

# Birth through Eight Strategy for Tulsa (BEST) Phase II Evaluation 2022 Workforce Survey Report

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# Contents

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- Executive Summary.....v
  - Key Findings .....v
  - Conclusion.....viii
- Introduction ..... 1
- Section I. Survey and Sample Approach ..... 2
  - Sample ..... 3
- Section II. Findings ..... 5
  - Demographic Characteristics, Education, and Experience ..... 6
  - Knowledge About the BEST Initiative and Service Providers in Tulsa ..... 8
  - Referral Practices Among BEST Partners ..... 13
  - Service Access ..... 19
  - Communication and Coordination ..... 22
  - Role of Families in BEST Partners ..... 23
  - Job Satisfaction ..... 26
  - Racial Equity..... 27
- Section III: Conclusions and Recommendations..... 31
- Acknowledgments..... 35
- References ..... 36
- Appendix. 2022 Survey Results..... 37

# Exhibits

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- Exhibit 1. Sector, program, and parent organization for survey respondents ..... 4
- Exhibit 2. The BEST workforce is diverse, educated, and experienced. .... 6
- Exhibit 3. Respondents reported a range of job titles, the most common being early childhood teacher/caregiver. .... 8
- Exhibit 4. Most staff who had heard about BEST learned about it from their organization’s leaders. .... 9
- Exhibit 5. The proportion of respondents who reported having heard about BEST varied by service sector and by survey year. .... 10
- Exhibit 6. Among first-time survey respondents, awareness and knowledge of BEST partners remained constant or decreased in 2022 compared to 2021. .... 11
- Exhibit 7. Awareness of most other services among first-time survey respondents decreased in 2022 compared to 2021. .... 12
- Exhibit 8. About two-thirds of staff who make referrals also record them, and somewhat fewer of these staff also follow up on referral outcomes and record if clients successfully received services..... 14
- Exhibit 9. Most referral staff know how to refer clients to a wide range of services. .... 15
- Exhibit 10. Fewer referral staff reported referring clients to services in 2022, compared to 2021 and 2020. .... 16
- Exhibit 11. Referral staff use a range of strategies to clients, the most common being providing a list of resources and helping the client contact a service provider..... 17
- Exhibit 12. About 25-50% of referral staff use warm handoff referrals “sometimes” or “often” across a range of service areas. .... 18
- Exhibit 13. The most common challenge to making warm handoffs is a lack of professional connections at other service providers. .... 19
- Exhibit 14. First-time respondents reported that some services are difficult to access in Tulsa. .... 20
- Exhibit 15. Transportation, wait times, and childcare are the most significant challenges to service access. .... 21
- Exhibit 16. More than half of the respondents communicate with other agencies; among those who do, most are satisfied with their communications. .... 22

Exhibit 17. Lack of authority to discuss clients with other organizations was the most common challenge to cross-agency client coordination. ....	23
Exhibit 18. 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. ....	24
Exhibit 19. A higher proportion of staff in the ELC sector stated that opportunities exist for family members to be included in services. ....	25
Exhibit 20. Respondents are satisfied with their jobs (but many find them stressful). ....	26
Exhibit 21. Most staff reported that clients’ race or ethnicity is a cause of challenges or advantages experienced by their clients. ....	27
Exhibit 22. Staff indicated that their clients’ race/ethnicity is the cause of many challenges in their lives. ....	28
Exhibit 23. About half or more of respondents agree that services and systems for children and families are improving in Tulsa. ....	30
Exhibit A1. Percentage of first-time responders and repeater responders, by service sector .....	37
Exhibit A2. Percentage of respondents who refer clients to other agencies for services. ....	37
Exhibit A3. Percentage of respondents who have made or would be able to make a referral to the following service areas. ....	38
Exhibit A4. Percentage of respondents who speak to their clients about challenges related to race or ethnicity .....	38
Exhibit A5. Percentage of clients citing race as a reason for the following scenarios occasionally or a great deal of the time .....	39
Exhibit A6. Percentage of clients identifying challenges to service coordination .....	40

## Executive Summary

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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 at BEST partner organizations. This report summarizes the findings from the third annual survey administration in 2022, updating previous years' 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, staff perceptions regarding their work, racial equity issues, and “big picture” reflections on services and systems in Tulsa.

In 2022, the survey was sent to 408 BEST frontline staff and their managers within 40 BEST partner organizations. Most respondents were frontline staff working directly with children and families (67%), and the remaining portion (33%) were managers and supervisors. The survey response rate was 70% (n = 287). Thirty-nine percent of respondents completed the survey in previous years: 25% of respondents completed the survey in all years (2020, 2021, 2022), while 11% completed the survey in 2021 and 2022. This large share of new respondents (61%) reflects the continuing growth of BEST, with new BEST partner organizations being added over time.

The primary purpose of this report is to present an up-to-date descriptive snapshot of the BEST partner workforce in 2022 and to highlight changes between 2022, 2021, and 2020. Where relevant, we disaggregate the results by respondent type (repeat survey respondents and first-time respondents) and 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.

### Key Findings

- 1. Most staff were aware of the BEST initiative, particularly within the health services sector.** Eighty-one percent of survey respondents reported that they had heard of the BEST initiative, compared to 80% in 2021 and 63% in 2020. As was the case in 2021, staff in the health sector were the most aware of the BEST initiative, compared to the ELC and family support sectors. At the same time, we found an increase in the awareness of BEST among survey respondents in the ELC sector, which explains the slight overall increase in BEST awareness among respondents from 2021 to 2022.

2. **Staff knowledge of individual BEST partners varied, and in some cases, decreased from 2021 to 2022.** This year, we focused on responses from staff who completed the survey for the first time, rather than all survey respondents (which includes “repeat responders”), since awareness of other services within the BEST network is more likely to be an issue for staff who are new to the initiative. There was wide variation regarding knowledge of BEST partners. The most well-known partner was Women, Infants, and Children (WIC; 73% of first-time respondents indicated they knew a lot about this program), followed by Emergency Infant Services (69%). Lesser-known programs (for example, known by three to eight percent of first-time respondents) tended to be new to the BEST initiative. Knowledge of BEST partners generally increased between 2020 and 2021 and then leveled out, or decreased, in 2022. Compared with 2021, knowledge of individual BEST partners was the same, or more often, lower (an average decrease of 8 percentage points) in 2022.
3. **Most staff reported making referrals, informally or formally, as part of their jobs.** In 2022, the sectors that most staff referred to were family support (69%), mental health (69%), health (68%), and housing assistance (67%). These were also among the top referral sectors in 2021 and 2020. In general, the percentage of staff who reported making referrals to various service sectors decreased in 2022 compared to 2021. These reductions may reflect a “return to normal” after the peak of the COVID-19 pandemic, which may have caused referrals to spike in 2021, compared to 2020. It is important to note that, despite reductions in the number of staff who reported they made a referral in 2022, as compared to 2021, more staff indicated they knew how to make a referral if needed. In other words, the capacity to make referrals within the BEST workforce remained unchanged in 2022, compared to the previous year.
4. **About half of the staff who make referrals use “warm handoffs” to do so, personally helping a client connect with a service provider.** Referral staff reported using warm handoffs most frequently when referring to mental health, family support, and health services. Other common referral strategies included providing clients with a list of resources and referring them to 211. Compared to 2021, referral staff used warm handoffs less frequently. These reductions may reflect a “return to normal” after the peak of the COVID-19 pandemic, which may have caused referrals and warm handoffs to spike in 2021, compared to 2020 survey findings.
5. **About two-thirds of referral staff said that they record referrals in a client management system.** Almost half (46%) of referral staff record referrals in a client management system and also follow up on referral outcomes. About a third of referral staff (39%) do these things, as well as record if clients successfully received services as a result of the referral.
6. **Staff reported that housing assistance was the most difficult service sector to access, as they did last year.** In addition to housing, staff identified legal, child care, and adult mental

health services as among the most difficult sectors to access – this was the case in 2020, 2021, and 2022. There were some minor shifts in the relative importance of these categories between 2020, 2021 and 2022, which may reflect changing needs in the community.

7. **More than half of the BEST partner staff in different programs communicated regularly about shared clients, the same as last year and a significant increase compared to 2020.** In 2022, 42% of respondents were satisfied with these communications with other agencies. Twenty-four percent of respondents were not satisfied with their communications, an increase of 6 percentage points from 2021. Staff reported that the most common challenge to service coordination was a lack of time.
8. **Engaging families in decision making and leadership roles was a challenge for some BEST partners.** Most staff (67%) 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 (40%) and that opportunities exist for family members to serve in leadership roles (27%). Rates of family engagement remained fairly constant from 2021 to 2022. Like last year, the ELC sector appears to have the strongest engagement of families. However, in general, rates of family engagement were higher in 2020, compared to 2021 and 2022, as reported by staff. For example, 97% of staff reported that it was a little or completely true that parents’ opinions were heard, regardless of their race, culture, or language in 2020, compared to 80% of staff in 2022. We saw a similar pattern in regard to the percentage of staff reporting that it was a little true or completely true that their organizations get ideas from parents about service improvements (91% in 2020 and 74% in 2022).
9. **Staff reported strong levels of satisfaction with their jobs, as they did in 2021.** 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. At the same time, slightly more than half of the respondents indicated that their job was very stressful (a 2-point increase from last year). In addition, the percentage of staff who reported they have the support and resources they need decreased by 7 percentage points between 2021 and 2022 (and by 10 percentage points between 2020 and 2022).
10. **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—the same issues described by 2021 and 2020 respondents.

- 11. Staff reported their organizations are increasing their focus on equity issues.** Ninety-six percent of “three-time survey respondents” (those staff who completed the survey in 2020, 2021, and 2022) agreed (62%) or strongly agreed (33%) that their organization is paying more attention to ensuring all clients, regardless of race, ethnicity, or income, have access to services.

## Conclusion

The 2022 survey showed slight to moderate decreases (or no growth) in many areas, compared to the previous year, such as in regard to staff knowledge of other BEST partners, client referrals to different service sectors, and the frequency of warm handoffs to facilitate referrals. The impact of the COVID-19 pandemic may help explain the overall decline in some of the survey responses. For example, higher rates of staff making referrals last year may reflect the spike in need among families during the height of the pandemic. It is also important to note that the BEST workforce appears just as capable of making referrals as they did last year. Although fewer staff reported making referrals, more staff said they could facilitate these connections for families if needed. This continues a positive trend in referral capacity that we first saw in 2021, when there was an increase from 2020.

Other changes from between 2020 to 2022 also may be indirectly related to the pandemic—namely, the pressures placed on the workforce. For example, survey findings showed a decrease in the percentage of staff who are aware of other BEST partners. This change could be related to the current workforce challenges in Tulsa, including recruitment and retention of qualified staff. Other possible factors may also be at play—for example, some BEST partners may have placed less of a focus on expanding staff knowledge of BEST partners in 2022, and the BEST network has continued to grow, with more agencies for staff to know about and track.

In 2020, 2021 and 2022, 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, improve the supply of affordable housing, and enhance quality infant and toddler childcare. These are deep-rooted, complex issues, and it is not surprising that the survey did not detect change from across the three years of the survey. However, the continual identification of these barriers underscores the ongoing need to address system-level issues in Tulsa, as well as to track progress in these areas. This year, more staff also suggested a need to improve Tulsa’s education system, as a strategy to address equity issues, compared to 2021.



The workforce survey will occur annually during the BEST Study, allowing us to document changes over 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 third administration of the survey. We also want to thank the BEST partners and their staff who worked with our team to compile the survey sample.

## Introduction

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The purpose of this report is to summarize the results from the third 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 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 multi-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 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 provide an up-to-date picture and 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 2022 survey and compare the results with 2020 and 2021 responses across eight survey topics. In addition, Section II also includes findings from a ninth survey topic, added this year for “three-time respondents.” Staff who completed the survey in 2020, 2021, and 2022 provided feedback on “big picture” changes in Tulsa’s services and systems for children and families. 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 2022 survey consisted of 167 items and took about 30 minutes to complete. 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 15, 2022, and closed it on January 25, 2023. If acceptable to their 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 2022 survey if the respondent had already answered them in 2020 or 2021. For example, we did not ask respondents who said they knew about BEST in 2020 or 2021 about their knowledge of BEST in 2022. We used 2020 or 2021 data to complete 58 of the 167 survey items for repeat respondents so they did not have to answer these questions again.

### 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
9. Reflection on services and systems in Tulsa

## Sample

The survey was administered to 408 frontline staff and their managers within 43 BEST partner organizations.<sup>1</sup> The survey response rate was 70% ( $n = 287$ ). However, the sample size for some items may be smaller because not all respondents answered all questions. Thirty-nine percent of respondents ( $n = 112$ ) completed the survey in previous years: 25% of respondents ( $n = 71$ ) completed the survey in all years, while 11% ( $n = 33$ ) completed the survey in 2021 and 2022. Three percent of respondents completed the survey in 2020 and 2022.

