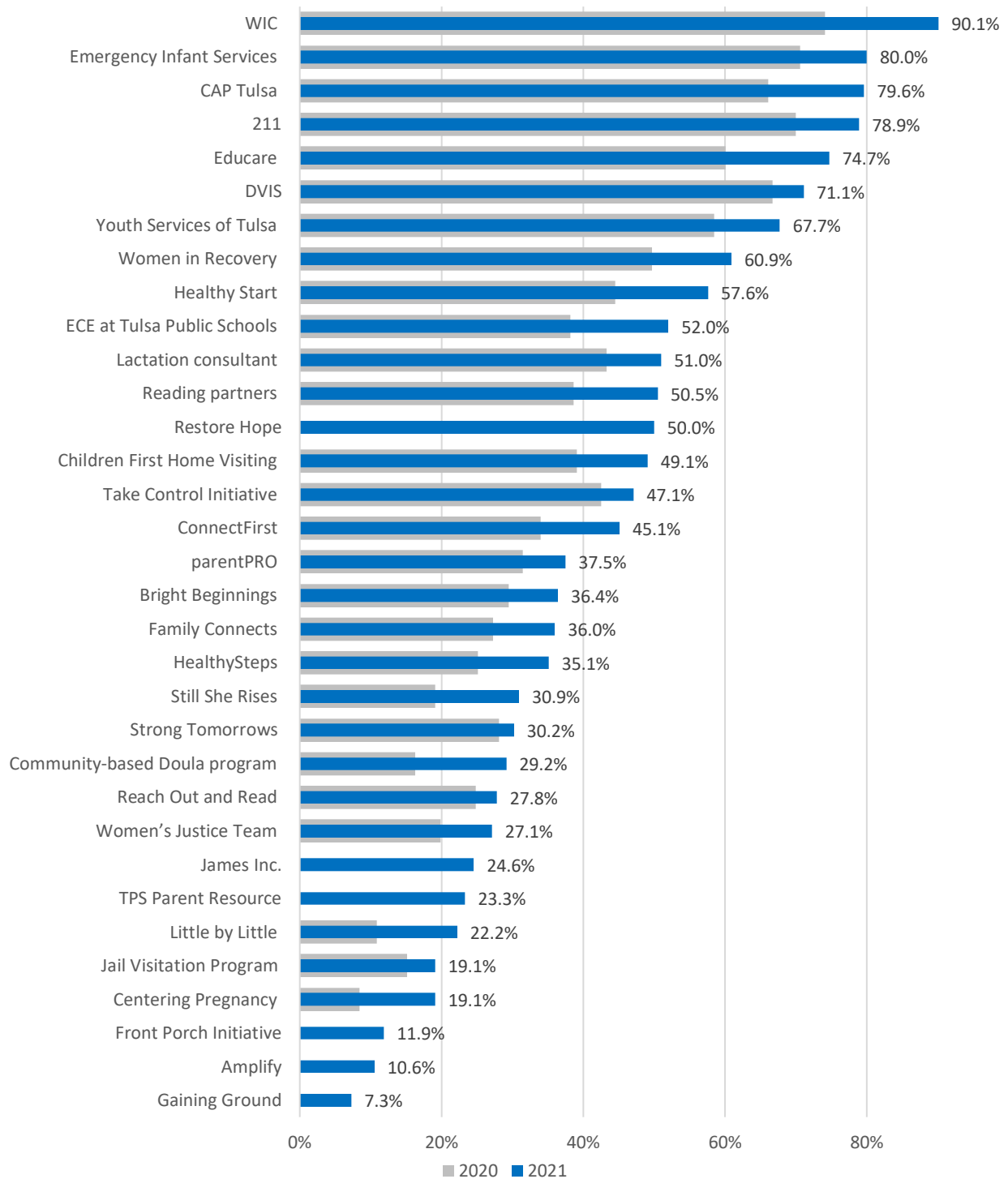
See Exhibit 1 for a description of BEST partners by sector.

In addition to indicating whether they knew about the BEST initiative as a whole, we asked staff about their awareness and knowledge of other BEST partners by selecting one of the following options: (a) “never heard of these services”; (b) “I’ve heard of these services but don’t know much else”; and (c) “I’ve heard of these services and know a lot about them.” Exhibit 7 shows the percentage of staff who indicated that they heard of each BEST partner and knew a lot about their services. Compared with 2020, we saw significant increases in these results as well. Knowledge of BEST partners increased across the board, as demonstrated by the colored bars extending well beyond the underlying gray bars for most organizations. (BEST partners that were new in 2021 were not included in the 2020 workforce survey and thus do not have gray bars.⁵) For example, awareness of WIC grew from 74 percent in 2020 to 90 percent in 2021. Most of these increases in awareness of other partners and services were even greater for repeat responders, which is expected given their longer exposure to the BEST initiative.

We saw similar increases when we asked staff about their awareness of other services for children and families in Tulsa (Exhibit 8). This was the case for widely known services such as SoonerCare and the Supplemental Nutrition Assistance Program and less well-known services such as the Tulsa County Food Assistance Program or the Maternal and Child Health Outreach Program. Awareness of the latter grew from less than 20 percent in 2020 to almost 40 percent in 2021.

⁵ Partners that were new to BEST in 2021 do not have 2020 data (gray bars) in Exhibit 7, with the exception of Domestic Violence Intervention Services (DVIS) and 211. These two programs were listed as part of “other Tulsa services” (Exhibit 8) in the 2020 survey. In 2021, these organizations became formal BEST partners.

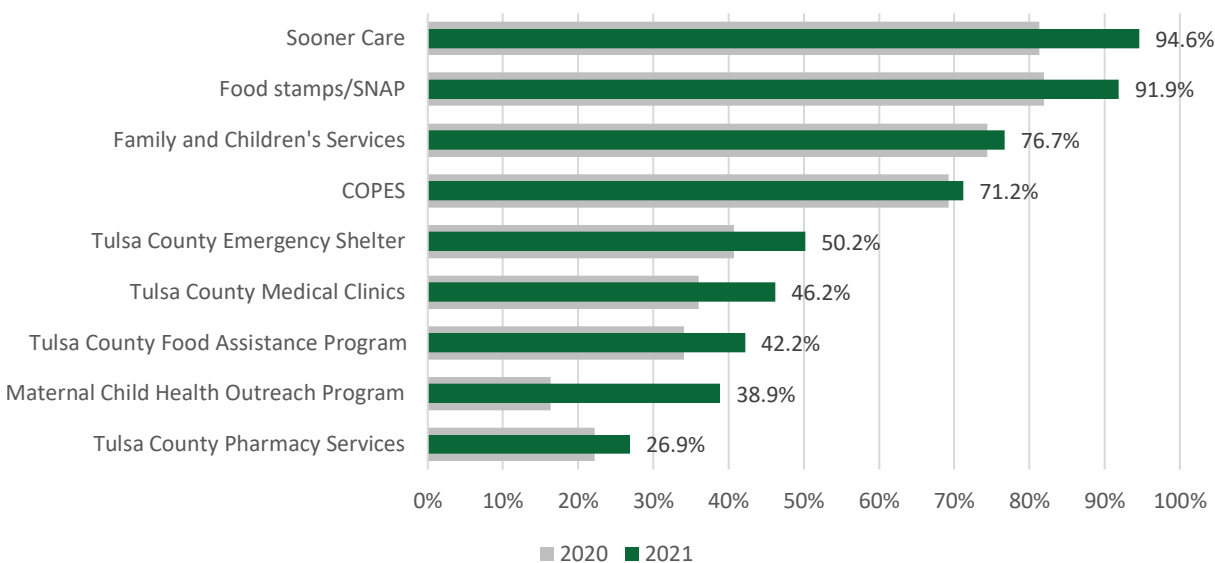
Exhibit 8. Awareness and knowledge of BEST partners increased during 2021.



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Notes: N = 225. Percentages shown indicate the proportion of survey respondents who responded “Yes, I’ve heard of these services and know a lot about them.”

Exhibit 8. Staff awareness of other services available to families also increased in 2021.



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Note. $N = 223$. Family and Children's Services refers to all other child, youth, adult, and family mental health services provided by Family and Children's Services.

Referral Practices Among BEST Partners

The workforce survey also asked about the extent to which staff referred their clients to community services outside their own programs or agencies. Sixty-six percent of all respondents ($n = 143$) indicated that they routinely make such outside referrals, either formally and/or informally.⁶ This group of survey respondents is described as "referral staff" for the purposes of this report. These staff responded to detailed questions about whether and how they tracked information about the referrals they make, their knowledge of and ability to make referrals for specific needs, and challenges they encountered related to referrals.

For this subsection of the report), we use the phrase "referral staff." This refers to the 66 percent of all staff ($n = 143$) who reported making external referrals for clients as part of their job duties. Of the referral staff, nearly 50 percent are from the Family Support sector, about a third (31 percent) are from the ELC sector, while the remaining 20 percent are from Health.

