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Birth through Eight Strategy for Tulsa (BEST) Phase II Evaluation

2020 Workforce Survey

MARCH 2021

Gabriele Fain | Hannah Dunn-Grandpre | Hans Bos | Stephanie D'Souza | Honora Stagner | Eboni Howard |

MAKING RESEARCH **RELEVANT**

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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 will conduct annual workforce surveys of frontline staff and their managers who work for BEST partners. This report summarizes the findings from the first administration of the workforce survey in fall 2020. 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, workforce issues, and staff perceptions regarding racial equity issues.

In 2020, the workforce survey was administered to 297 frontline staff and their managers within 21 BEST partner organizations that directly deliver services to children, parents, or other adults. The overall response rate for the survey was 67 percent, with a sample size of 206 respondents. In addition to summarizing data across all responses in the report, we disaggregate results by service sector to examine if there were differences in responses across sectors. These sectors include early learning and care (ELC) programs and related supports, family support programs, and health-related services.

Key Findings

1. **Staff knowledge of the BEST initiative and individual BEST partners varied.** About two thirds of the respondents had heard of the BEST initiative. The vast majority of respondents in the family support and health sectors had heard of BEST, whereas only half of the respondents in the ELC sector knew about BEST. Among all respondents, the most well-known partner was the Women, Infant and Children (WIC) program, with 75 percent of respondents indicating that they knew a lot about them, followed closely by Emergency Infant Services.
2. **BEST partners regularly refer clients to needed services.** Almost two thirds of the respondents indicated that they routinely make client referrals to other agencies, either formally and/or informally, as part of their job. These staff reported making referrals (or having the knowledge to do so) across a broad range of service sectors. More than half

BEST WORKFORCE SAMPLE

The BEST workforce sample is ethnically and racially diverse and highly educated and experienced.

- 39% White
- 22% Black
- 25% Hispanic
- 3% American Indian, Alaska Native, or Native American
- 12% other
- 69% hold a bachelor's degree or higher
- 37% have more than 10 years of experience in the field(s) of early childhood, education, and/or health and human services.
- 42% have been employed at their current organization for two years or less

of the staff who reported they make referrals, stated that they use "warm handoffs" during referrals, meaning they personally help their clients contact other service providers. Referrals are made most to health programs, followed by family support, parent education, and mental health services.

3. **Staff reported that the most difficult sector for clients to access is child care for infants and toddlers, followed closely by housing assistance, legal services, and mental health services for adults.** Common challenges to service access 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. Staff responded to an open-ended survey question regarding ways to improve services in Tulsa; the most common response was raising awareness about existing services.
4. **Many BEST partner staff in different programs communicate regularly about shared clients.** More than half of the respondents reported communicating with staff in other agencies. The most cited reason for coordination problems between agencies was that staff often do not have permission to discuss clients with other organizations.
5. **Engaging families in decision making and leadership roles is challenging.** A large majority of respondents said it was at least somewhat challenging to involve parents and family members in efforts to improve services, mostly because of the lack of time on the part of the parents and family members. Less than half of the respondents agreed with the statement that staff regularly try to get ideas from parents on how to improve services, and less than one third of the respondents reported that (a) opportunities exist for parents to serve in leadership roles and (b) parents are included in meetings where decisions are made about improving services. When data are analyzed by service sector, it appears that there are more opportunities for family engagement in the ELC sector, as compared to the health-related services and family support sectors.
6. **Staff enjoy their jobs, but many agreed that their work is stressful.** Almost all respondents believed that their work makes a meaningful contribution, and the vast majority reported having the support and resources they need to do their jobs well. The majority of staff agreed or strongly agreed that it would take a lot for them to leave their jobs. At the same time, more than half of the respondents reported that their job was very stressful. Staff indicated a strong degree of interest in professional development across a range of topics.
7. **Half of responding staff 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 challenges (rated as a challenge occasionally or a great deal) were receiving poor- or low-quality services, followed by being

paid less in their jobs. More than two thirds of the staff indicated that clients reported that their race/ethnicity was the reason they were stopped by the police or another official.

Conclusion

The 2020 BEST workforce survey highlighted many strengths of the service system in Tulsa. Frontline staff and their managers working in BEST agencies reflect a diverse workforce, as well as a highly educated and experienced one. Many staff, particularly in the family support and health service sectors, are aware of the BEST initiative. Some (but not all) of the BEST partners are well-known among staff. In addition, the capacity for making referrals among staff is strong; referral staff make referrals (or know how to do so) across many different service areas, and many use warm handoffs to help ensure that their clients engage with services once referred. Staff working in BEST partner agencies reported that they enjoy their work and believe that they are making a meaningful contribution in their jobs. Finally, staff interest in professional development is high, particularly in the area of implementing trauma-informed care.