In this report, we present two main types of analyses:

1. **Descriptive analyses of 2022 data.** We present survey results for the full sample of 2022 respondents, with two exceptions in which we focus only on first-time survey respondents.<sup>2</sup>
2. **Comparisons between 2022, 2021, and 2020** data to show change over time.<sup>3</sup> Most differences between 2021 and 2022 shown in this report were not statistically significant.<sup>4</sup> In places where they were we indicate this in relevant figures and tables.

In addition, we include results from the following subgroup analyses where appropriate:

1. **Comparisons between repeat survey respondents and first-time respondents.** We discuss the results from these separate analyses only if they differ meaningfully.<sup>5</sup>
2. **Disaggregation of 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.

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 were frontline staff working directly with children and families (67%), and the remaining portion (33%) were managers and supervisors. We present separate results for survey respondents in three service sectors: (a) ELC programs and supports, (b) family support programs, and (c) health-related services (detailed in the next section). Exhibit 1 presents

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

<sup>2</sup> For the section focused on **awareness and knowledge of BEST partners and other community services**, we limit our analyses to first-time respondents to avoid asking respondents repeatedly about their awareness of the BEST partners each year. In addition, due to a change in the wording of the survey item focused on which **service sector is most difficult to access** in 2022, we could not make a direct comparison to 2021 data for first-time respondents, but not the full sample. In future administrations of the survey, we will be able to present results for the full sample for this item.

<sup>3</sup> Each successive annual workforce survey report is designed to stand on its own, updating results from previous reports and extending trend data from previous reports where possible. Minor changes in the survey questions, the classification of partner agencies in subcategories, how the data are summarized and presented, and other analytical decisions may cause small discrepancies in the statistics presented for the same survey year in successive reports.

<sup>4</sup> t-tests were used to determine whether changes between years were statistically significant.

<sup>5</sup> In most cases, there were no meaningful or statistically significant differences between the responses of first-time respondents and those who participated in multiple BEST workforce surveys.

sample sizes by service sector, the largest sector being ELC ( $n = 111$ ), followed by family support ( $n = 121$ ) and health-related services ( $n = 55$ ). Appendix Exhibit A1 shows what share of respondents in each category were repeat respondents and what share were new this year.

### Exhibit 1. Sector, program, and parent organization for survey respondents

Sector	Program and parent organization
<b>Early learning and care</b>	Art 4orms Foundation <sup>a</sup>
	CAP Tulsa
	Gaining Ground
	Tulsa Educare
	Early Learning Works by Tulsa Educare
	Reach Out and Read
	Reading Partners
	Spot 31 <sup>a</sup>
	EduRec (Education and Recreation, Inc.) <sup>a</sup>
	Total: 111
	38.7%
<b>Family support</b>	211, Community Service Council
	Birthright Living Legacy <sup>a</sup>
	Bright Beginnings, Parent Child Center
	Children First, Tulsa Health Department
	ConnectFirst Family Advocates, Tulsa Health Department
	Domestic Violence Intervention Services
	El Centro: New Sanctuary Empowerment Center <sup>a</sup>
	Emergency Infant Services
	Family Advocates, Tulsa Health Department
	Front Porch Initiative, Health and Human Services
	Hunger Free Oklahoma <sup>a</sup>
	JAMES Inc.
	La Cosecha <sup>a</sup>
	Little by Little, Tulsa Health Department
	ParentPRO, Tulsa Health Department
	Parent Resource Center, Tulsa Public Schools
	South Tulsa Community House <sup>a</sup>
Strong Tomorrows, Tulsa Public Schools	

Sector	Program and parent organization
	Teach Not Punish Family Resource Center <sup>a</sup>
	WIC, Tulsa Health Department
	Women in Recovery, Family and Children’s Services
	Women’s Justice Team, Family and Children’s Services
	Total: 121
	42.2%
<b>Heath-related services</b>	Amplify Youth Health Collective
	Be Well <sup>a</sup>
	Centering Pregnancy, Community Health Connection
	CREOKS Mental Health Services <sup>a</sup>
	Crossover Health Services <sup>a</sup>
	HealthySteps, Oklahoma University School of Community Medicine
	Family Connects, Parent Child Center
	Take Control Initiative
	Healthy Start, Tulsa Health Department
	Lactation consultant, Tulsa Health Department
	Mental Health Association Oklahoma <sup>a</sup>
	Doula program, Tulsa Birth Equity Initiative
	Total: 55
	19.2%

Source: 2022 workforce survey.

Note. N = 287 (2022).

<sup>a</sup> indicates a new partner in the survey in 2022.

## Section II. Findings

The survey findings cover nine major topics: (a) staff demographic characteristics, education, and experience; (b) knowledge about the BEST initiative and service providers in Tulsa; (c) referral practices among BEST partners; (d) 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 partner organizations; (g) job satisfaction; (h) perceptions of racial equity issues, and (i) perceptions of changes in services and systems for children and families (this last section was administered only to respondents who participated in all three workforce surveys).

## Demographic Characteristics, Education, and Experience

The BEST workforce is highly educated and experienced. The demographic characteristics of the workforce have remained similar over time. In 2022, 78% of respondents had a bachelor’s degree or higher (Exhibit 2). Nearly half of respondents reported more than 10 years of experience in relevant fields and only 4% had less than 1 year of experience. As BEST incorporates new partner agencies and associated staff (14 new partners were added to the BEST initiative between 2021 survey and the 2022 survey), there are more staff members who are relatively new to their agency (2 years or less), an increase from 29% in 2021 to 39% in 2022. (For reference, in 2020, 42.4% of respondents had been in their agency two years or less.)

**Exhibit 2. The BEST workforce is diverse, educated, and experienced.**

Variable	Characteristic	N	Percentage
<b>Education</b>	High school	10	3.9%
	Vocational, some college, or associate degree	45	17.7%
	Bachelor’s degree	103	40.6%
	Some graduate school	19	7.5%
	Graduate degree	77	30.3%
<b>Total years of experience in relevant fields<sup>a</sup></b>	Less than 1 year	11	4.4%
	1–2 years	20	7.9%
	3–6 years	49	19.4%
	7–10 years	57	22.5%
	More than 10 years	116	45.9%
<b>Time at current organization</b>	Less than 1 year	41	16.0%
	1–2 years	58	22.7%
	3–6 years	76	29.7%
	7–10 years	40	15.6%
	More than 10 years	41	16.0%
<b>Race/ethnicity</b>	American Indian or Alaska Native, Non-Hispanic	5	2.0%
	Black, African American, African, Non-Hispanic	42	16.3%
	Hispanic	63	24.5%
	White, Non-Hispanic	113	44.0%
	Other, Non-Hispanic <sup>b</sup>	34	13.2%

Source: AIR calculations from the 2022 workforce survey.

Note. N = 257 (2022).

<sup>a</sup> 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.

<sup>b</sup> This category consists of participants who identified as multiracial, Asian, and other.

The BEST partner workforce is racially and ethnically diverse (Exhibit 2). The largest proportion of respondents to the BEST partner workforce survey identify as White (44%). Fifty-six percent of the 2022 workforce survey respondents identified as Black or African American; Hispanic; American Indian, Alaska Native, or Native American; multiracial; or of another race or ethnicity. Compared with the population of Tulsa County as a whole, the BEST partner workforce is more diverse, with a lower proportion who identify as White (44% vs. 59% in the Tulsa County population), and a higher proportion who identify as Hispanic (25% compared to 14% in the Tulsa County population).<sup>6</sup>

Exhibit 3 shows the breakdown of respondents by their role in their organization. The most common roles were early childhood staff (17%), case manager/social worker (15%), and nurse/nurse educator (10%).

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<sup>6</sup> Population data from the U.S. Census Bureau (2021), [Tulsa County, OK - Profile data - Census Reporter](#)



**Exhibit 3. 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	28	15.0%
Community health worker/promotora	2	1.1%
ConnectFirst Family Advocate	4	2.1%
Other family advocate	11	5.9%
Doula	1	0.5%
Early childhood staff	32	17.1%
Elementary school staff	11	5.9%
Front office staff	3	1.6%
Developmental specialist	6	3.2%
Home visitor	1	0.5%
Lactation consultant	1	0.5%
Mental health professional	17	9.1%
Nurse/nurse educator	19	10.2%
Parent educator	7	3.7%
Physician	1	0.5%
Re-entry specialist	1	0.5%
Special education/early intervention staff	3	1.6%
WIC staff	7	3.7%
Youth counselor/educator	1	0.5%
Other <sup>7</sup>	30	16.0%

Source: AIR calculations from the 2022 workforce survey.

Note. N = 187 (2022).

**Knowledge About the BEST Initiative and Service Providers in Tulsa**

Among respondents, 81% reported that they had heard of the BEST initiative (Exhibit 4). The most common way that respondents learned about BEST is from leadership at their own organization (61%), followed by a BEST professional meeting or event (25%).

Compared to 2021, awareness of BEST remained level in 2022. However, knowledge of BEST among first-time survey respondents continued to increase. In 2022, 71% of first-time survey respondents indicated they had heard of BEST, an increase from 66% in 2021 and 63% in 2020.

**Exhibit 4. Most staff who had heard about BEST learned about it from their organization’s leaders.**

Response	2022	2021	2020
Had heard about the BEST initiative	80.8%	80.1%	63.1%
Had heard about BEST (first-time respondents only)	71.1%	65.6%	63.1%
<b>Among those who had heard about BEST, how did they learn? (Select all that apply)</b>			
From leadership at my organization	61.4%	63.4%	70.8%
At a professional meeting or event (meeting about BEST, at a BEST convening)	25.0%	27.3%	33.1%
From a coworker	16.8%	8.7%	11.5%
At a community meeting (meeting with members of the community)	11.4%	7.7%	8.5%
BEST website	4.1%	5.5%	6.9%
Other	10.0%	4.9%	5.4%
Written information (description of BEST, flyer, brochure)	6.4%	5.5%	4.6%

Source: AIR calculations from the 2022, 2021, and 2020 workforce surveys.

Note. N = 271 (2022), 226 (2021), 206 (2020).

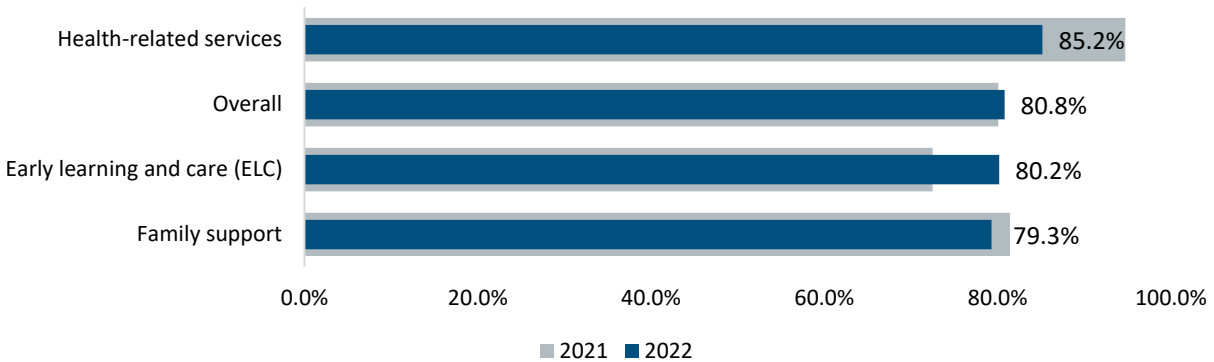
Exhibit 5 shows how knowledge of BEST varies across different service sectors, again with the 2022 responses in the blue bars and 2021 responses in underlying gray bars. Staff in the health sector are the most aware of the BEST initiative, compared to the ELC and family support sectors.

Compared to 2021, we found a decrease in awareness of BEST among survey respondents in the health sector. There was also an increase among respondents in the ELC sector, which explains the overall slight increase in BEST awareness among respondents.

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<sup>7</sup> As the number of BEST partners has increased over the last several years, so has the number of job titles for front line staff, making it challenging to group job titles into general categories. This “other” category includes five respondents with job titles related to community engagement. Five respondents listed job titles related to program coordination or management. Two staff listed job titles related to quality assurance. Two staff listed job titles related to family engagement. The remaining staff included court advocate, data manager, hotline agency, patient service representative, coach, and other titles that could not easily be categorized into the one of the categories listed in Exhibit 3.

**Exhibit 5. The proportion of respondents who reported having heard about BEST varied by service sector and by survey year.**



Source: AIR calculations from the 2022 and 2021 workforce surveys.

Note. N = 271 (2022), 226 (2021). 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.