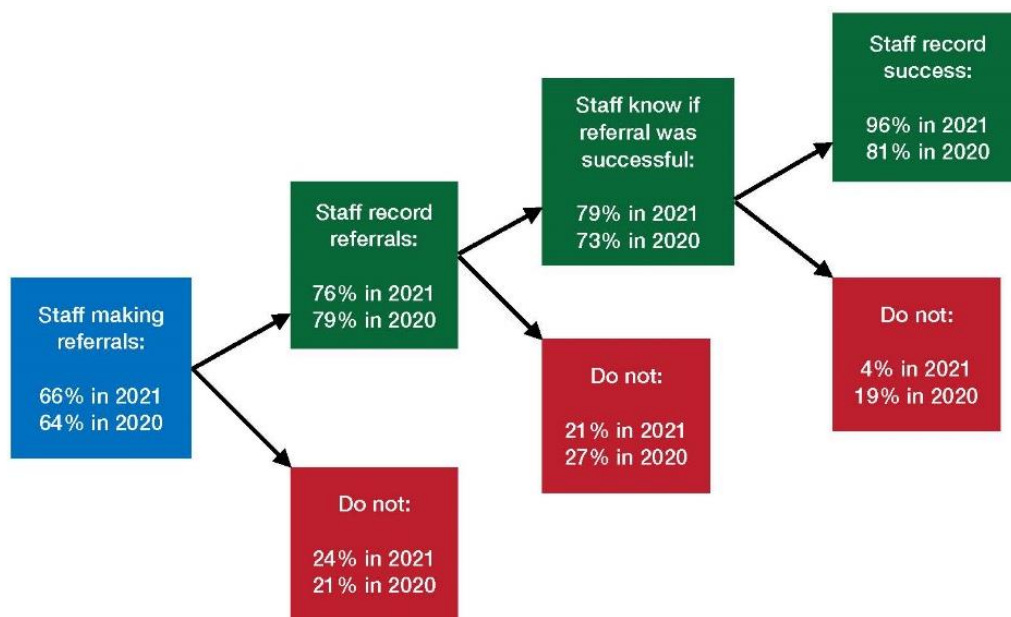
Documentation of Referrals and Referral Outcomes

Exhibit 9 illustrates the referral pathway process, starting with all referral staff (the 143 respondents who indicated making referrals to other programs outside their own agency). As we followed the process of referrals, we learned that staff record most referrals in a client

⁶ See Exhibit A1 in the appendix for more details about referral practices.

management system (76 percent of referral staff reported doing so), but staff do not always know if the referral was successful, and if the referral was successful, it is not always recorded as a success. As Exhibit 9 illustrates, many client referrals either happen informally (without being recorded) or staff do not know the outcome of the referral or record the outcome of the referral, which may limit their ability to evaluate or follow-up on these referrals.

Exhibit 9. About half of referral staff know if a referral was successful.



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Note. Sixty-six percent of the sample make referrals ($n = 143$). To calculate the other percentages, we ignored respondents who answered “I do not know,” and we restricted the sample to those answering “Yes” in the previous step.

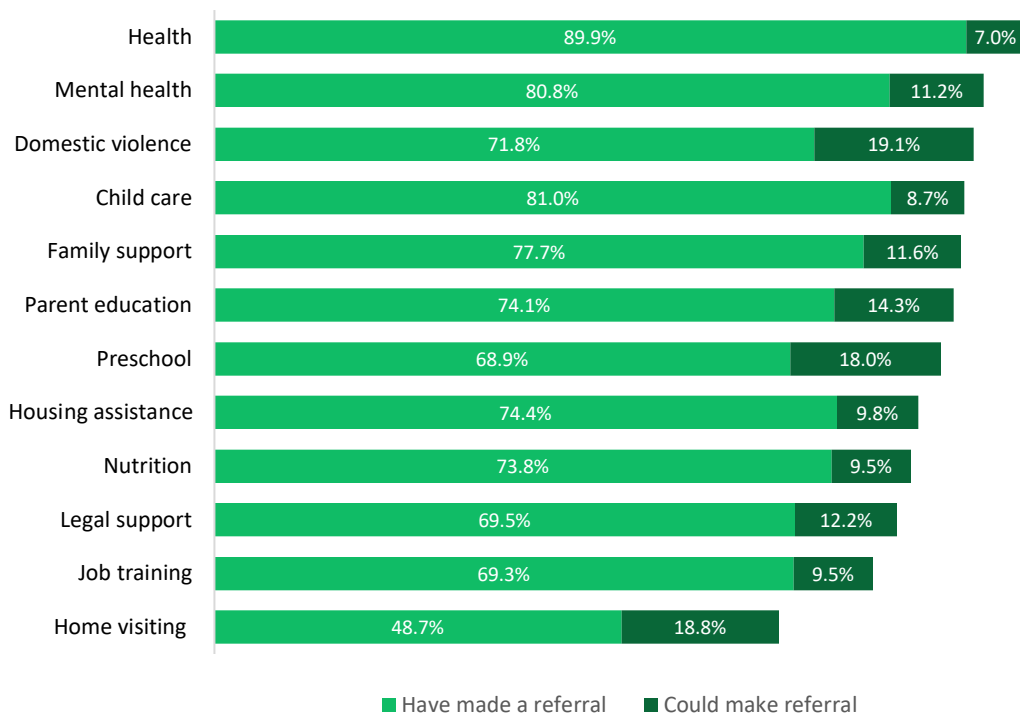
Changes in the referral process, as reported by survey respondents, were more modest than what we found for some of the other outcomes. From 2020 to 2021, we saw a small drop in the percentage of referrals that were recorded (from 79 to 76 percent) and a small increase in the percentage of staff who knew whether a referral was successful (from 73 to 79 percent). However, compared with 2020, a much larger share of successful referrals is now recorded by those who made them (an increase from 81 to 96 percent).

BEST “Referral Capacity”

Exhibit 10 shows the percentage of referral staff ($n = 143$) who reported that they had made a referral (or, if they had not made a referral to a particular service, if they knew how to do so, if needed). In other words, together the light and dark green bars in Exhibit 10 represent the capacity of staff to make referrals, by service sector. Respondents who indicated that they had not made a referral to a particular service were asked if they would be able to if needed. The

most common service sectors for which respondents either made or could make a referral are health (97 percent), mental health (92 percent), and domestic violence (91 percent).

Exhibit 10. Most referral staff know how to refer clients to a wide range of services.



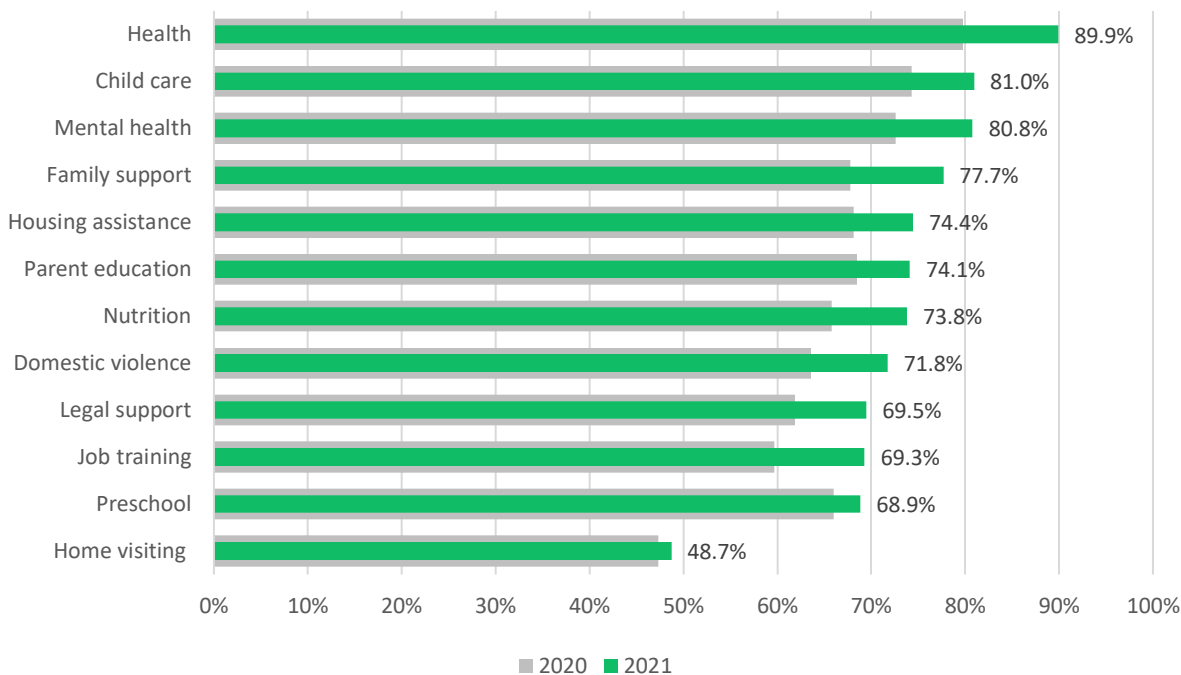
Note. N = 143.

Referrals to Different Service Sectors

Compared with 2020, the percentage of staff who reported making actual referrals increased between 3 percentage points and 10 percentage points across all service sectors (Exhibit 11). New respondents (i.e., those not in our 2020 survey sample) were more likely to report making referrals than repeat respondents. This may reflect a greater focus on referrals by BEST partner agencies, resulting in new hires to better support this work.