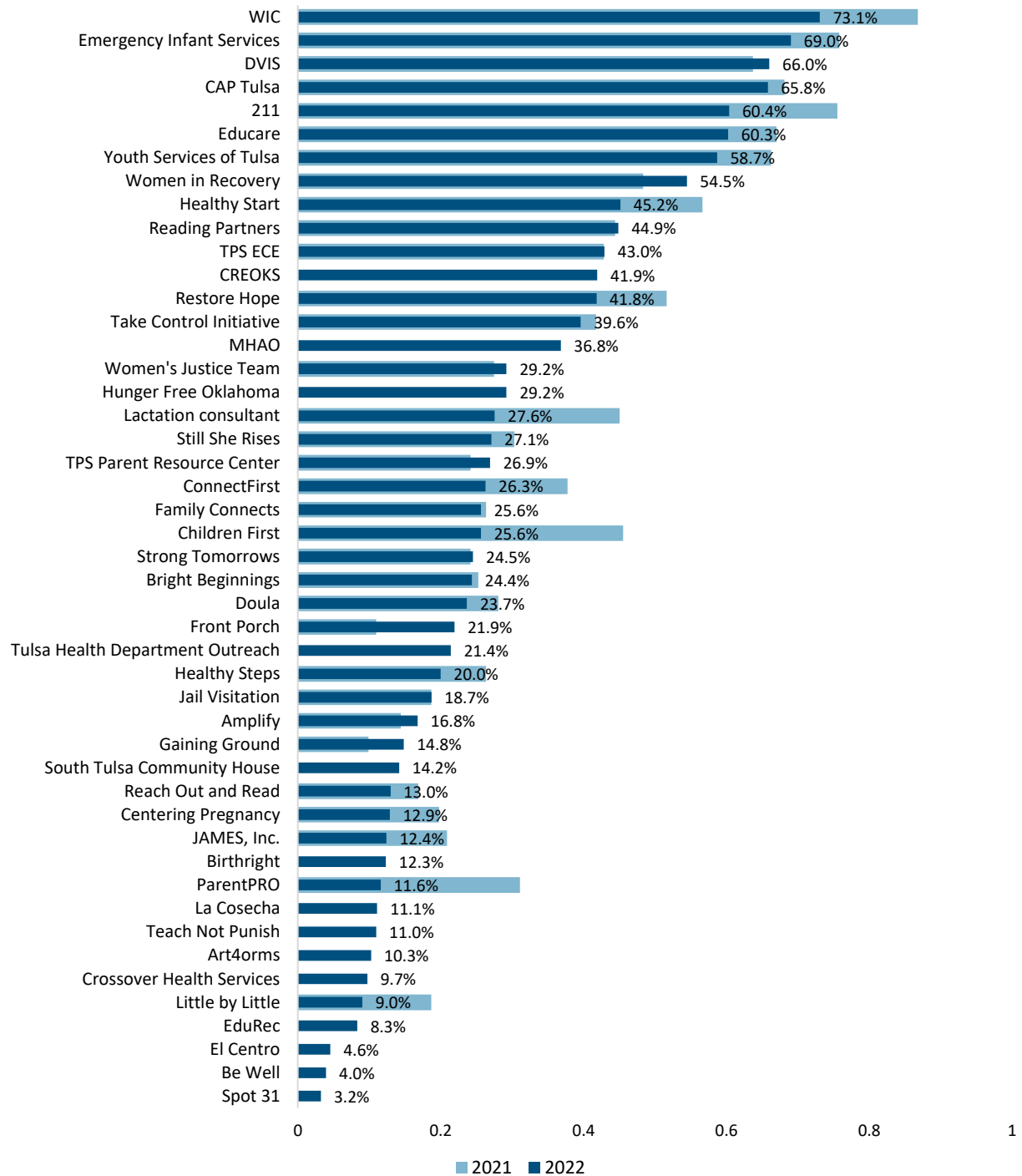
In addition to indicating whether they knew about the BEST initiative as a whole, we asked staff about their awareness and knowledge of other BEST partners by selecting one of the following options: (a) “I’ve never heard of these services,” (b) “I’ve heard of these services but don’t know much else,” or (c) “I’ve heard of these services and know a lot about them.” Exhibit 6 shows the percentage of **first-time survey respondents** who indicated that they heard of each BEST partner and knew a lot about their services. We focus on first-time respondents here to avoid asking respondents repeatedly about their awareness of the same BEST partners.

In 2022, there was a wide variation in reported knowledge of BEST partners. The most well-known partner was WIC (73% of first-time respondents indicated they knew a lot about this program), followed by Emergency Infant Services (69%), DVIS (66%), and CAP Tulsa (66%). Lesser-known programs tended to be new to the BEST initiative, such as Be Well and EduRec.

Compared with 2021, knowledge of other BEST partners among first-time survey respondents generally remained constant or decreased. Some of the decreases in awareness and knowledge of BEST partners were statistically significant, as noted in Exhibit 6. The average decrease was 8 percentage points, as demonstrated by the dark blue bars being shorter than the underlying light blue bars.<sup>8</sup> For example, awareness of WIC decreased from 87% in 2021 to 73% in 2022, and awareness of Emergency Infant Services decreased from 76% to 69% from 2021 to 2022. The 2020 results (not shown) were generally similar to the 2021 results.

<sup>8</sup> Partners that were new to the workforce survey in 2022 do not have 2021 data (light blue bars) in Exhibit 6.

**Exhibit 6. Among first-time survey respondents, awareness and knowledge of BEST partners remained constant or decreased in 2022 compared to 2021.**



Source: AIR calculations from the 2022 and 2021 workforce surveys.

\* = The difference between the 2021 and 2022 result is statistically significant at the .05 level.

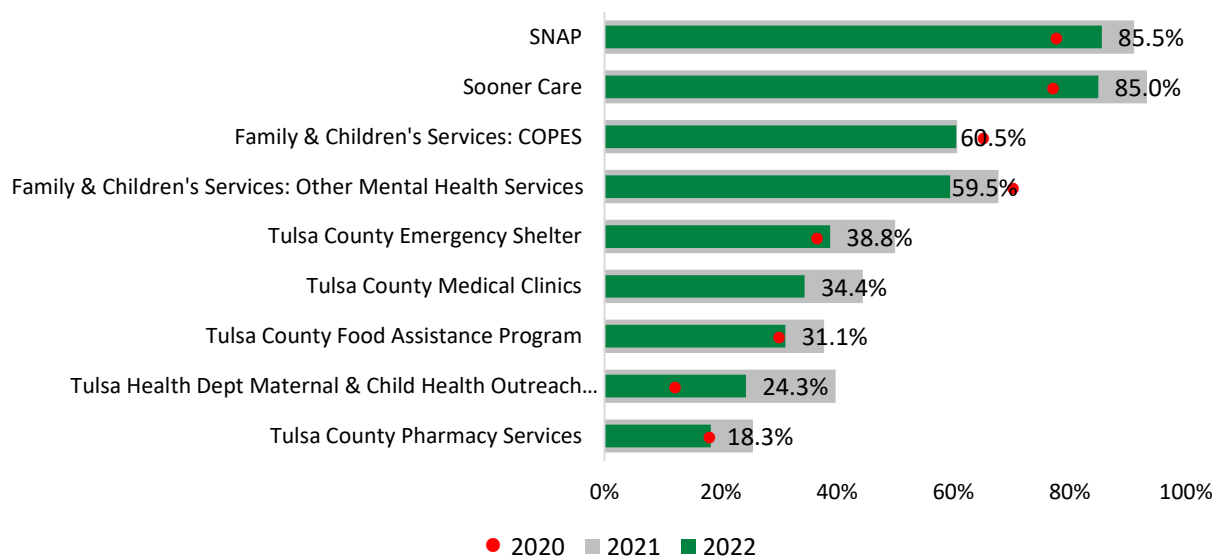
Note. N = 156 first-time respondents (2022), 91 first-time respondents (2021). Percentages shown indicate the proportion of survey respondents who responded “Yes, I’ve heard of these services and know a lot about them.”

First-time survey responders also described their awareness of other services for children and families in Tulsa (Exhibit 7). Most first-time respondents indicated they had heard of and knew a lot about SNAP (86%) and Sooner Care (85%), with lower levels of awareness about other services.

Compared to 2021, there were small decreases among first-time survey responders in their awareness of most services shown in Exhibit 7; however, the only program with a statistically significant and pronounced decreases in awareness was the Tulsa Health Department (THD) Maternal and Child Health Outreach Program; 40% of new respondents were aware of this program in 2021, compared to 24% in 2022. (As indicated by the red dots in the figure, awareness levels in 2020 were usually below those of 2021 and 2022, indicating that the increases in awareness seen in 2021 were at least partially sustained.)

For this subsection of the report, the survey questions were asked only of so-called “referral staff.” These are the 69 percent of all staff ( $n = 181$ ) who reported that making external referrals for clients is a part of their job duties. Of these referral staff, over half (54 percent) are from the family support sector and nearly a quarter (24 percent) are from the ELC sector, while the remaining 22 percent work in the health sector.

**Exhibit 7. Awareness of most other services among first-time survey respondents decreased in 2022 compared to 2021.**



Source: AIR calculations from the 2022, 2021, and 2020 workforce surveys.

\* = The difference between the 2021 and 2022 result is statistically significant at the .05 level.

Note. N = 156 first time respondents (2022), 91 (2021), 206 (2020).

## Referral Practices Among BEST Partners

The workforce survey asked about the extent to which staff referred their clients to community services outside their own programs or agencies. Sixty-nine percent of all respondents indicated that they routinely make such outside referrals, either formally or informally. This group of survey respondents is described as “referral staff” for the purposes of this report. Only these staff responded to additional 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.

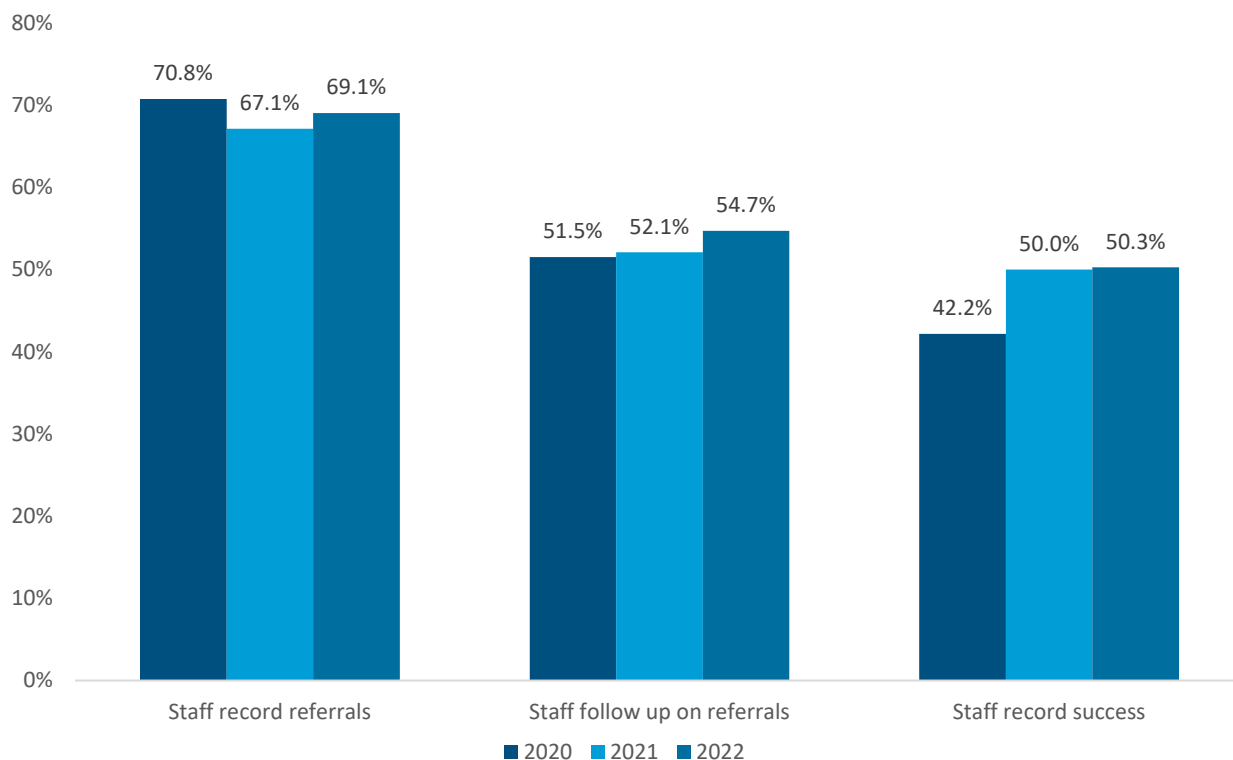
### *Documentation of Referrals and Referral Outcomes*

Referral staff provided feedback on the extent to which they documented and tracked referrals (Exhibit 8).<sup>9</sup> As noted above, 69% of all respondents make outside referrals. Among these “referral staff,” 69% record referrals in a client management system. Fifty-five percent of referral staff also follow up on referral outcomes. Thirty-nine percent of referral staff who conduct follow-up also record if clients successfully received services as a result of the referral. We found that repeat survey respondents were more likely to make referrals, record referrals, know if a referral was successful, and record referral outcomes compared to first-time survey respondents. Since 2020, follow-up and documentation of referral outcomes may have become more routine, possibly because of the introduction of the Unite Us system, which streamlines shared case management practices among different BEST partners.