The sectors that received the most referrals were health (90 percent), child care (81 percent), and mental health services (81 percent). Reported referrals to health services and family support services increased by 10 percent each, followed by job assistance (9 percent), mental health (8 percent), domestic violence (8 percent), nutrition (8 percent), and legal supports (8 percent). This suggests that Tulsa families now have greater opportunities to gain access to new services as they seek out other, unrelated, services. This is evidence of BEST’s efforts to build an integrated system of family supports and increase awareness of these services in the community.

Exhibit 11. Staff reported making more referrals to more services in 2021.



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Note. N = 143.

Type of Referral Practices

In the survey, we also asked respondents about what staff do when they refer clients (i.e., their referral practices), as summarized in Exhibit 13. To create this exhibit, we first asked respondents to indicate all the referral methods they use (see Exhibit A3). We then sorted the answers by the level of staff involvement in making the referral, ranging from (a) making a personal “warm handoff”⁷ to (b) referring clients to family advocates to (c) giving clients a list with contact information for other programs and agencies and to (d) advising clients to call 211. We then grouped respondents by the highest level of involvement they reported using. So, for example, if a respondent indicated making both warm handoffs and distributing provider lists, we classified this respondent as someone who provides warm handoffs.

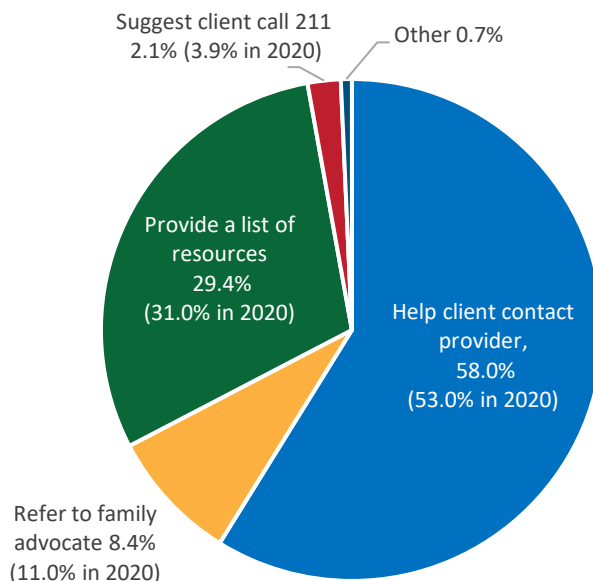
Using this approach, we found that more than half of the referral staff (58 percent) reported personally providing a warm handoff for clients to connect them with other service providers (Exhibit 12). Among referral staff who did not make such warm handoffs themselves, approximately 8 percent refer clients to ConnectFirst family advocates or family advocates within their own organizations who can make those warm handoffs for them. Of the referral

⁷ The survey defined a warm handoff as when a service provider personally helps a client connect with another service provider.

staff who did not report making warm handoffs themselves and did not connect their clients to family advocates, the majority reported providing their clients with a list of services/resources to contact on their own (29 percent of the total). Only 2 percent of the respondents who refer clients reported they tell clients to call 211 and do nothing else to facilitate a referral.

Compared with 2020, there was a 5 percentage point increase in staff reporting that they help clients contact providers directly (from 53 to 58 percent). As this percentage increased, the proportion of staff who use the remaining strategies decreased, with 29 percent of staff in 2021 compared with 31 percent of staff in 2020 providing a list of resources and 8 percent of staff in 2021 compared with 11 percent of staff in 2020 referring to a family advocate.

Exhibit 12. Most staff who refer clients make warm handoffs.



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Note. N = 131. Respondents could indicate multiple options, and we credited them with the most intensive referral option they selected (i.e., help client contact provider > referral to family advocate > provide a list of resources > call 211). See Exhibit A3 in the appendix for all the data underlying this exhibit.

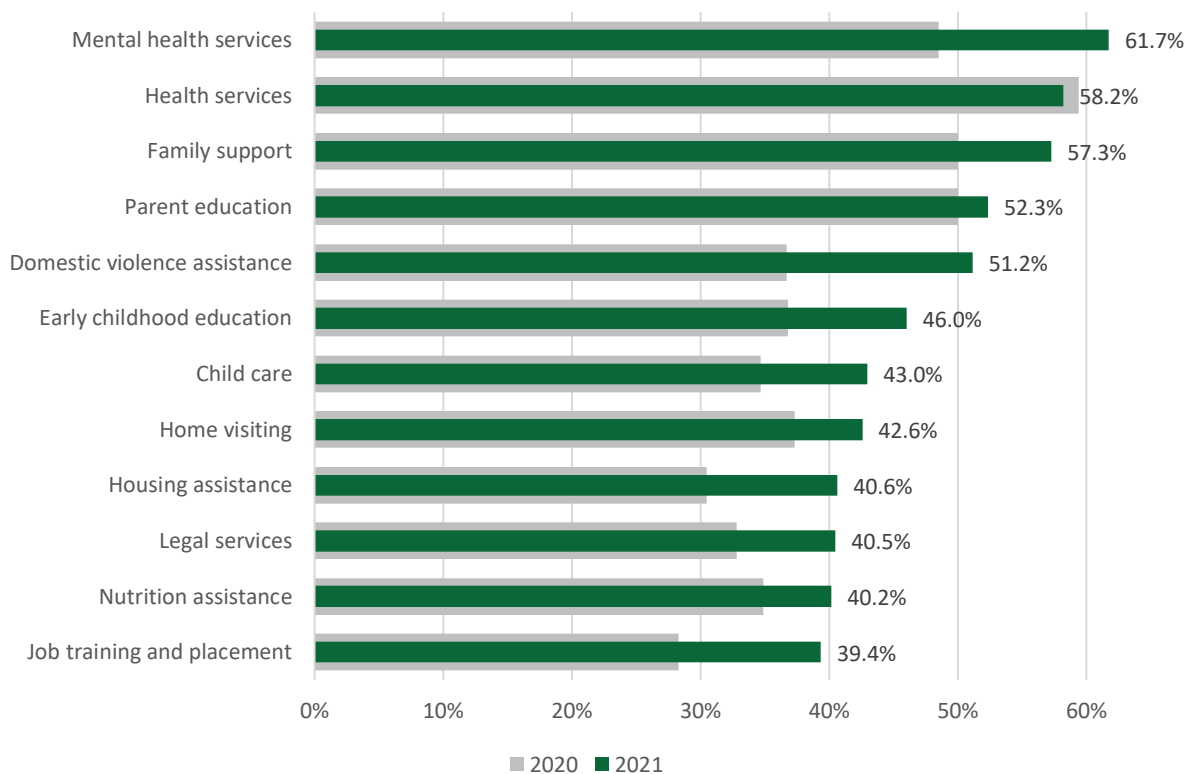
Frequency of Warm Handoff Referrals

In addition to this general breakdown of referral practices, the workforce survey also included more detailed questions about *how often* respondents can make warm handoffs. Exhibit 13 shows the percentage of referral staff who made such warm handoffs to different service sectors sometimes or often in 2020 and 2021. Staff reported using warm handoffs most frequently with mental health services (62 percent), health services (58 percent), and family support (57 percent)—which align with the findings from the 2020 survey.

Compared with 2020, the percentage of staff who reported using warm handoffs “sometimes” or “often” in their referral practices increased in 2021. This was true across all service sectors, except for health services (Exhibit 13). The service sectors in which the greatest increase in the frequency of warm handoffs occurred are domestic violence assistance (an increase from 37 percent in 2020 to 51 percent in 2021), mental health services (49 percent to 62 percent), and job training and placement (28 percent to 39 percent). Although this likely reflects improvements in the referral systems and practices for these important services, it also may reflect a greater need for these services as the COVID-19 pandemic dragged on, as documented nationally (Center on Budget and Policy Priorities, 2020; Corallo & Moreno, 2022; Robert Wood Johnson Foundation, 2020).

As we found earlier for referrals more broadly, new respondents (i.e., new hires or staff in new partner agencies) accounted for a disproportionate share of these increases in staff use of warm handoffs.

Exhibit 13. Referral staff use warm handoffs referrals “sometimes” or “often” across a range of service areas.



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Note. N = 139. Warm handoffs are defined as when a service provider personally helps a client connect with another service provider as part of the referral process.

Challenges to Warm Handoff Referrals

Staff also provided feedback on challenges to making warm handoffs to other agencies, as shown in Exhibit 14. We observed several interesting changes from 2020 to 2021. As staff reported making more warm handoffs compared with 2020, more staff also identified barriers to warm handoffs (e.g., a lack of professional connections at other agencies, time to make referrals, organizational procedures to facilitate warm handoffs). Yet, the percentage of staff indicating they experienced no challenges to warm handoffs also increased from 2020 to 2021—from 16 to 23 percent—and the percentage of staff who reported that warm handoffs are not part of their organization’s goals or procedures declined as well (from 15 to 9 percent). Thus, we see consistent evidence of increases in warm handoffs and organizational and individual support for it, whereas staff still experience remaining barriers to this recommended practice.

Exhibit 14. The most common challenges to making warm handoffs

Item	2021	2020
In general, what are the challenges in making warm handoff referrals to other agencies, if any? (Check all that apply.)		
I don’t have professional connections at other service providers (e.g., I know the referral phone number but not who answers the phone)	48.2%	33.5%
Warm handoffs are not part of my organization’s goals/procedures	8.5%	14.8%
Other service providers I refer to don’t have enough time	14.2%	11.4%
I don’t have enough time	13.5%	9.1%
Warm handoffs are not part of the goals/procedures of organizations I refer clients to	9.9%	7.4%
Other	7.8%	8.0%
I experience no challenges making warm handoff referrals	22.7%	15.9%

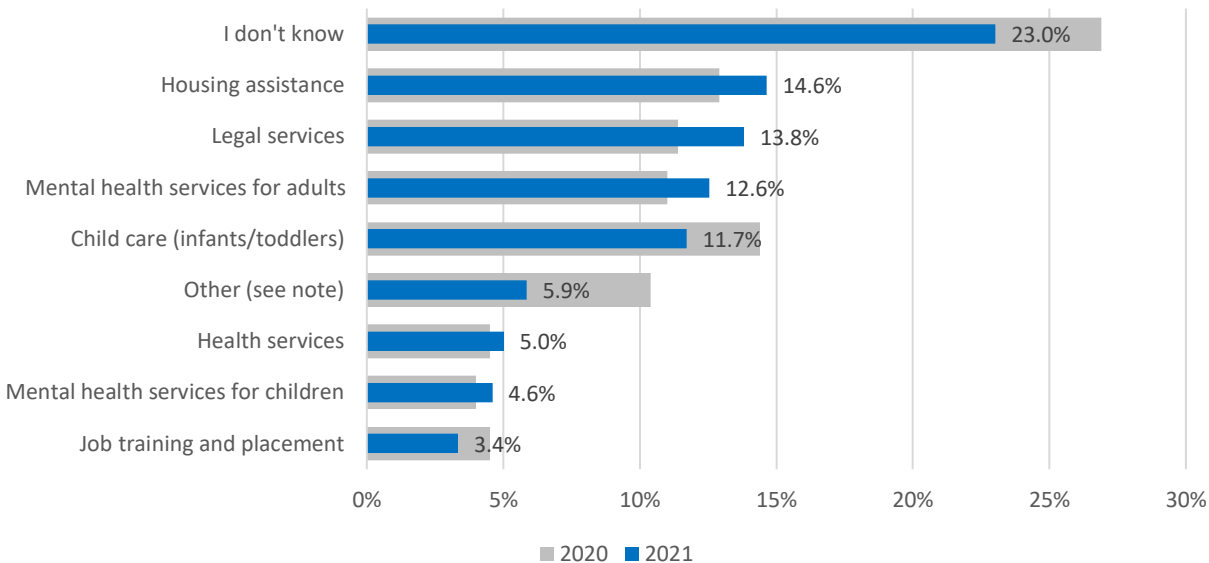
Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Note. N = 141.

Service Access

As in 2020, we asked survey respondents to indicate which service sector was the hardest for children or adults to access in Tulsa. As shown in Exhibit 15, about a quarter of respondents did not know which service sector was the hardest for clients to access (fewer than in 2020). Of the remaining responses, staff identified housing assistance (15 percent), legal services (14 percent), and mental health services for adults (13 percent) as the most difficult. Each was mentioned more frequently than in 2020, while child care was mentioned less often.

Exhibit 15. Staff reported that some services are difficult to access in Tulsa.



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Note. N = 239. Other includes early childhood education (programs for preschool-aged children), parent education, family support, and nutrition assistance.

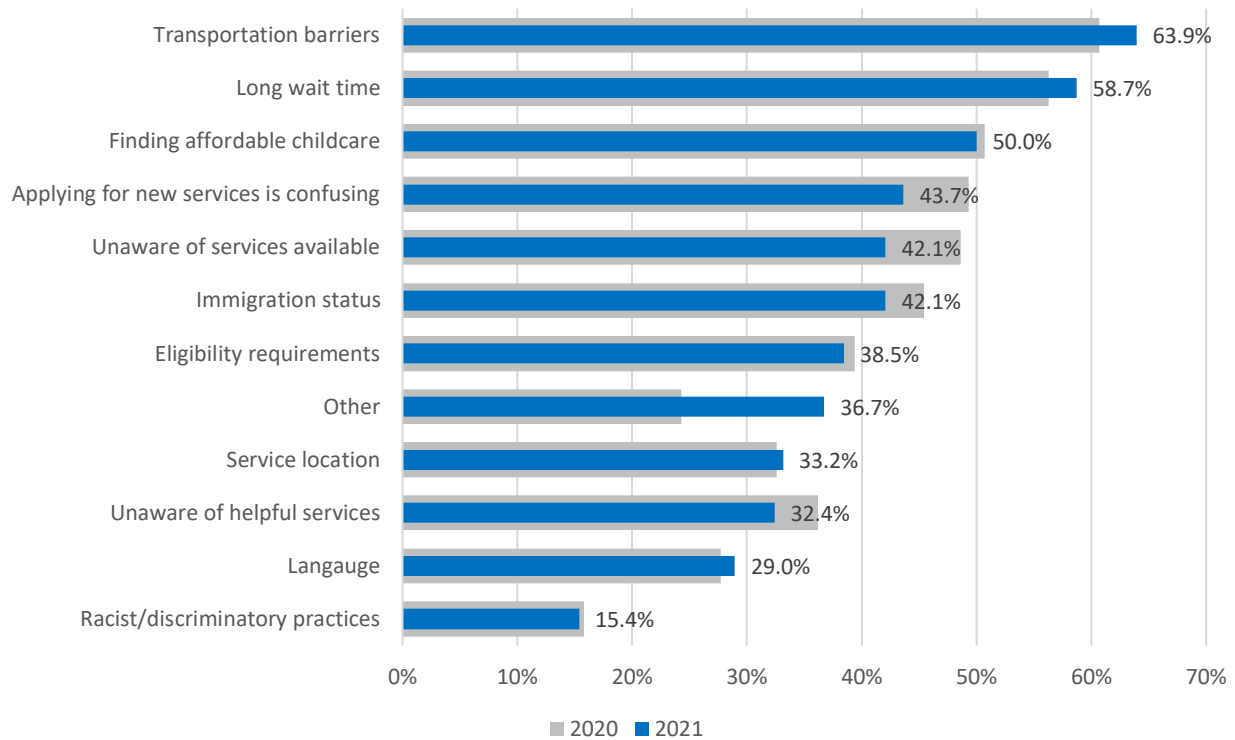
After identifying the difficulty of accessing these services, respondents shared what they thought were the barriers to service access for clients (Exhibit 16). In 2021, the most common barriers listed were transportation (64 percent), long wait time for services (59 percent), and finding affordable child care so that parents can participate in these services (50 percent). These also were the most reported barriers in 2020.

HOW TO IMPROVE SERVICES IN TULSA?

Survey respondents (n = 141) answered an open-ended question asking for their recommendations to improve services in Tulsa. The most common responses were:

- Increase awareness of community resources.
- Improve service providers' knowledge of available services.
- Improve transportation.
- Improve referral systems.
- Increase the availability of affordable child care, housing, mental health, and services to support basic needs.
- Provide bilingual supports and services.
- Offer "service hubs" so that parents can access multiple services in a "one-stop shop."

Exhibit 16. Transportation, wait times, and childcare are the most significant challenges to service access.



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.
 Note. N = 183.

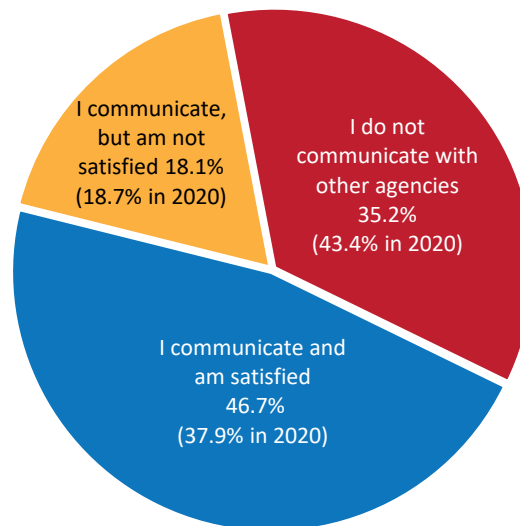
The 2021 survey included a new item to gather staff perspectives on the expanded federal Child Tax Credit, which provided eligible working families with a cash benefit of up to \$3,600 per year, distributed monthly, to help care for their children.⁸ (This benefit ended in January 2022.) A relatively small number of staff (14 percent) indicated noticing changes or improvements in the lives of their clients since the tax credit became available to them. Twenty-nine of these respondents, in response to an open-ended survey item, offered examples of how the tax credit changed the lives of their clients. Most of these staff ($n = 23$) described how families used the tax credit to pay bills such as housing, transportation, food, or specifically for children’s needs such as clothing. Four respondents indicated that they had observed fewer requests from families for assistance from their agencies. Two respondents said their clients experienced challenges accessing the tax credit, with one staff respondent indicating that their clients’ spouses or partners often took the extra money from the tax credit, preventing their clients from using it for family needs.