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<sup>9</sup> Exhibit 8 replaces the flow chart we presented in the 2020 and 2021 reports, which used different samples at different steps along the process—an approach that was more sensitive to small year-to-year changes in the composition of the sample and therefore less reliable (as well as being challenging to present for more than 1 year).

**Exhibit 8. About two-thirds of staff who make referrals also record them, and somewhat fewer of these staff also follow up on referral outcomes and record if clients successfully received services.**



Source: AIR calculations from the 2022, 2021, and 2020 workforce surveys.

Note. N = 181 (2022), 140 (2021), 131 (2020).

**BEST “Referral Capacity”**

Exhibit 9 shows the percentage of referral staff who reported that they had made a referral to a particular service (or, if they had not made a referral, they knew how to do so if needed).

Together the green and blue bars in Exhibit 9 represent the total proportion of referral staff who have made or could make a referral, by service sector (defined as referral capacity).

**Referral capacity: staff who have made or could make a referral if needed.**

Respondents who indicated that they had not made a referral to a particular service were asked if they would be able to if needed.

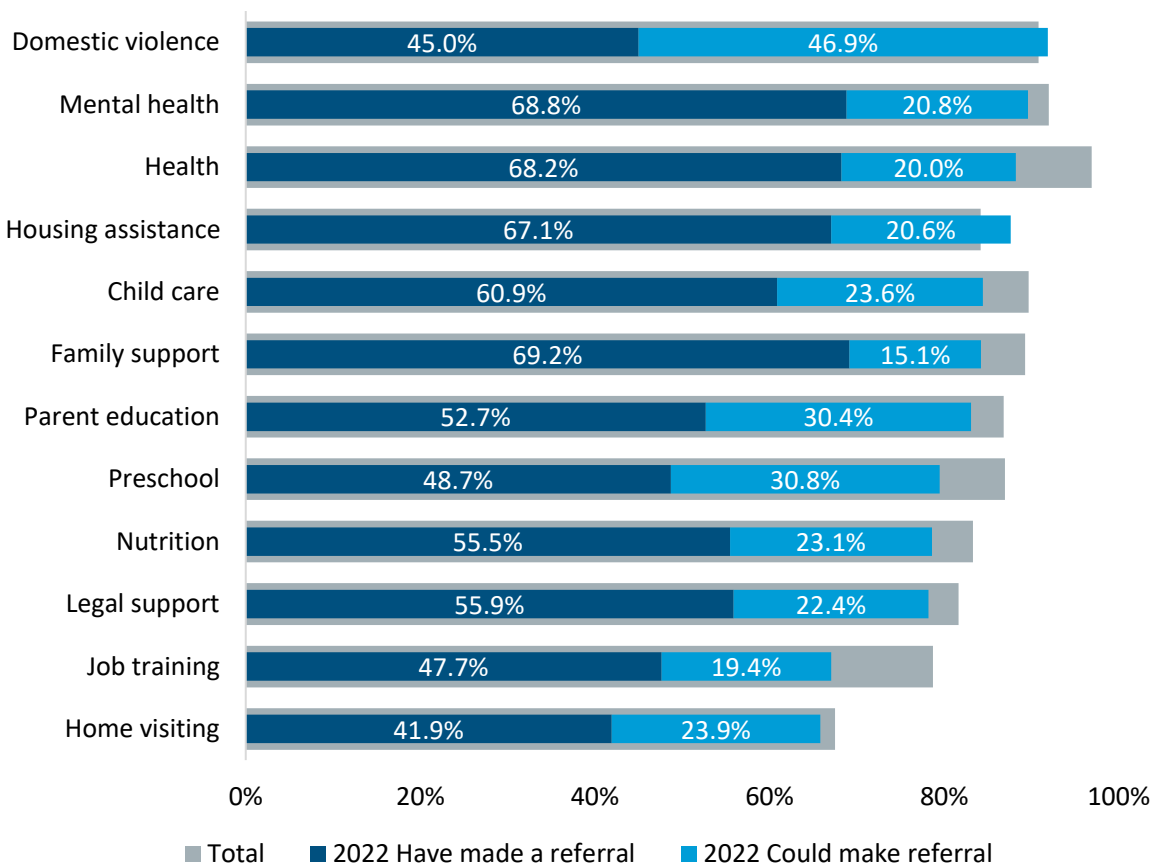
The most common services for which respondents either made or could make a referral are domestic violence (92%), mental health

(90%), health (88%), and housing assistance (88%).

Compared to 2021, staff referral capacity in 2022 was about the same. Although the percentage of staff who said they *made* an actual referral to various services decreased from 2021 to 2022 (described next and shown in Exhibit 9), more staff this year reported that they *could* make a

referral, if needed. In other words, the capacity of the workforce to make referrals remained largely unchanged from 2021 to 2022. Across services, changes in referral capacity from 2021 to 2022 ranged from a decrease of 12% (job training) to an increase of 3% (housing assistance).

**Exhibit 9. Most referral staff know how to refer clients to a wide range of services.**



Source: AIR calculations from the 2022 and 2021 workforce surveys.

\* = The difference between the 2021 and 2022 result is statistically significant at the .05 level.

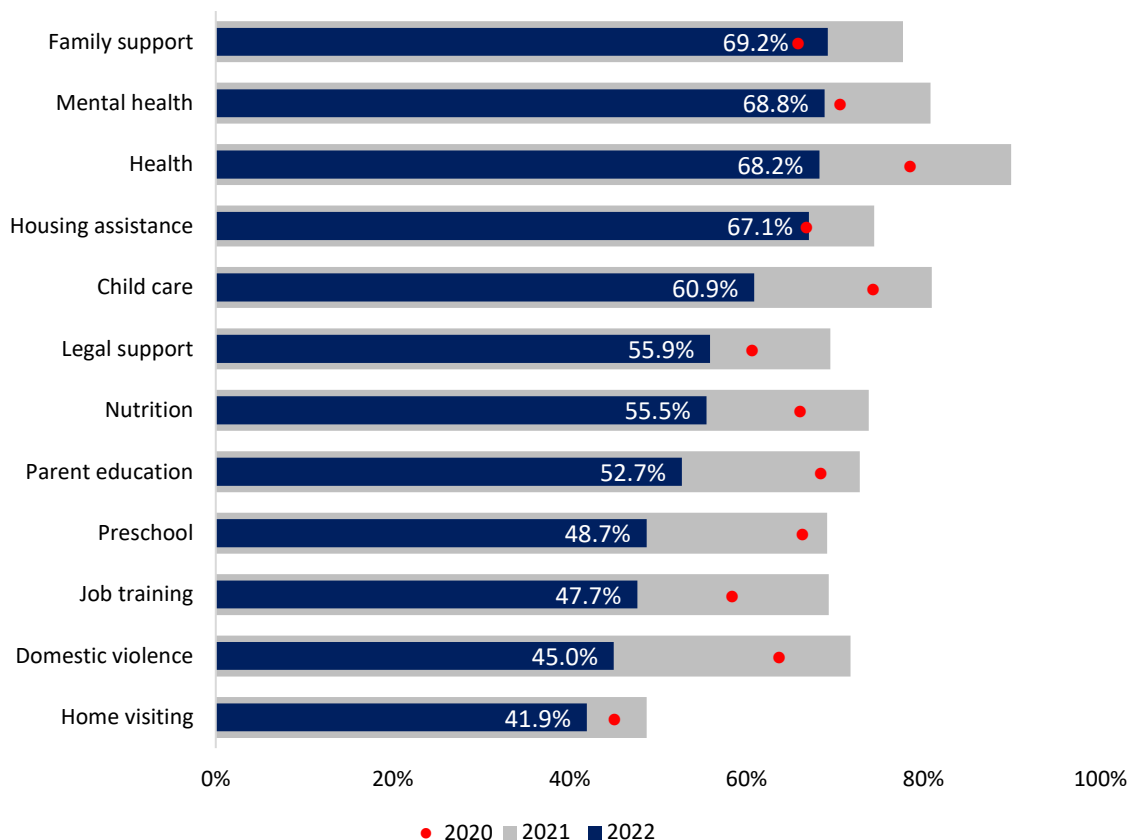
Note. N = 181 (2022), 143 (2021).

As shown in Exhibit 10, the services that most staff referred to were family support (69%), mental health (69%), health (68%), and housing assistance (67%). Compared with 2021 and 2020, the percentage of staff who reported making referrals in 2022 decreased across all services (Exhibit 11), with the largest 2022-2021 drops in domestic violence, job training, and health services (decreases of 27, 22, and 22%, respectively). Between 2021 and 2022, decreases across all service sectors were statistically significant. These reductions in referrals may be good news if they reflect a reduction in the need for these services after the peak of the COVID-19 pandemic passed. As shown by the red dots in the figure, 2020 referral rates were generally in between those in 2021 and those in 2022. This is consistent with these referral patterns being



related to the COVID-19 pandemic, with a ramp-up in 2020, higher than usual levels of need in 2021, and a ramp-down in 2022.

**Exhibit 10. Fewer referral staff reported referring clients to services in 2022, compared to 2021 and 2020.**



Source: AIR calculations from the December 2022, 2021, and 2020 workforce surveys.  
 Note. N = 181 (2022), 143 (2021), 131 (2020). All differences between the 2021 and 2022 reported referral rates were statistically significant at the .05 level.

**Type of Referral Practices**

In the survey, referral staff were asked about what they do when they refer clients (i.e., their referral practices). Respondents indicated which strategies they used: (a) making a personal “warm handoff,”<sup>10</sup> (b) referring clients to family advocates, (c) giving clients a list with contact information for other programs and agencies, and/or (d) advising clients to call 211.

As shown in Exhibit 11, in 2022 most referral staff (84%) indicated they provide clients with a list of resources. A little more than half of referral staff (53%) reported helping clients contact

<sup>10</sup> We defined a warm handoff as when a service provider personally helps a client connect with another service provider.

another service provider (this was more likely among repeat survey respondents compared to new survey respondents). Survey responses in 2022 were very similar to those from the 2021 survey administration, sustaining an increase in warm handoffs (with or without the help of family advocates) that we saw in 2021, compared to 2020.

**Exhibit 11. Referral staff use a range of strategies to clients, the most common being providing a list of resources and helping the client contact a service provider.**

Strategies for making warm handoffs (check all that apply)	2022	2021	2020
Provide a list of resources	84.0%	83.9%	85.4%
Personally help a client connect with another service provider	53.0%	55.9%	52.3%
Suggest client call 211	46.4%	46.9%	54.6%
Refer to family advocate	18.2%	18.9%	13.9%
Other	8.3%	6.3%	10.0%

Source: AIR calculations from the 2022, 2021, and 2020 workforce surveys.

Note. N = 181 (2022), 143 (2021), 131 (2020). Percentages do not sum to 100%, as respondents could select “all that apply.”

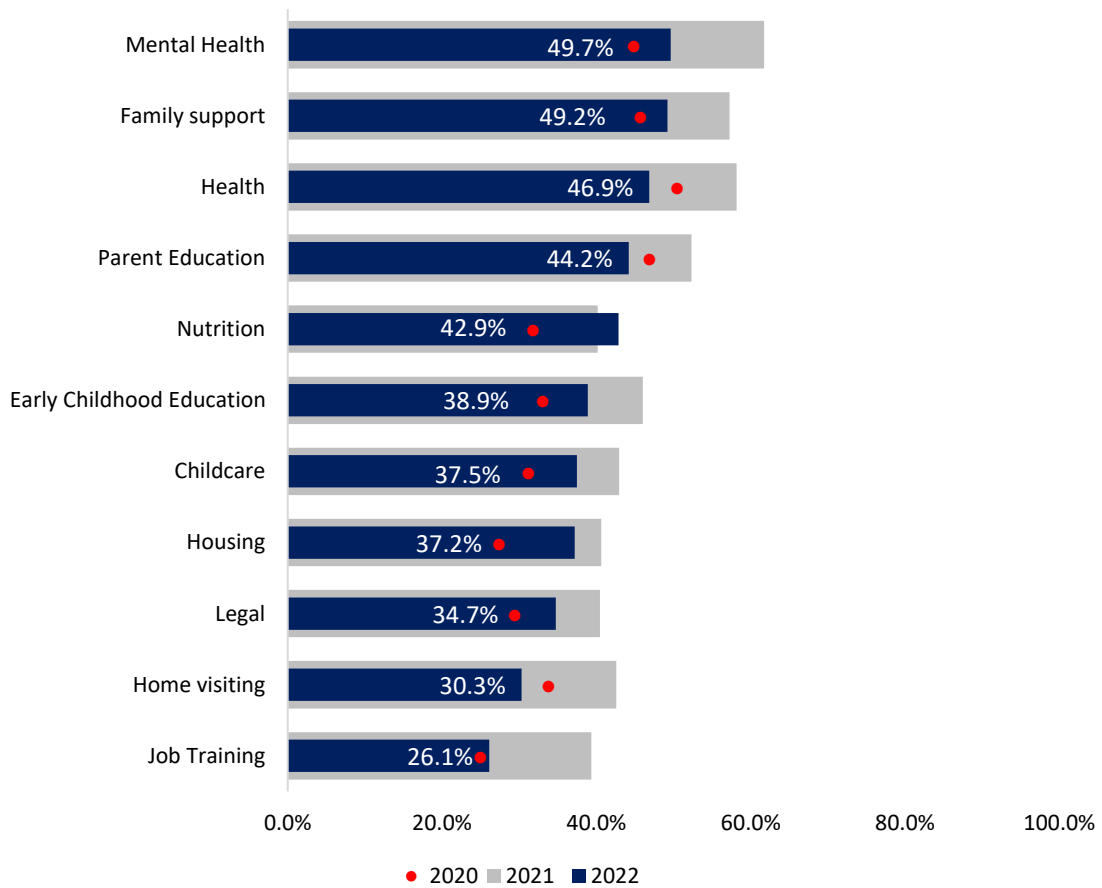
**Frequency of Warm Handoff Referrals**

In addition to this general breakdown of referral practices, the workforce survey also included follow-up questions to referral staff about *how often* they make warm handoffs. Exhibit 12 shows the percentage of referral staff who personally made warm handoffs to different service sectors “sometimes” or “often” in 2021 and 2022.<sup>11</sup> In 2022, staff reported using warm handoffs most frequently with mental health services (50%), family support (49%), and health services (47%)—which is aligned with what we found in 2021.