⁸ These monthly payments were \$250 or \$300, depending on whether the children were younger or older than 6 years old.

Communication and Coordination

We also asked survey respondents to comment on their communication and coordination efforts with other BEST partners. As shown in Exhibit 17, 65 percent of all staff responded that they communicate with staff in other agencies (up from 56 percent in the 2020 survey). Forty-seven percent of respondents were satisfied with those communications, and 18 percent were not satisfied. Compared with the 2020 survey, the proportion of staff reporting they were not satisfied with communication decreased by 1 percentage point, whereas the proportion of staff reporting satisfaction with communication increased by 9 percentage points. In other words, more staff communicate with staff in other agencies, and this group is more satisfied with those communications compared with 2020.

Exhibit 17. More than half of the respondents communicate with other agencies; among those who do, most are satisfied with their communications.

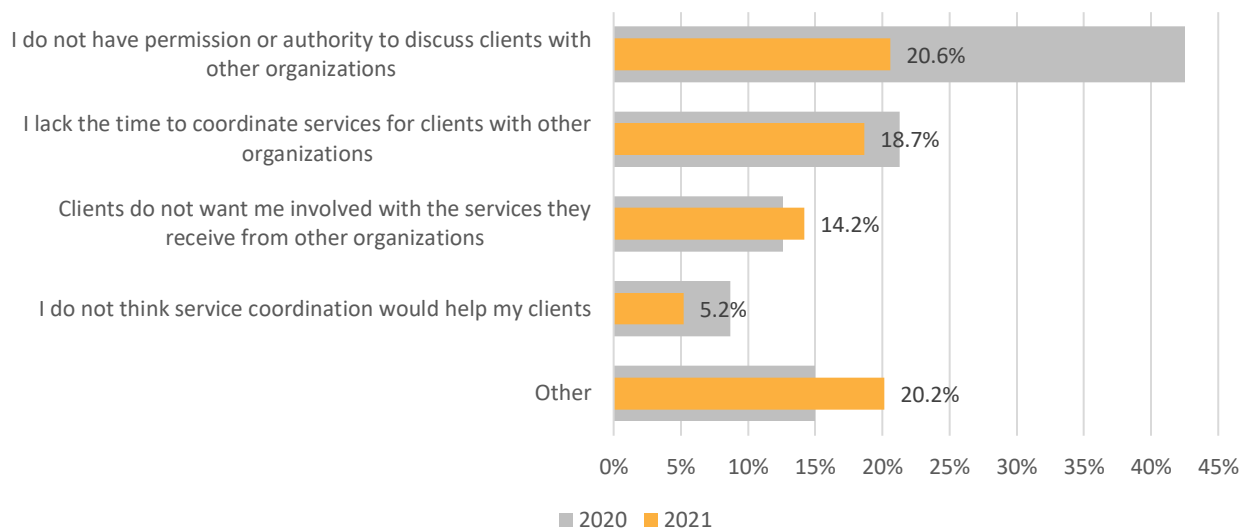


Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Note. N = 210.

Staff also reported on challenges they experience when coordinating services for clients with other agencies (Exhibit 18). The most common challenge (cited by 21 percent of the survey respondents in 2021, a decrease from 43 percent in 2020) was that they did not have permission or authority to discuss clients with other organizations, followed by a lack of time to coordinate services (19 percent). The rate at which these challenges were mentioned was generally lower for repeat respondents compared with new respondents, which suggests that these challenges do get addressed and/or resolved over time.

Exhibit 18. Lack of authority to discuss clients with other organizations was the most common challenge to cross-agency client coordination.



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.
 Note. N = 214.

Despite these challenges in coordinating services, a lot of communication about clients’ participation in services across organizations is occurring. Seventy-one percent of staff (n = 139) reported always (7 percent), often (25 percent), or sometimes (21 percent) knowing if their clients are receiving services from other agencies. In general, the 2021 findings align with the 2020 responses, except that in 2020, no staff indicated they “always” know if their clients receive services elsewhere. However, in 2021, many staff (33 percent) reported that they lack the information they need to do their job well (always or often), an increase from 18 percent in 2020.⁹ It could be that increases in the number of referrals staff make also can build awareness of the limitations of the information they have and the other barriers they encounter as they try to do their job well.

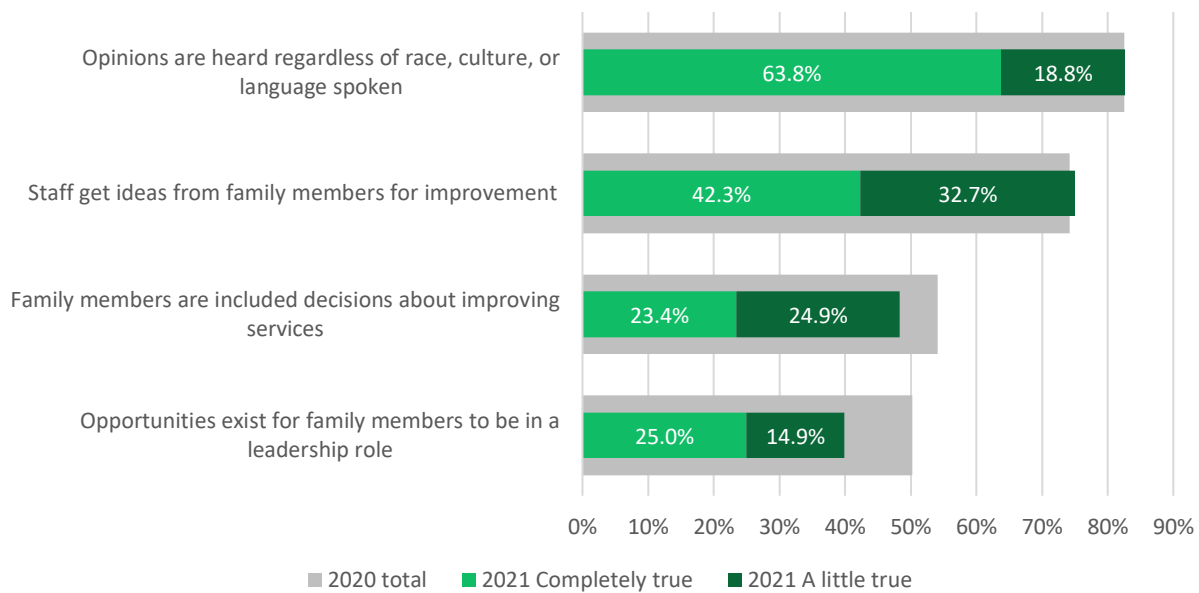
Role of Families in BEST Partners

As shown in Exhibit 19, most staff reported that the opinions of parents/family members are heard regardless of their race, culture, or language spoken (64 percent of all survey respondents indicated this was “completely true”). At the same time, fewer staff indicated that it was “completely true” that staff regularly try to get ideas from parents/family members on how to improve services (42 percent), opportunities exist for parents or family members to

⁹ See Exhibit A5 in the appendix for more details for these survey items focused on communication across service providers.

serve in leadership roles (25 percent), and parents/family members are included in meetings where decisions are made about improving services (23 percent).

Exhibit 19. Most respondents stated that it is completely true that the opinions of families are heard regardless of race, culture, or language spoken, but fewer reported that specific family engagement opportunities were available.



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

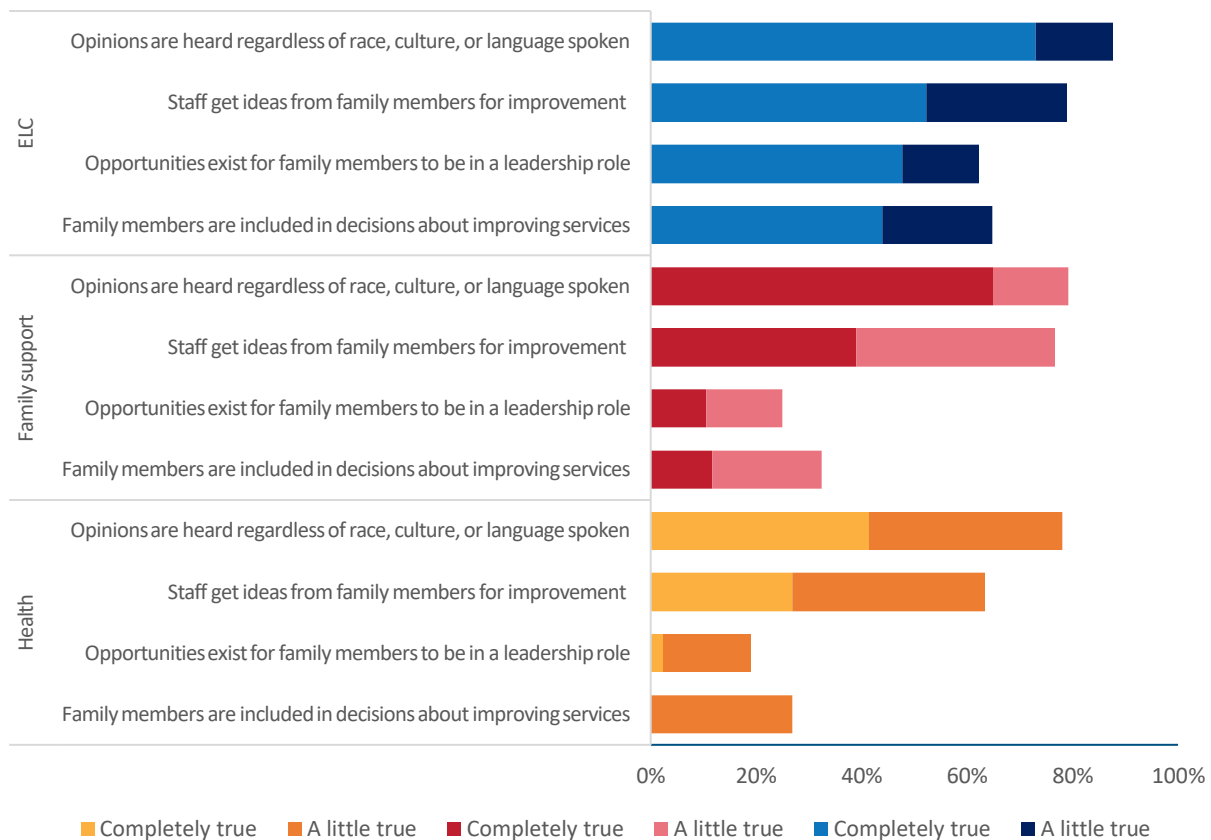
Note. N = 174.

As in 2020, we found variation in the level of family engagement across the three service sectors (Exhibit 20). Staff in the ELC sector reported a higher level of engagement with families than staff in the family support and health sectors. For example, 44 percent of ELC staff reported it was completely true that they involved family members in meetings about service improvement compared with 12 percent of family support staff. (None of the health respondents indicated this was the case.) We found that all sectors noted some level of engagement for families. Levels of family engagement by sector are similar to the 2020 survey responses. In 2020, staff in the ELC sector had the highest level of family engagement, followed by staff in the health and family support sectors.

Eighty-three percent of respondents reported that involving parent and family members in efforts to improve services was challenging or somewhat challenging (compared with 82 percent in 2020). In an open-ended survey question, respondents ($n = 114$) described barriers to engaging parents and family members in service improvement. More than half of the respondents ($n = 62$) said that parents' lack of interest, time, and/or "bandwidth" made it

difficult to engage them. Other factors cited by respondents included difficulties in reaching parents, language barriers, and a lack of internal systems to solicit feedback.

Exhibit 20. A higher proportion of staff in the ELC sector stated that opportunities exist for family members to be included in services.



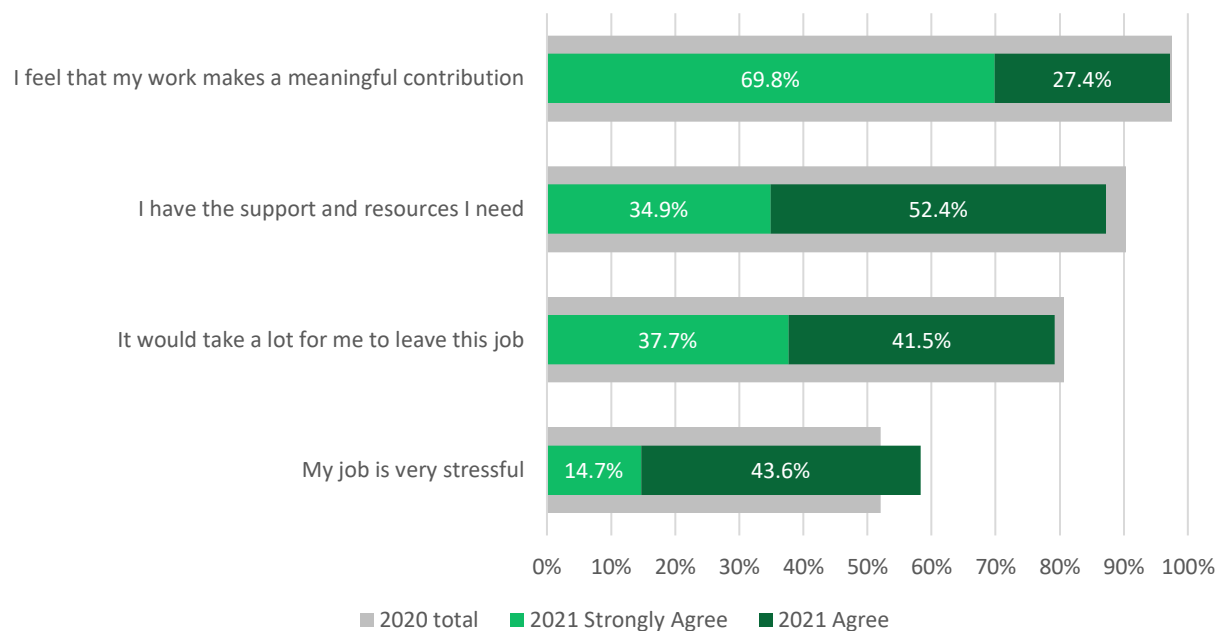
Source: AIR calculations from December 2021 workforce survey.

Note. N = 174. The respondents who did not choose “a little true” or “completely true” as their answer chose “not at all true” or “I’m not sure.” See Exhibit A6 in the appendix for details.

The Workplace

Staff responded to questions about their workplace and attitudes toward their jobs. Nearly all staff reported that their work makes a meaningful contribution (97 percent), and they have the support and resources they need from their respective workplaces (87 percent). Seventy-nine percent of respondents agreed or strongly agreed that it would take a lot for them to leave their jobs. At the same time, more than half (58 percent) of respondents agreed or strongly agreed (59 percent) that their job was very stressful (Exhibit 21). These percentages were similar to the 2020 responses from staff regarding workplace satisfaction.

Exhibit 21. Respondents are satisfied with their jobs (but many find them stressful).



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.

Note. N = 212.

Racial Equity

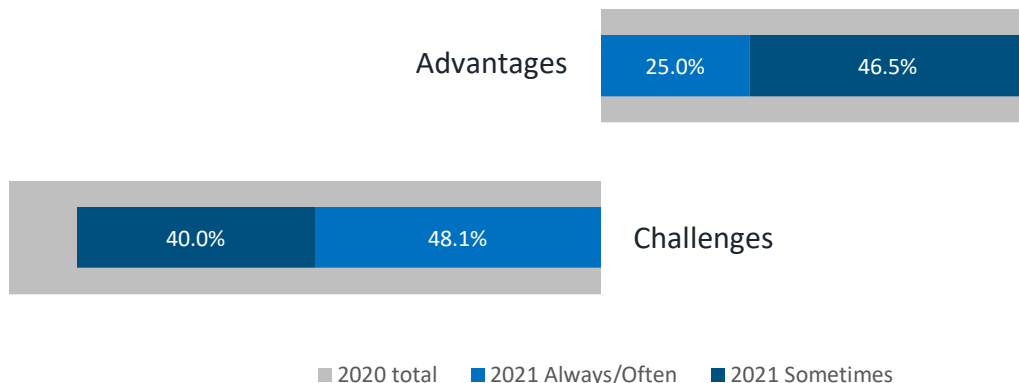
The survey also included a series of items related to racial equity in Tulsa. Respondents were asked if they talk with their adult clients about challenges or advantages that they may face because of their race or ethnicity.¹⁰ Among respondents who indicated that they work with adult clients ($n = 136$), more than half ($n = 73$) reported that they have these types of discussions with their clients (a slight increase from 2020, from 50 percent to 54 percent).

The survey asked staff to indicate how often they think a client's race or ethnicity was a reason for the challenges that clients face (and how often a client's race or ethnicity is a reason for advantages that client experiences). Almost half of respondents (48 percent) reported that their clients' race or ethnicity is always or often a reason for challenges that they face, and 40 percent think this occurs sometimes. Twenty-five percent of respondents always or often think that their clients' race or ethnicity is a reason for advantages experienced by them, and 47 percent reported they think this occurs sometimes (Exhibit 22).

¹⁰ See Exhibit A7 in the appendix for more details about the survey items focused on staff discussions with clients regarding race and ethnicity.

These findings are similar to those we found a year ago. In 2020, slightly more staff (56 percent compared with 48 percent in 2021) said that their clients’ race or ethnicity is always or often a reason for their challenges, compared with 2021. Findings regarding advantages showed no change from the 2020 to 2021 survey.

Exhibit 22. Most staff reported that clients’ race or ethnicity is a cause of challenges and/or advantages experienced by their clients.



Source: AIR calculations from December 2021 and December 2020 workforce surveys.

Note. N = 209.