Compared to 2021, the percentage of staff in 2022 who reported using warm handoffs “sometimes” or “often” in their referral practices decreased for all service areas except for referrals for nutrition services (Exhibit 12). The service sectors with the greatest decreases in the frequency of warm handoffs are job training, mental health services, home visiting, and health. As noted, these reductions may reflect a “return to normal” after the peak of the COVID-19 pandemic, which may have caused referrals and warm handoffs to spike in 2021. However, as shown by the red dots in Exhibit 12, the 2022 incidence of reported warm handoffs still exceeded the 2020 levels, which is consistent with the overall increases in these warm handoff practices shown in Exhibit 11 above.

<sup>11</sup> Exhibit 12 focuses solely on staff who reported making warm handoffs directly (and does not include referrals to family advocates).

**Exhibit 12. About 25-50% of referral staff use warm handoff referrals “sometimes” or “often” across a range of service areas.**



Source: AIR calculations from the 2022, 2021, and 2020 workforce surveys.

\* = The difference between the 2021 and 2022 result is statistically significant at the .05 level.

Note. N = 177 (2022), 139 (2021), 131 (2020). 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 13. Close to half of the referral staff (44%) indicated that a lack of professional connections is the most significant challenge. Twenty percent of staff indicated they do not have enough time to make warm handoffs (first-time survey respondents were more likely to identify lack of time as a challenge, compared to repeat responders). Also, 19% reported that the other service providers they refer to lack time for a proper warm handoff. More staff identified lack of time as an issue in 2022, compared to 2021 and 2020. Thus, while warm handoffs continue to be more embedded in organizational goals and procedures than they were in 2020, lack of time has emerged as an important barrier to these intensive handoff practices.

**Exhibit 13. The most common challenge to making warm handoffs is a lack of professional connections at other service providers.**

Items	2022	2021	2020
<b>In general, what are the challenges in making warm handoff referrals to other agencies, if any? (Check all that apply.)</b>			
I don't have professional connections at other service providers	44.1%	48.2%	45.7%
Warm handoffs are not part of my organization's goals/procedures	10.6%	8.5%	20.2%
Other service providers I refer to don't have enough time	19.0%	14.2%	15.5%
I don't have enough time	19.6%	13.5%	12.4%
Warm handoffs are not part of the goals/procedures of organizations I refer clients to	11.7%	9.9%	10.1%
Other	8.9%	7.8%	10.8%
I experience no challenges making warm handoff referrals	20.1%	22.7%	21.7%

Source: AIR calculations from the 2022, 2021, and 2020 workforce surveys.

Note. N = 179 (2022), 141 (2021), 131 (2020).

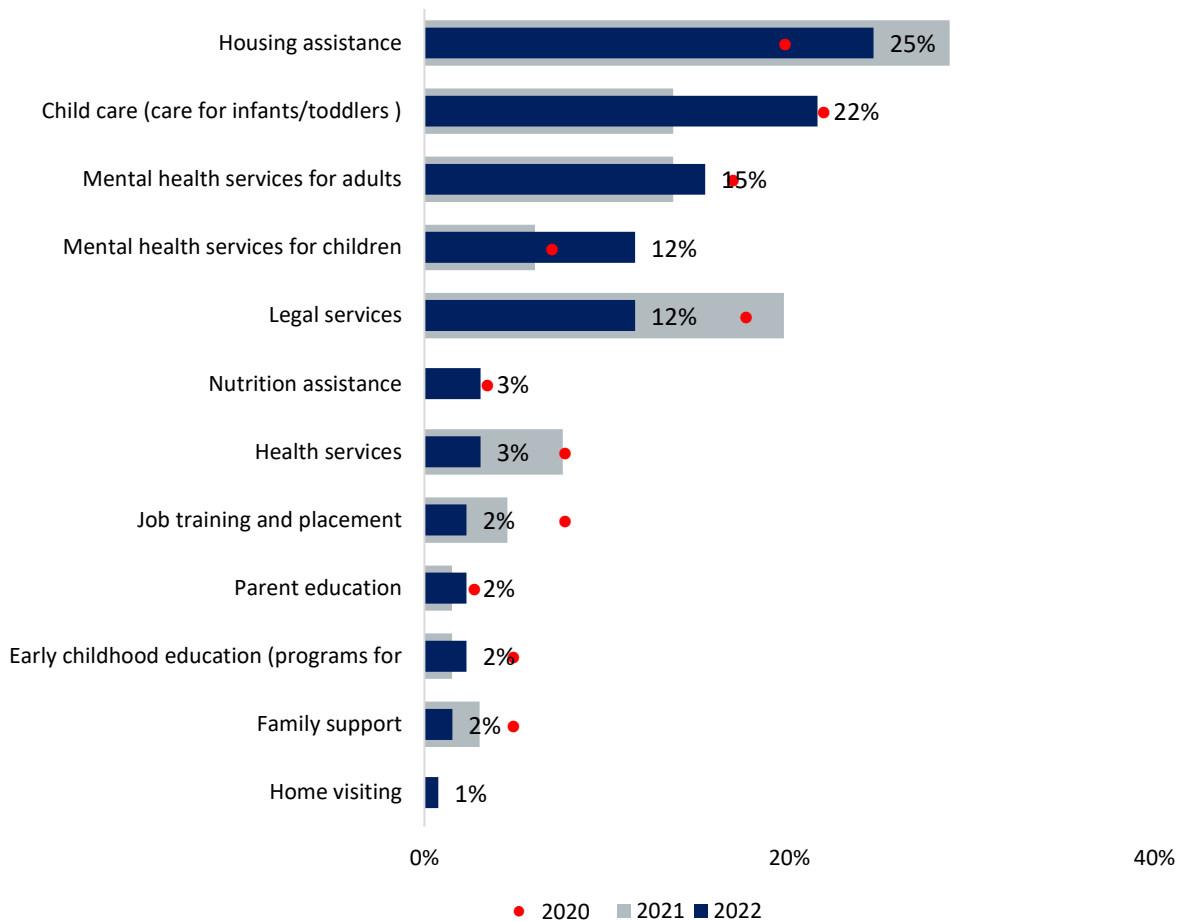
### Service Access

We asked survey respondents to indicate which service sector was the hardest for children or adults to access in Tulsa.<sup>12</sup> In 2022, first-time survey respondents identified housing assistance (25%), childcare (22%), and mental health services for adults (15%) as the most difficult service sector to access. Compared to 2021, more first-time respondent staff identified childcare as the

<sup>12</sup> Exhibit 14 only shows responses from first-time survey respondents. The survey item about service access was revised in 2022 to improve its clarity. As a result, we have comparable data in 2021 and 2022 for first-time respondents, but not the full sample).

hardest sector for families to access in 2022 (returning to levels found in the 2020 survey). Although there have been some shifts across 2020 (indicated with red dots), 2021 and 2022 in respondents' feedback about specific services, respondents identified housing, legal services, child care, and mental health services for adults as the most difficult to access in all three years.

**Exhibit 14. First-time respondents reported that some services are difficult to access in Tulsa.**



Source: AIR calculations from the 2022, 2021, and 2020 workforce surveys.

Note. N = 130 (2022), 66 (2021), 206 (2020). Analysis excludes respondents that selected “I don’t know” and “other.”

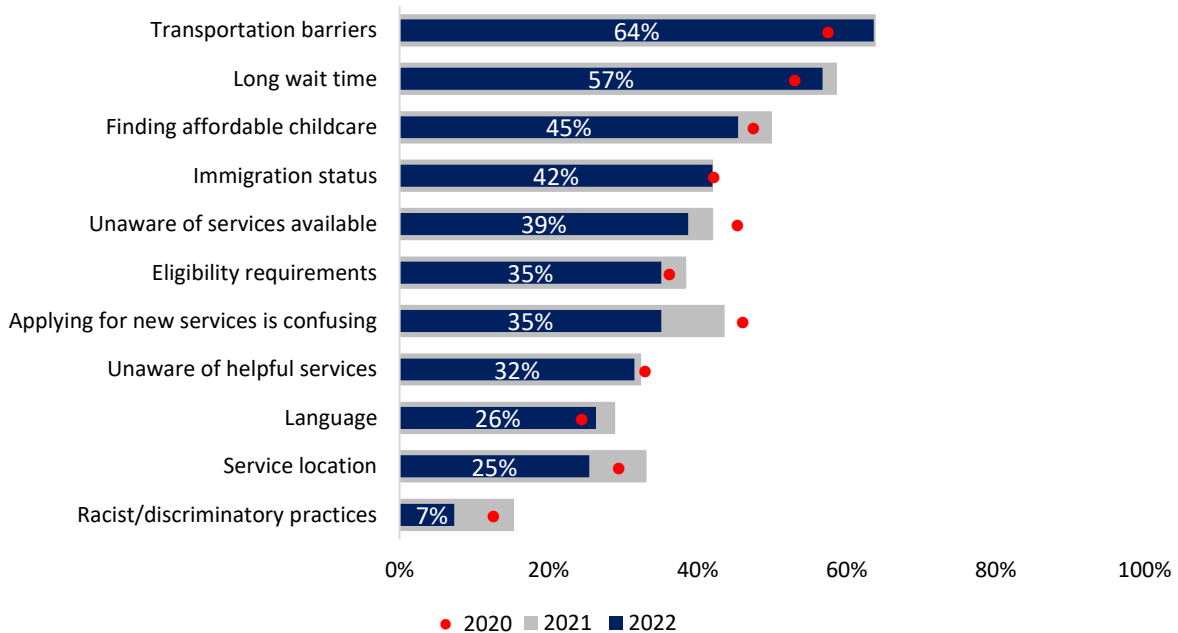
After identifying the difficulty of accessing these services, respondents answered a question about what they thought were the barriers to service access for clients (Exhibit 15). In 2022, the most common barriers mentioned were transportation challenges (64%), long wait times for services (57%), and finding affordable childcare so that parents can participate in services (45%). These were also the most reported barriers in 2021. Reductions in lack of awareness of services or how to apply for them that we first saw in 2021 were sustained in 2022.

## RECOMMENDATIONS TO IMPROVE SERVICES IN TULSA

Survey respondents ( $n = 107$ ) answered an open-ended question asking for their recommendations to improve services in Tulsa. The most common responses were:

1. Increase awareness of community resources (25% of respondents).
2. Increase the availability of affordable childcare, housing, mental health, and services to support basic needs (25%).
3. Provide transportation assistance to services (22%).
4. Coordinate service enrollment across organizations (8%).
5. Provide bilingual supports and services (5%).
6. Improve clarity of programs' eligibility requirements and application procedures (9%).
7. Offer central locations where multiple services can be accessed (3%).
8. Expand programs' hours of operations to accommodate working families' needs (3%).
9. Increase staff diversity (3%)

**Exhibit 15. Transportation, wait times, and childcare are the most significant challenges to service access.**



Source: AIR calculations from the 2022, 2021, and 2020 workforce surveys.

Note.  $N = 260$  (2022),  $184$  (2021),  $150$  (2020).

## Communication and Coordination

We also asked survey respondents to comment on their communication and coordination efforts with other BEST partners. As shown in Exhibit 16, 65% of 2022 survey respondents reported that they communicate with staff in other agencies. Forty-two percent of respondents were satisfied with these communications with other agencies, and 24% were not satisfied. Although the overall increase in cross-agency communication that we saw in 2021 was sustained in 2022, the satisfaction with these communications was lower, which may reflect the time constraints mentioned earlier.

### Exhibit 16. More than half of the respondents communicate with other agencies; among those who do, most are satisfied with their communications.

Items	2022	2021	2020
<b>I communicate with other agencies and am satisfied with those communications</b>	41.7%	46.7%	37.9%
<b>I communicate with other agencies, but am not satisfied with those communications</b>	23.6%	18.1%	18.7%
<b>I do not communicate with other agencies</b>	34.7%	35.2%	43.4%

Source: AIR calculations from the 2022, 2021, 2020 workforce surveys.

Note. N = 254 (2022), 210 (2021), 206 (2020).

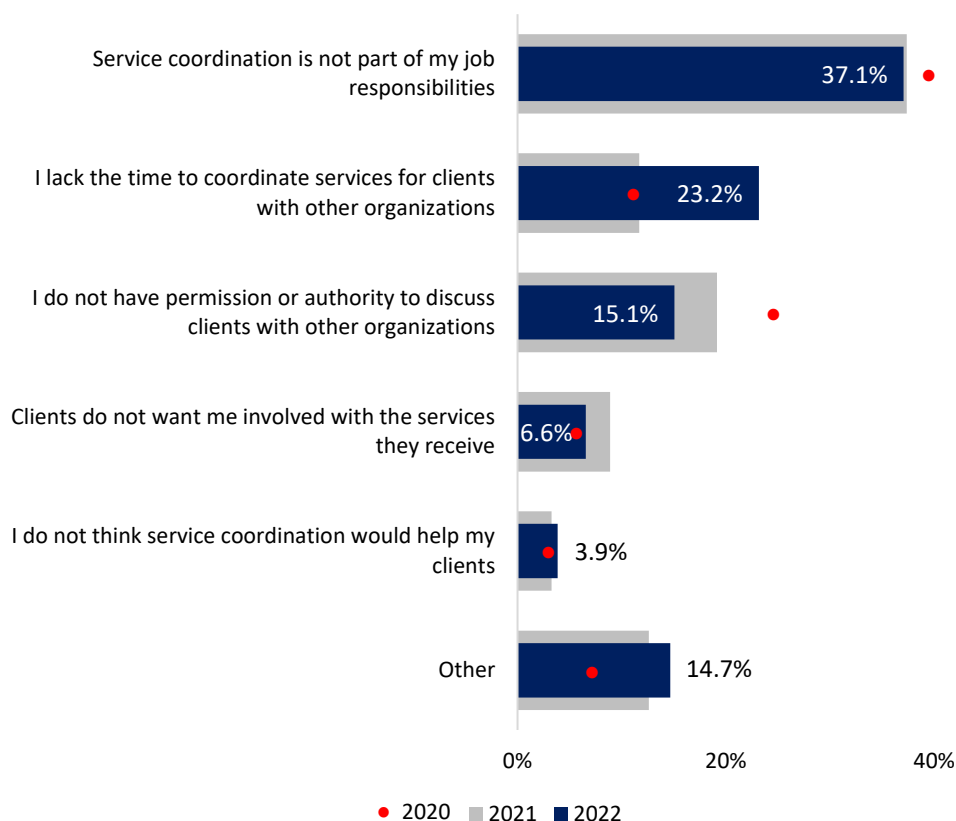
Staff were also asked about service coordination for clients (Exhibit 17). About a third of staff (37%) indicated they do not coordinate services as part of their jobs. The most common challenge (23%) was that they lacked the time to coordinate services with other organizations (repeat survey respondents were more likely to indicate they lacked time, compared to first-time respondents). Fifteen percent of respondents said that they lacked authority to discuss clients with other organizations. Only 4% of staff indicated they did not think their clients would benefit from service coordination.

The survey responses from 2022 were similar to those from 2021, with one exception. Compared to 2021, significantly more staff in 2022 indicated they lack the time to coordinate services for clients with other organizations.<sup>13</sup> Also notable is that, compared to 2020 (indicated with red dots in the figure), significantly fewer respondents say that they do not have the authority to coordinate services or that service coordination is “not part of my job”. This sustains a trend we saw in 2021.

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<sup>13</sup> Conducting the analysis for this table, we found an error in the equivalent 2021 workforce report exhibit on this topic. A revised version of that exhibit (showing comparisons between 2020 and 2021) is included as Exhibit A6 in Appendix A.

**Exhibit 17. Lack of authority to discuss clients with other organizations was the most common challenge to cross-agency client coordination.**



Source: AIR calculations from the 2022, 2021, and 2020 workforce surveys.

\* = The difference between the 2021 and 2022 result is statistically significant at the .05 level.

Note. N = 259 (2022), 214 (2021), 206 (2020).

Despite these challenges in coordinating services, a lot of communication about clients’ participation in services across organizations is occurring. Seventy-nine percent of staff (n = 243) reported always (6%), often (30%), or sometimes (44%) knowing if their clients are receiving services from other agencies. These patterns align with findings from 2021 and 2020. About two-thirds of respondents (65%) indicated they always or often have the information and data they need to do their job well, a slight decrease from 75% in both 2021 and 2020.

**Role of Families in BEST Partners**

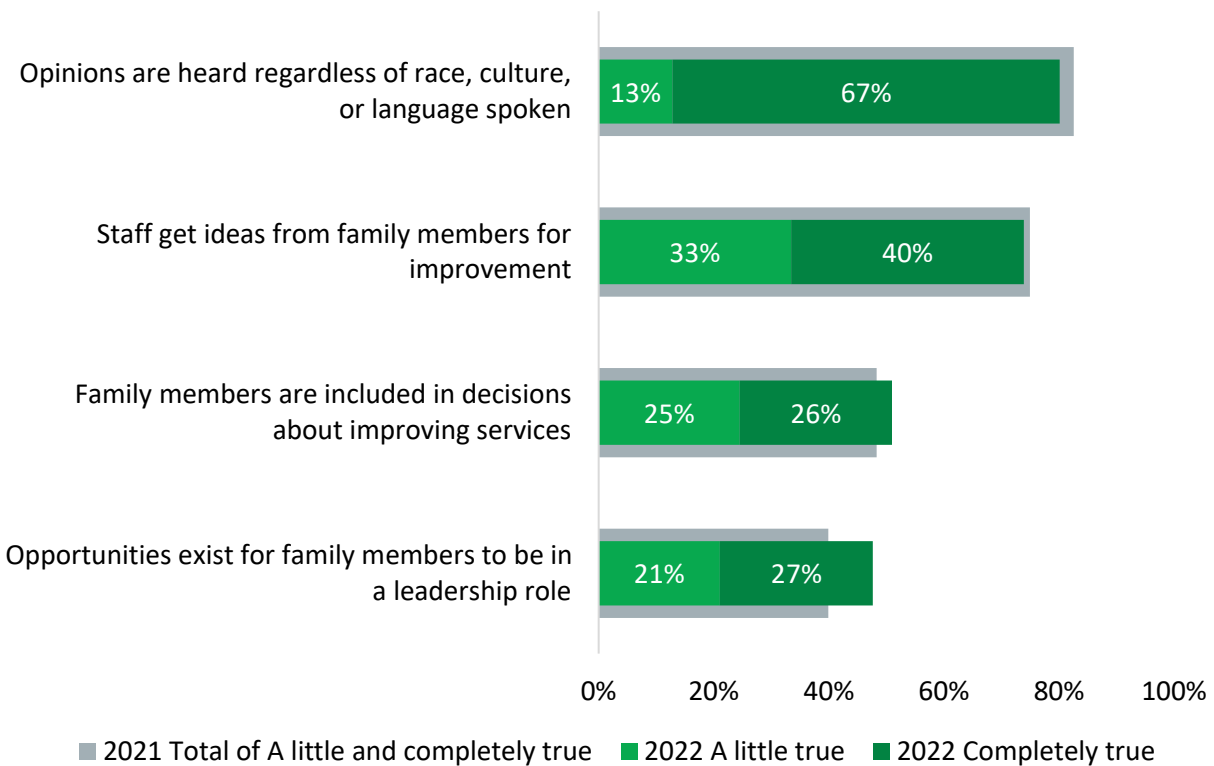
As shown in Exhibit 18, most staff reported that the opinions of parents/family members are heard regardless of their race, culture, or language spoken (67% of all survey respondents indicated this was “completely true”). At the same time, fewer staff indicated that it was “completely true” that staff regularly try to get ideas from parents/family members on how to



improve services (40%), opportunities exist for parents or family members to serve in leadership roles (27%), and parents/family members are included in meetings where decisions are made about improving services (26%).

These findings generally align with findings from the 2021 survey but are lower than the 2020 survey. For example, there was a slight increase (8%) in the percentage of staff who indicated it was a little true or completely true that families had opportunities to serve in leadership roles (from 40% in 2021 to 48% in 2022. However, this is a reduction from 66% in 2020). Similarly, 80% of staff said it was a little true or completely true that opinions of parents are heard regardless of their race, culture, or language, yet 97% of staff said so in 2020. These shifts may reflect the changing nature of service delivery before, during and as the COVID-19 pandemic recedes.

**Exhibit 18. 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.**



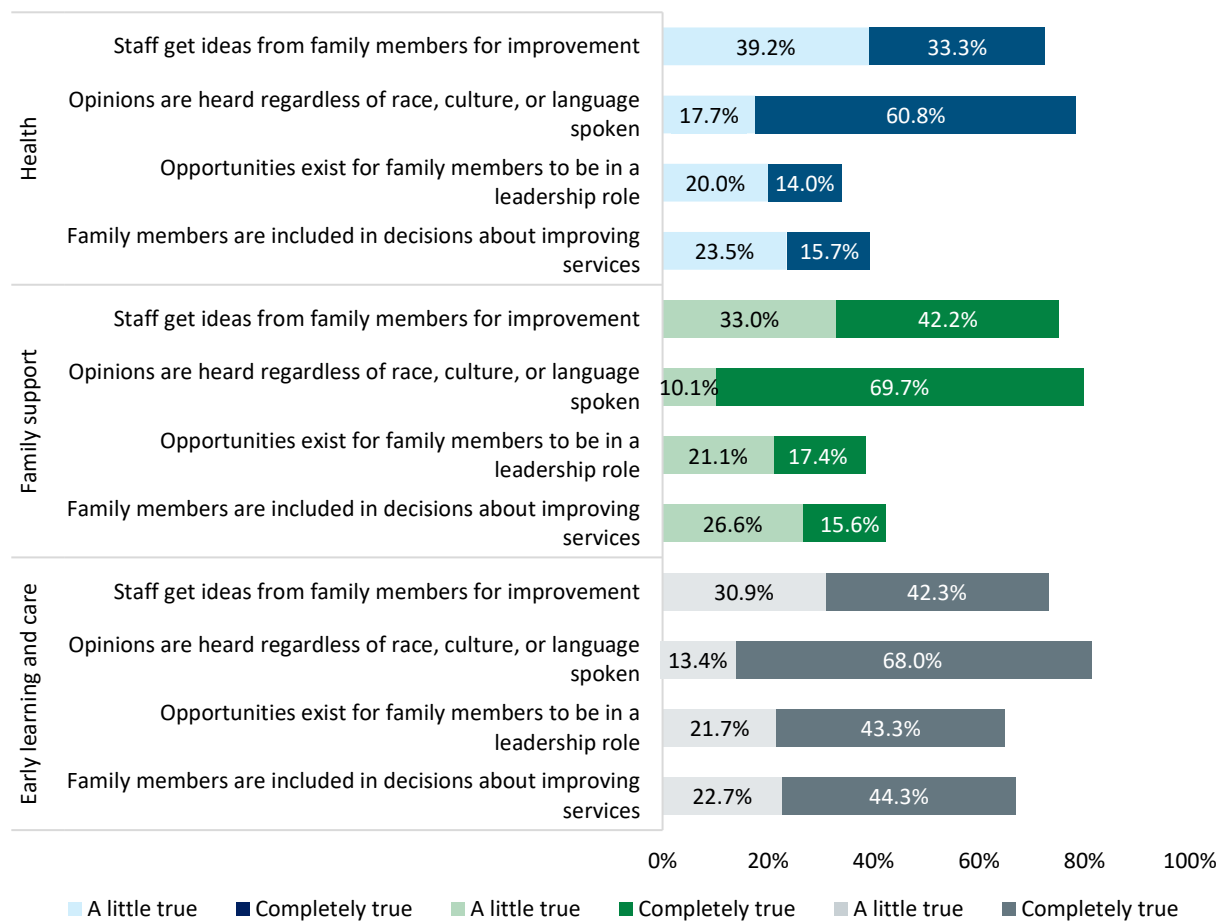
Source: AIR calculations from the 2022 and 2021 workforce surveys.  
 Note. N = 257 (2022), 210 (2021).

The level of family engagement varies somewhat across the three service sectors (Exhibit 19). More ELC staff reported that it was completely true that family members are included in

decisions about improving services (44%), as compared to family support staff (16%) and health staff (16%). Similarly, more ELC staff indicated that it was completely true that opportunities exist for families to be in leadership roles (43%), compared to family support staff (17%) or health staff (14%). There was less variation among sectors regarding the other survey responses included in Exhibit 19.

Compared to 2021 (data not shown in exhibit), family engagement in the health sector improved in 2022, while remaining fairly constant in the ELC and family support sectors. For example, the percentage of health sector staff who reported it was completely true that opinions are heard among all families regardless of their race, ethnicity, income, or language increased by 20% between 2021 and 2022 (for other items in Exhibit 19, the percentage of staff who completely agreed with them increased between 12 and 16 percentage points).