Staff also described how frequently their adult clients told them that their race/ethnicity was the reason they faced various challenges in their lives (Exhibit 23). Seventy-two percent of respondents stated that their clients reported that their race/ethnicity was the reason they received poor- or low-quality services occasionally or a great deal of the time. Clients’ race/ethnicity also was a common reason for experiencing challenges in their jobs (27 percent of the respondents said their clients’ race/ethnicity was the reason for this issue a “great deal”) or being stopped by the police or another official (33 percent). Direct comparisons to 2020 survey data are somewhat difficult, as the 2021 survey included an expanded and refined list of challenges¹¹. However, the general pattern was the same, with low-quality services, issues with the police, and issues with employers identified as the top three challenges for clients resulting from their race/ethnicity.¹²

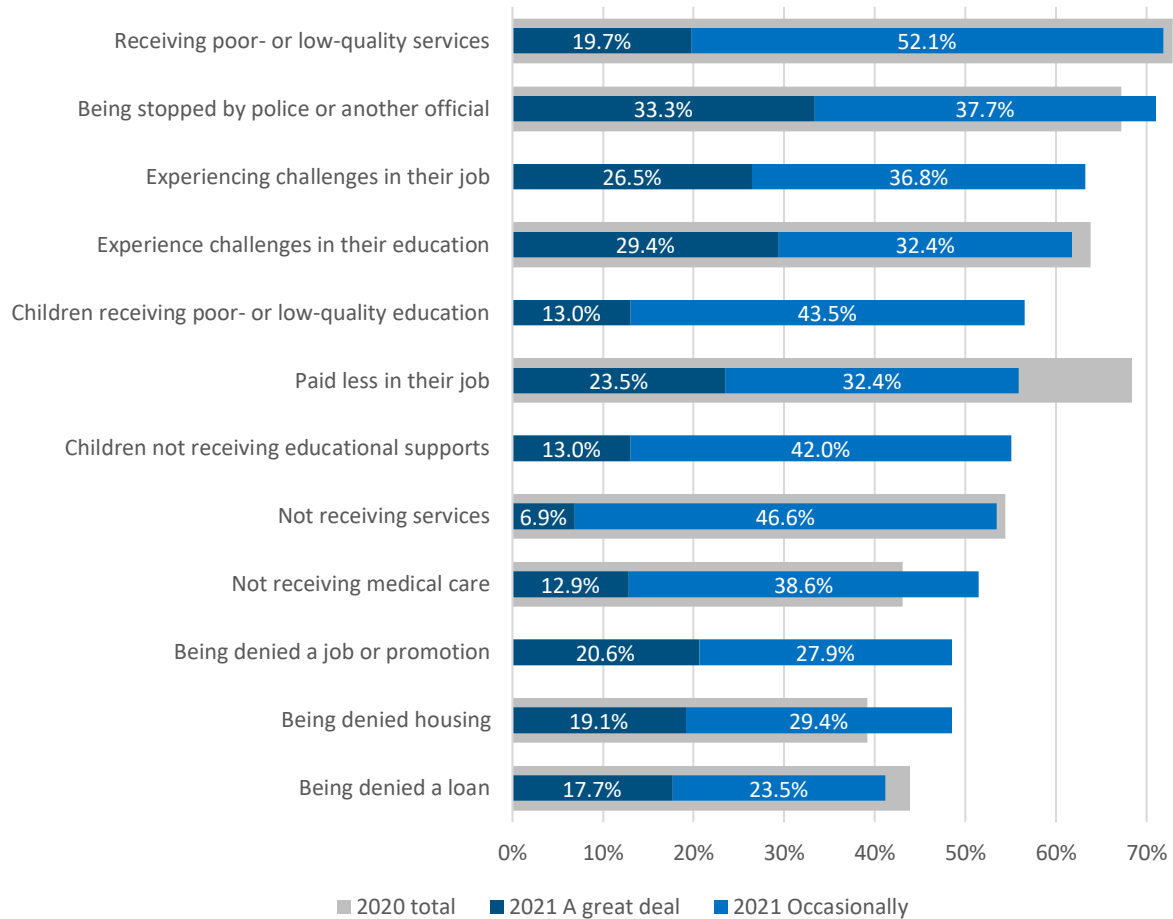
In addition, respondents were asked to describe, in an open-ended question, their experiences talking with their clients about racism. Of the 56 people who responded, the most common response referenced clients’ experience with racism in the education system, followed by

¹¹ In the 2021, we expanded the response options related to education and employment challenges. As such, some of the bars in Exhibit 23 lack gray bars, given they were not included in the 2020 survey.

¹² See Exhibit A8 in the appendix for more details about staff discussions with clients regarding race/ethnicity.

health care, housing, and the police. In addition, respondents described their clients' experiences with being ignored, bullied, or dismissed by others. A few respondents ($n = 7$) referenced clients who had negative experiences with service providers because they did not speak English.

Exhibit 23. Staff indicated that their clients' race/ethnicity is the cause of many challenges in their lives.



Source: AIR calculations from the December 2021 and December 2020 workforce surveys.
 Note. $N = 73$.

Staff ($n = 95$) also responded to an open-ended question asking for their recommendations to improve racial equity in Tulsa. Responses in 2021 mirrored those submitted in 2020. The most common responses focused on providing training and creating spaces for public dialogue about racial equity. Other common suggestions highlighted the need to invest in the community in some manner (e.g., reforming the police department; improving education and housing; providing and expanding services and resources in underserved areas, including in languages other than English); and increasing the representation of people of color in positions of power and in the workforce. This year, a few respondents ($n = 7$) also explicitly called for reparations to Black people.

Section III: Conclusions and Recommendations

The 2021 workforce survey findings highlighted many strengths of the BEST initiative. In particular, survey responses showed strong gains in knowledge of BEST partners, referral practices, and communication among partner agencies compared with 2020. Responses highlight the following strengths of the initiative:

- Frontline staff and their managers working in BEST agencies reflect a diverse, well-educated, and highly experienced workforce.
- More staff are aware of the BEST initiative—in 2021, 80 percent of survey respondents indicated they knew of BEST compared with 63 percent in 2020. This increase is most substantial among repeat respondents with longer exposure to the BEST initiative.
- Staff knowledge of other BEST partners, as well as other services in the community, increased significantly. For example, knowledge of BEST partners increased across the board, from 2 percentage points to 16 percentage points, since the 2020 survey. Staff knowledge of 10 BEST partners increased by at least 10 percentage points since 2020.
- Client referrals for services appear to be increasing across BEST partners. More staff reported making client referrals in 2021 compared with 2020, particularly in the areas of

“Pay reparations for the Tulsa race massacre in the way that local organizers have outlined. Ensure a robust multilingual workforce in all agencies and programs to serve families and youth who do not speak English and that all program materials are effectively translated. Increase minimum wage to a living wage in our community. More policies and processes and organizations that recognize and operate under the understanding that poverty is a function of systemic oppression and exploitation, not the result of moral failings.”

—Survey respondent

health (10 percent increase), family support (10 percent increase), and job assistance (9 percent increase). New hires and staff at new BEST partners accounted for a disproportionate share of these increases in referral outcomes when comparing all 2021 responses to all 2020 responses.

- Staff more frequently use warm handoffs to make referrals. Between 2020 and 2021, there was an increase in the percentage of staff reporting using warm handoffs “sometimes” or “often” across many service sectors, particularly for domestic violence assistance (an increase of 14 percent of staff reporting use of warm handoffs), mental health services (13 percent increase) and job training and placement (11 percent increase).
- A growing number of staff reported communicating with staff at other agencies, from 56 percent of staff in 2020 to 65 percent in 2021. A major barrier to cross-agency communication and coordination also appears to have been addressed in the last year. The percentage of staff who reported that they did not have permission or authority to discuss clients with other organizations decreased by 22 percentage points (from 43 percent in 2020 to 21 percent in 2021).
- Over the last 2 years of the pandemic, staff reported relatively stable levels of family engagement in their work. In other words, staff ratings of family involvement in program services did not decrease significantly from 2020 to 2021 in the face of continued challenges created by the COVID-19 crisis.
- Staff working in BEST partner agencies reported that they enjoy their work and believe that they are making a meaningful contribution in their jobs. We did not observe major changes in staff perceptions about their jobs compared with 2020.

The survey data also suggest areas that may inform continuous quality improvement efforts for the BEST initiative, including awareness of some BEST partners and community services, family engagement, referral practices, barriers to service, and racial equity. We describe some of these areas in more detail in the following sections.

Awareness of Services

Awareness of BEST grew significantly between 2020 and 2021, particularly in the ELC sector. In addition, knowledge of BEST-supported organizations and other agencies increased since 2020, often by large amounts. At the same time, there is still room for growth regarding awareness of several partners and their services, including several smaller programs in the health and criminal justice sectors and partners new to the BEST initiative. This partner-specific information can be used to target efforts to improve awareness of services among BEST partner staff. As in 2020, a common suggestion from staff was to expand outreach to families about resources that could benefit them.

Family Engagement

Rates of family engagement remained mostly constant from 2020 to 2021—a finding that may not be surprising as the pandemic has continued to impact the service delivery system for a second year. There is room for growth in several areas, including solicitation of family input on how to improve services, opportunities for parents and family members to serve in leadership roles, and including families in decision-making meetings about improving services. Many staff, in response to an open-ended question, indicated that parents lacked the interest or time to participate in the program. As agencies transition to service delivery beyond the pandemic, BEST may play a role in helping agencies reflect on and implement systems to meaningfully engage families, including training and supports to staff on creative ways to engage families in program decisions. There may also be a need to engage organizations that focus specifically on family advocacy, including groups that have been founded by parents, to provide consultation or support to BEST partners.