**Exhibit 19. 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 2022 workforce survey.

Note. N = 257 (2022). Other response items for this survey item included “not at all true” and “I’m not sure.”

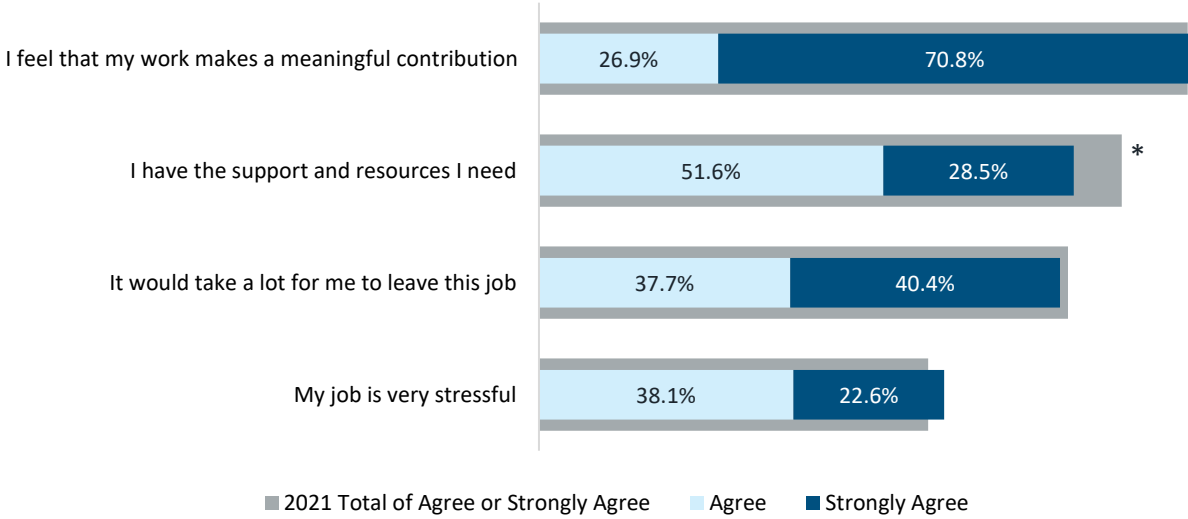
In an open-ended survey question, respondents ( $n = 151$ ) described barriers to engaging parents and family members in service improvement. About half of the respondents ( $n = 75$ ) said that parents' perceived lack of interest and time made it difficult to engage them. Other factors cited by respondents included difficulties in reaching and communicating with parents, a lack of internal systems to solicit feedback, and limited staff capacity to engage families in this way.

**Job Satisfaction**

Staff responded to questions about their workplace and attitudes toward their jobs. Nearly all staff reported that their work makes a meaningful contribution (98%), and they have the support and resources they need from their workplace (80%). Seventy-eight percent of respondents agreed or strongly agreed that it would take a lot for them to leave their job. At the same time, more than half (61%) of respondents agreed or strongly agreed that their job was very stressful (Exhibit 20).

In general, these percentages are similar to the 2020 (not shown) and 2021 responses from staff regarding workplace satisfaction. Staff who reported having the support and resources they need significantly decreased by 10 percentage points from 2020 to 2022 (from 90.4% in 2020, to 87.3% in 2021, to 80.1% in 2022).

**Exhibit 20. Respondents are satisfied with their jobs (but many find them stressful).**



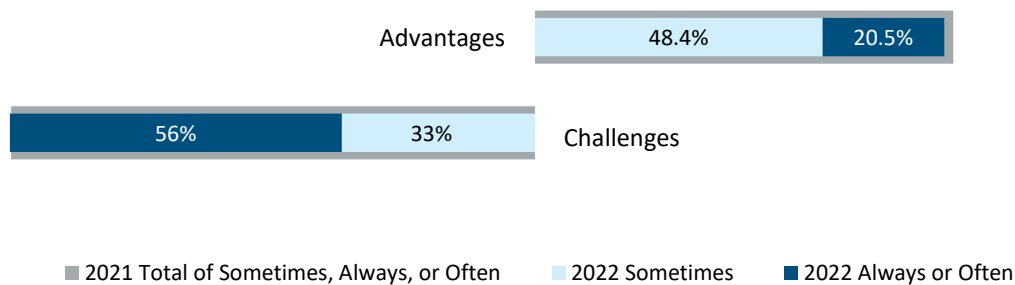
Source: AIR calculations from the 2022 and 2021 workforce surveys.  
 \* = The difference between the 2021 and 2022 result is statistically significant at the .05 level.  
 Note. N = 257 (2022), 219 (2021).

## 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.<sup>14</sup> Among respondents who indicated that they work with adult clients ( $n = 186$ ), 52% reported that they have these types of discussions with their clients, which is about the same as in 2021 and 2020 (54 and 50%, respectively).

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). A little over half of respondents (56%) reported that their clients' race or ethnicity is always or often a reason for *challenges* that they face, and 33% think this occurs sometimes. Twenty-one percent of respondents always or often think that their clients' race or ethnicity is a reason for *advantages* experienced by them, and 48% reported they think this occurs sometimes (Exhibit 21). These findings are similar to what we found in the 2021 and 2020 surveys (2020 not shown in figure).

### Exhibit 21. Most staff reported that clients' race or ethnicity is a cause of challenges or advantages experienced by their clients.



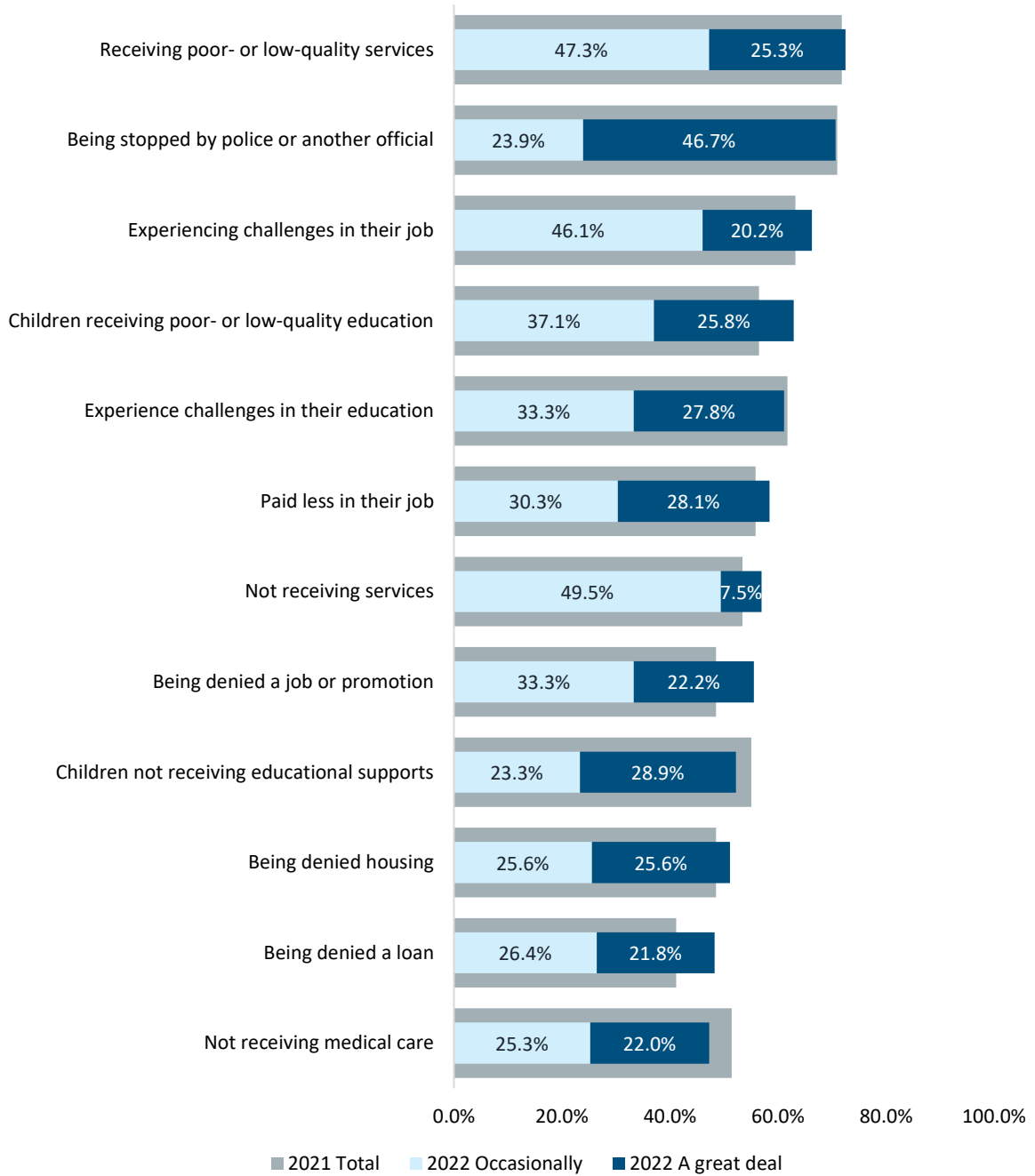
Source: AIR calculations from 2022 and 2021 workforce surveys.

Note.  $N = 215$  (2022), 185 (2021).

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 22). Seventy-three 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, followed by being stopped by the police or another official (71%), and challenges in their job (66%). These were the top three challenges in 2021 and 2020 as well (2020 not shown in figure).

<sup>14</sup> See Exhibit A4 and A5 in the appendix for more details about the survey items focused on staff discussions with clients regarding race and ethnicity.

**Exhibit 22. Staff indicated that their clients' race/ethnicity is the cause of many challenges in their lives.**



Source: AIR calculations from the 2021 and 2022 workforce surveys.  
 Note. N = 94 (2022), 73 (2021).

In addition, respondents were asked, in an open-ended question, to suggest ways in which racial equity could be improved in Tulsa. Of the 106 people who responded, the most common suggestion was improving the education system to include topics on equity and inclusivity. Respondents also suggested improving access to resources, hiring, and maintaining a diverse and representative workforce, and continuing to provide Diversity, Equity, and Inclusion (DEI) professional development to staff. A few respondents emphasized the importance of increasing awareness about, and including the community in conversations regarding, racial equity.

### Reflections on Services and Systems in Tulsa

We asked staff who had completed a survey in both 2020 and 2021 to answer a new set of questions in 2022. This experienced group of staff ( $n = 69$ ) provided feedback on “big picture” changes to services and systems in Tulsa. About half or more of respondents agreed with the statements in Exhibit 24. In particular, 96% of respondents agreed (62%) or strongly agreed (33%) that their organization is paying more attention to ensuring all clients, regardless of race, ethnicity, or income, have access to services.

Combining responses for strongly agree and agree, and for strongly disagree and disagree, we see more of a split on several of the items in Exhibit 23. For example, 44% of respondents disagreed or strongly disagreed that they spent less time dealing with bureaucracy and red tape to help their clients (in contrast, 56% of respondents agreed or strongly agreed this was the case). Similarly, 40% of respondents disagreed or strongly disagreed that it is now easier to help their clients (with 60% agreeing or strongly agreeing). Managers were more likely to agree or strongly agree with the items in Exhibit 23, compared to frontline staff.

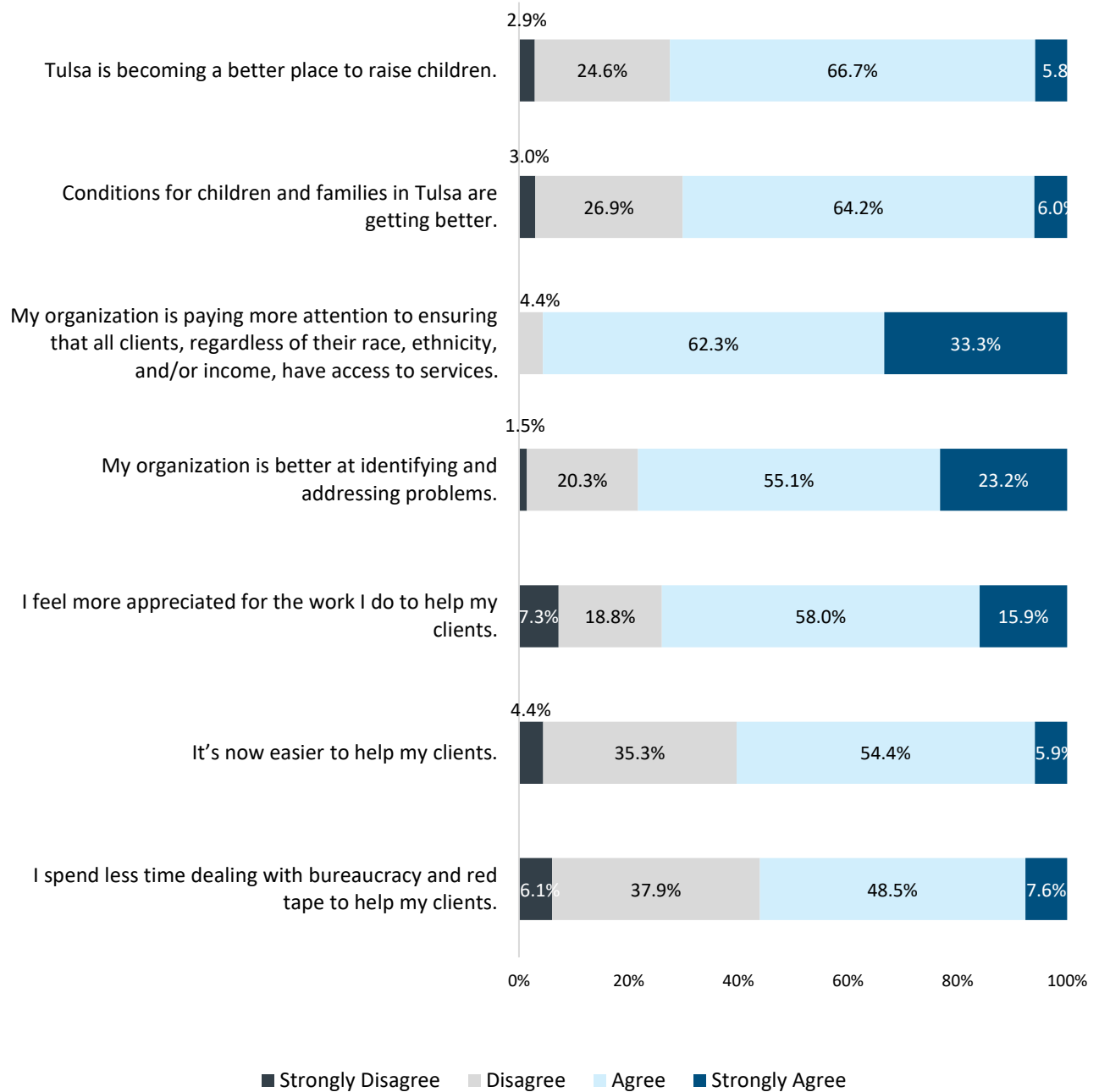
*“Children need to learn about equity early in their education so that it becomes a foundation in their life—it needs to be part of the established curriculum.”*

—Survey respondent

*“Coming from an educational background, I always feel that racial equity needs to start in education. When we start with our schools and educational programs, we make a difference with our children and that's where we see the generational cycles of racism broken.”*

—Survey respondent

**Exhibit 23. About half or more of respondents agree that services and systems for children and families are improving in Tulsa.**



Source: AIR calculations from the 2022 workforce survey.  
 Note. N = 69 (Three-time respondents - 2020, 2021, 2022 surveys).

## Section III: Conclusions and Recommendations

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The 2022 workforce survey findings highlighted the following about the BEST initiative:

- Frontline staff and their managers working in BEST agencies reflect a diverse, well-educated, and highly experienced workforce.
- Most respondents had heard of the BEST initiative (81%)—about the same as in 2021 and much higher than in 2020. As was the case in 2021, 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 increase in the awareness of BEST among survey respondents in the ELC sector.
- In 2022, staff knowledge of individual BEST partners varied, and in some cases, decreased from 2021—when we saw substantial increases across the board compared to 2020. The most well-known partner was WIC (73% of first-time respondents indicated they knew a lot about this program), followed by Emergency Infant Services (69%). Lesser-known programs tended to be new to the BEST initiative.
- Most staff reported making referrals, informally or formally, as part of their jobs. The sectors that the most staff referred to were family support (69%), mental health (69%), health (68%), and housing assistance (67%). These were also among the top referral sectors in 2021 and 2020.
- The percentage of staff who reported making referrals to various service sectors decreased compared to 2021 (with the largest drops in referrals to domestic violence, job training, and health services). Some of these reductions may reflect a “return to normal” after the peak of the COVID-19 pandemic, which may have caused referrals to spike in 2021 after beginning to ramp up in 2020. It is important to note that, despite reductions in the number of staff who reported they made a referral in 2022, as compared to 2021, more staff indicated they knew how to make a referral if needed. In other words, the capacity to make referrals within the BEST workforce remains unchanged in 2022, compared to 2021, sustaining the gains in referral capacity we found in 2021.
- About half of the staff who make referrals use “warm handoffs,” personally helping a client connect with a service provider. Referral staff reported using warm handoffs most frequently when referring to mental health, family support, and health services. Other common referral strategies included providing clients with a list of resources and referring them to 211. Compared to 2021, referral staff use warm handoffs less frequently. These reductions may reflect the easing of the COVID-19 pandemic, which may have caused referrals and warm handoffs to spike in 2021. The greatest challenge to warm handoffs was



a lack of professional connections at other service providers (as it was in 2021 and 2020) and lack of time was mentioned more often than it was in 2021 and 2020.

- Increases in the proportion of staff who follow-up on their referrals and record the results that we first saw in 2021, compared to 2020, were sustained in the 2022 survey.
- More than half of the BEST partner staff in different programs communicate regularly about shared clients, the same as in the previous year and a significant increase compared to 2020. In 2022, 42% of respondents were satisfied with these communications with other agencies, and 24% were not satisfied, which is an increase of 6 percentage points from 2021. Staff reported that the most common challenge to service coordination was a lack of time.
- Staff reported that housing assistance was the most difficult service sector to access, as they did in 2021. In addition to housing, staff identified legal, child care, and adult mental health services as being among the most difficult sectors to assess in 2020, 2021 and 2022. There were some minor shifts in the relative importance of these categories between 2021 and 2022, which may reflect changing needs in the community.
- Engaging families in decision making and leadership roles is a challenge for some BEST partners. Most staff (67%) 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 (40%) and that opportunities exist for family members to serve in leadership roles (27%). Rates of family engagement remained fairly constant from 2021 to 2022. However, in general, rates of family engagement were higher in 2020, compared to 2021 and 2022, as reported by staff. For example, 97% of staff reported that it was a little or completely true that parents’ opinions were heard, regardless of their race, culture, or language in 2020, compared to 80% of staff in 2022. We saw a similar pattern regarding the percentage of staff reporting that it was a little true or completely true that their organizations get ideas from parents about service improvements (91% in 2020 and 74% in 2022).
- 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 and 2021—although fewer staff indicated they have the support and resources they need.
- 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—the same issues described by 2021 and 2020 respondents.

- Staff reported that their organizations are increasing their focus on equity issues. Ninety-six percent of “three-time respondents” (those staff who completed the survey in 2020, 2021, and 2022) agreed (62%) or strongly agreed (33%) that their organization is paying more attention to ensuring all clients, regardless of race, ethnicity, or income, have access to services.

The impact of the COVID-19 pandemic may help explain the decline (or lack of change) in some of the survey responses. For example, the higher rates of staff who reported making referrals last year may reflect the spike in need among families during the height of the pandemic. This year, it is important to note that the BEST workforce appears just as capable of making referrals as they did last year. Although fewer staff reported making referrals, more staff said they *could* facilitate these connections for families if needed. This continues a positive trend in referral capacity that we first saw in 2021, when there was an increase from 2020.

Other changes from between 2020 and 2022 may be indirectly related to the pandemic—namely, the pressures placed on the early childhood workforce in Tulsa. For example, survey findings showed a decrease in the percentage of staff who are aware of other BEST partners. This could be related to the current workforce challenges in Tulsa, including recruitment and retention of staff (which mirror workforce challenges occurring across the nation, particularly in the ECE sector—Coffey & Khattar, 2022; Dade & McLean, n.d.). In several areas, more staff indicated that a lack of time was a barrier in their work, compared to last year. Other factors may also be at play—for example, the BEST network has continued to grow, with more agencies for staff to know about and track. In general, the pressures on the Tulsa early childhood workforce reflect the broader trends observed across the nation, particularly within the ECE sector.

Between 2020 and 2022, 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 housing availability and transportation system; increase the capacity of services to reduce long wait times for clients; and improve the supply of affordable, quality infant and toddler childcare. These are deep-rooted, complex issues, and it is not surprising that the survey did not detect change in these barriers between 2020 and 2022, but it underscores the continued need to address system-level issues in Tulsa, as well as to track progress in these areas. This year, more survey respondents suggested a need to improve Tulsa’s education system, as a strategy to address racial equity, than they have in previous years.

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.

- **Awareness of Services.** As the BEST network of partners grows, GKFF-BEST (and individual BEST partners) may consider effective strategies to help staff, particularly those who refer clients for services, become aware of and understand helpful services available in the community. Partner-specific survey data in this report can be used to target efforts to improve awareness of services among BEST partner staff.
- **Referrals and Warm Handoffs.** Fewer staff reported making referrals and using warm handoff to facilitate those referrals, as compared to last year. The decrease in referrals may reflect a return to rates that more closely reflect trends before the pandemic, but further investigation as to whether there is unmet need in the community may be important. In addition, future survey administrations might include specific items focused on *Unite Us*, the closed-loop referral system, to determine if and how the system may be affecting the rate of referrals reported by staff.
- **Family Engagement.** Rates of family engagement remained mostly constant from 2021 to 2022, as service providers recover from the COVID-19 pandemic. 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—this is particularly true in the family support and health sectors.
- **Barriers to Services 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 housing and 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, quality infant and toddler child care. Staff also emphasized the need to improve Tulsa’s education system to help address equity issues. 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

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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. 2022 Survey Results

**Exhibit A1. Percentage of first-time responders and repeater responders, by service sector**

	Early Learning and Care		Family support		Health	
	Percentage	<i>n</i>	Percentage	<i>n</i>	Percentage	<i>n</i>
<b>First-Time Respondents</b>	64	71	61	74	55	30
<b>Repeat Respondents</b>	36	40	39	47	45	25

Source: AIR calculations from the 2022 workforce survey.

Note. *N* = 287.

**Exhibit A2. Percentage of respondents who refer clients to other agencies for services**

Item	Percentage	<i>n</i>
<b>As part of your job, do you refer children, youth, or adults to other agencies for services?</b>		
<b>Yes</b>	68.6	181
<b>No</b>	26.5	70
<b>I'm not sure</b>	4.9	13

Source: AIR calculations from the 2022 workforce survey.

Note. *N* = 264.

**Exhibit A3. Percentage of respondents who have made or would be able to make a referral to the following service areas**

	Early Learning and Care		Family support		Health	
	Percentage	<i>n</i>	Percentage	<i>n</i>	Percentage	<i>n</i>
Child care	76.7	23	83.9	78	92.1	35
Domestic violence	88.1	37	92.5	74	94.7	36
Family support	75.0	24	85.7	66	89.2	33
Health	70.0	28	94.7	90	91.4	32
Home visiting	54.1	20	64.2	52	81.1	30
Housing assistance	72.1	31	94.3	83	89.7	35
Job training	42.9	18	79.6	70	65.0	26
Legal supports	52.4	22	93.3	83	71.8	28
Mental health	76.9	30	94.9	74	91.9	34
Nutrition	76.7	33	76.1	70	86.8	33
Parent education	75.8	25	83.3	65	89.2	33
Preschool	87.5	21	77.4	72	79.5	31

Source: AIR calculations from the 2022 workforce survey.

Note. *N* = 173.

**Exhibit A4. Percentage of respondents who speak to their clients about challenges related to race or ethnicity**

Item	Percentage	<i>n</i>
<b>Do you ever talk to your adult clients about challenges (or advantages) they may face because of their race or ethnicity?</b>		
Yes	37.5	96
No	35.2	90
I only work with young children	18.0	46
I'm not sure	9.4	24

Source: AIR calculations from the 2022 workforce survey.

Note. *N* = 256.

**Exhibit A5. Percentage of clients citing race as a reason for the following scenarios occasionally or a great deal of the time**

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

Source: AIR calculations from the 2022 workforce survey.

Note. *N* = 68.



The following exhibit includes results from the 2020 and 2021 surveys, in addition to 2022. In conducting the analysis for this table we found an error in the equivalent 2021 workforce report exhibit on this topic. Exhibit A6 presents the new analysis for all three years of the survey.

**Exhibit A6. Percentage of clients identifying challenges to service coordination**

	Early Learning and Care		Family support		Health	
	Percentage	<i>n</i>	Percentage	<i>n</i>	Percentage	<i>n</i>
I do not think service coordination would help my clients	5.5	11	3.3	7	3.9	10
Clients do not want me involved with the services they receive	8.0	16	8.9	19	6.6	17
I do not have permission or authority to discuss clients with other organizations	26.9	54	19.2	41	15.1	39
I lack the time to coordinate services for clients with other organizations	13.4	27	11.7	25	23.2	60
Service coordination is not part of my job responsibilities	41.8	84	37.4	80	37.1	96
Other	9.5	19	12.6	27	14.7	38
<b>N =</b>	<b>201</b>		<b>214</b>		<b>259</b>	

Source: AIR calculations from the 2020, 2021, and 2022 workforce surveys.

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