Like in 2020, survey respondents reported that families have more opportunities for meaningful engagement in ELC program services than they do in the health and family support sectors. Strategies used in the ELC field may serve as a model for efforts to improve family engagement in other service areas engaged with the BEST initiative.

Referral Practices

Although there has been a major increase in the reported frequency of warm handoffs since 2020, they are used more often for some service sectors than others. For example, they are used more frequently for mental health, health, and family support services compared with services such as job training, nutrition assistance, and housing support (in these cases about 40 percent or fewer staff use warm handoffs sometimes or often when referring clients to these services). As in 2020, the most reported challenge to warm handoffs was a lack of professional connections with staff in other agencies. This actionable finding can inform BEST's efforts to create a network of coordinated agencies.

There were slight improvements in terms of the number of staff who know if a referral was successful and in the documentation of referral outcomes. At the same time, a quarter of respondents still do not record referrals in a formal system. Exploration into this issue (e.g., do partners lack a system and/or do staff face barriers in using it?) may inform the BEST initiative's efforts to improve referral practices across its partners and with other service providers in the community. In addition, as the BEST initiative supports the use of *Unite Us*, the closed-loop referral platform, it will be important to track if and how referral practices change.

Barriers to Service and Racial Equity

The survey also identified barriers to service access and issues about racial equity that underscore the need for system-level strategies. Survey responses indicate that barriers to service access are, understandably, difficult to change and take time to address. They include the need to improve Tulsa’s transportation system; increase the capacity of services (e.g., increase staffing overall and/or efficiency of existing staff) to reduce long wait times for clients; and improve the supply of affordable, high-quality infant and toddler child care. Staff also pointed to the need for community-wide diversity, equity, and inclusion training; opportunities to support public dialogue (and greater accountability) about racism in Tulsa; and more supports for families whose preferred language is not English. The need for these types of efforts is underscored by survey data showing the large number of staff who describe challenges that their clients experience because of their race/ethnicity, including racism in the education and criminal justice systems.

Acknowledgments

The workforce survey will occur annually during the BEST Study, allowing us to capture changes across time in the early childhood workforce in Tulsa. These changes will reflect the impact of the BEST initiative as it continues to grow and evolve.

We greatly appreciate the time and attention that the survey respondents gave us. Their work is critical to the families and children of Tulsa, and their input is essential for the success of our evaluation. We also want to thank the BEST partner leaders and their staff who worked with our team to compile the survey sample and the GKFF-BEST team for their overall support for the survey effort.

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Appendix. Survey Results

Exhibit A1. Percentage of Respondents Who Refer Clients to Other Agencies for Services

Item	Percentage	<i>n</i>
As part of your job, do you refer children, youth, or adults to other agencies for services?		
Yes	65.6	143
No	29.8	65
I'm not sure	4.6	10

Source: AIR calculations from December 2021 workforce survey.

Note. *N* = 218.

Exhibit A2. Percentage of Respondents Who Have or Would Be Able to Make a Referral to the Following Service Areas

	ELC		Family support		Health	
	Percentage	<i>n</i>	Percentage	<i>n</i>	Percentage	<i>n</i>
Child care	86.2	25	92.9	65	85.2	23
Domestic violence	85.0	34	92.1	58	96.4	27
Family support	87.0	20	90.5	57	88.5	23
Health	94.9	37	96.9	63	100.0	25
Home visiting	46.7	14	79.0	49	64.0	16
Housing assistance	80.5	33	84.6	55	88.9	24
Job training	72.2	26	79.7	51	85.2	23
Legal supports	73.2	30	84.4	54	88.5	23
Mental health	91.2	31	90.6	58	96.3	26
Nutrition	79.0	30	85.0	59	85.7	24
Parent education	78.3	18	92.1	58	88.5	23
Preschool	82.1	23	88.1	59	88.9	24

Source: AIR calculations from December 2021 workforce survey.

Note. *N* = 131.

Exhibit A3. Referral Practices

Item	Percentage	<i>n</i>
What types of things do you (or staff you supervise) do when clients are referred to services at other agencies? (Check all that apply)		
I provide a list of services/resources that clients can contact	83.9	120
I personally help the client contact the service provider	55.9	80
I suggest they call 211	46.9	67
I refer them to the family advocates at ConnectFirst	18.9	27
Other	6.3	9

Source: AIR calculations from December 2021 workforce survey.

Note. *N* = 143.

Exhibit A4. Barriers to Service Access

	Not a challenge		Somewhat of a challenge		Major challenge		I'm not sure	
	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
There is a long wait time for services	6.5	12	24.5	45	58.7	108	10.3	19
Services are not available in clients' preferred language	17.5	32	40.4	74	29	53	13.1	24
Services have racist or discriminatory practices toward clients	26.9	49	25.8	47	15.4	28	31.8	58
Clients are worried about accessing services because of their immigration status	8.7	16	34.4	63	42.1	77	14.8	27
Clients do not meet eligibility requirement for services	13.7	25	36.3	66	38.5	70	11.5	21
Clients are not aware that services would be helpful to them	14.3	26	44.0	80	32.4	59	9.3	17
Clients do not know about the services that are available to them	10.4	19	39.3	72	42.1	77	8.2	15
Services are not located in a convenient location for clients	12.7	23	39.8	72	33.2	60	14.4	26

	Not a challenge		Somewhat of a challenge		Major challenge		I'm not sure	
	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
Applying for new services is confusing to clients	6.6	12	38.1	69	43.7	79	11.7	21
Clients cannot find or obtain affordable childcare so they can participate in services	10.4	19	27.5	50	50	91	12.1	22
Clients have transportation barriers	3.3	6	27.3	50	63.9	117	5.5	10
Other	24.5	12	12.2	6	26.5	13	36.7	18

Source: AIR calculations from December 2021 workforce survey.

Note. *N* = 183.

Exhibit A5. Coordination of Services

	Never		Rarely		Sometimes		Often		Always		I'm not sure	
	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
I know if clients are receiving services from other program agencies	4.8	10	16.8	35	38.9	81	25.5	53	6.7	14	7.2	15
I have the information and data I need to do my work effectively with clients	0.5	1	1.5	3	20.8	43	44.9	93	22.2	46	10.1	21

Source: AIR calculations from December 2021 workforce survey.

Note. *N* = 208.

Exhibit A6. Role of Families in BEST Partner Agencies

Item	Percentage	<i>n</i>
Parents/family members are included in meetings where decisions are made about improving services (e.g., policy council, budget, improvement plans).		
Not true	34.8	54
A little true	33.5	52
Completely true	31.6	49

Item	Percentage	<i>n</i>
Opportunities exist for parents/family members to be in a leadership role in my organization (e.g., serving on a parent advisory group, serving as a parent leader/mentor).		
Not true	42.8	62
A little true	21.4	31
Completely true	35.9	52
The opinions of parents/family members are heard regardless of their race, culture, or language spoken.		
Not true	1.7	3
A little true	22.4	39
Completely true	75.9	132
Staff regularly try to get ideas from parents/family members on how to improve services.		
Not true	9.8	14
A little true	39.3	68
Completely true	50.9	79
To what extent is it challenging to involve parents/family members in improving services?		
Challenging	20.7	42
Somewhat challenging	62.5	127
Not challenging	16.8	34

Source: AIR calculations from December 2021 workforce survey.

Note. *N* = 203.

Exhibit A7. Percentage of Respondents Who Speak to Their Clients About Challenges Related to Race or Ethnicity

Item	Percentage	<i>n</i>
Do you ever talk to your adult clients about challenges (or advantages) they may face because of their race or ethnicity?		
Yes	35.3	73
No	30.4	63
I only work with young children	25.1	52
I'm not sure	9.2	19

Source: AIR calculations from December 2021 workforce survey.

Note. *N* = 207.

Exhibit A8. Percentage of Clients Citing Race as a Reason for the Following Scenarios Occasionally or a Great Deal of the Time

	ELC		Family support		Health	
	Percentage	<i>n</i>	Percentage	<i>n</i>	Percentage	<i>n</i>
Not receiving services	45.8	11	52.9	18	66.7	10
Receiving poor- or low-quality services	60.9	14	72.7	24	86.7	13
Not receiving medical care	45.5	10	42.4	14	80.0	12
Children receiving poor- or low-quality education	54.5	12	56.3	18	60.0	9
Children not receiving additional education supports	56.5	13	53.1	17	57.1	8
Being denied a loan	40.9	9	34.4	11	57.1	8
Being stopped by police	63.6	14	66.7	22	92.9	13
Being denied housing	45.5	10	40.6	13	71.4	10
Being paid less at their job	63.6	14	40.6	13	78.6	11
Being denied a job or promotion	50.0	11	40.6	13	64.3	9
Experiencing challenges in their job	72.7	16	50.0	16	78.6	11
Challenges in education	50.0	11	62.5	20	78.6	11

Source: AIR calculations from December 2021 workforce survey.

Note. *N* = 68.

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