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

- Staff reported varying levels of awareness about other BEST-funded organizations in Tulsa. In addition, staff indicated that their clients are often not aware of the services that are available to them in the community. These findings suggest a need for increased outreach to staff (and families) about existing resources in Tulsa.
- Opportunities for families to get involved in partners' efforts to improve program services appears somewhat limited. Analysis of survey data by sector showed that families have more meaningful engagement in ELC program services than they do in the health and family support sectors—a finding that is not surprising given the role that family engagement plays in ELC pedological approaches and program structure. 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.
- Warm handoffs appear to be fairly common—yet for some services more so than others (e.g., only about one third or fewer of referral staff use warm handoffs to connect clients to services related to housing or job placement). The most commonly reported challenge to warm hand-offs was a lack of professional connections with staff in other agencies—an actionable finding that can inform BEST's efforts to create a network of coordinated agencies.

The survey also identified barriers to service access and issues around racial equity that underscore the need for system-level strategies. Staff described 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 child care. Staff responses also highlighted challenges their clients face due to their race/ethnicity, including poor or low-quality services, pay disparities, and negative experiences with the police. Respondents pointed to the need for community-wide diversity, equity, and inclusion training as well as opportunities to support public dialogue about racism in Tulsa.

The workforce survey will occur annually during the BEST Study, allowing us to capture 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. 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 21 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 information from the first workforce survey of the Birth through Eight Strategy for Tulsa (BEST). 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 that are 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 children from birth through age 8 and their families 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.

Until now, little systematic information has been collected from the BEST partners' workforce – the frontline staff and their managers who provide the pivotal services that are the cornerstone of BEST.[1] The 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 and in what ways a comprehensive, continuous, and integrated system-change approach can build greater opportunities that will improve the lives of young children and their families in Tulsa. In measuring the impact of BEST at the child level, it also is valuable to track BEST processes and activities at the system level and understand how the impact of BEST is actualized in the daily lives of children and families. As such, the evaluation has three study components:

- **A process study** will provide information about how the BEST initiative engages with, supports, and interacts with the preconception-to-age-8 service infrastructure in Tulsa.
- **An outcome/impact study** will provide information 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 from a representative Tulsa sample. It includes four cohorts of children: two followed from birth and two followed from the start of kindergarten.
- **An ethnographic study** will describe the routines and experiences of a small subset of families participating in the outcome/impact study.

These three study components work together to answer all the BEST evaluation research questions. The workforce survey is a component of the process study. The study team will conduct this survey annually to capture change across time in providers' knowledge of available services, referrals among different BEST partners, and collaboration among partners, as well as

[1] Frontline staff for this survey include staff members whose main responsibilities are to deliver services to clients and the managers or coordinators who directly oversee their work.

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 staff report across eight main survey topics. In Section III, we highlight the strengths and improvement opportunities for the BEST Initiative that emerged from the survey findings. The appendix presents a set of supplemental tables that contain numbers referenced in the text but not included in exhibits in the body of the report.

Section I. Survey and Sample Approach

The purpose of the workforce survey is to help provide a ground-up perspective of how staff of the BEST partners experience the implementation of BEST, with an eye to documenting changes across time on eight main topics (see sidebar). The 2020 survey consisted of 161 items and took about 30 minutes to complete. Most survey items capture descriptive data that we present the frequency of. The survey also obtained some qualitative data through open-ended responses. Using an online survey software platform, we launched the survey on October 27, 2020, and closed it on December 7, 2020. The survey was administered to 297 frontline staff and their managers within 21 BEST partner organizations.[2] If acceptable to their respective organization, respondents received a $15 gift card as a thank-you for completing the survey.

MAIN SURVEY TOPICS

a) Demographic information about respondents
b) Staff knowledge of BEST partner services
c) Referral practices
d) Service access barriers and facilitators
e) Communication and coordination among BEST partners
f) Role of families in BEST partner agencies
g) Staff workforce issues
h) Staff perceptions regarding racial equity issues

Sample

The survey was sent to 297 BEST frontline staff and their managers. The overall response rate for the survey was 67 percent (*n* = 206), with a range from 0 percent (one partner) to 100 percent (seven partners) across the 21 BEST partners. Eleven of these respondents worked for more than one agency or program. 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 (83 percent), and the remaining portion (17 percent) were managers and supervisors. We also present results by survey respondents grouped into three general service sectors: (a) ELC programs and supports, (b) family support programs, and (c) health-related services (detailed in the next section). Exhibit 1 presents

[2] GKFF-BEST provided a list of their actively funded BEST partners for the purposes of this survey. Only BEST partners who directly deliver services to children, parents, or other adults were included in the survey.

the sample size by service sector, the largest sector being ELC (*n* = 119), followed by family support (*n* = 52) and health-related services (*n* = 35).

Exhibit 1. Sector, Program, and Parent Organization for Survey Respondents

Sector	Program and parent organization
Heath-related services	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: 35
	17 percent
Family support	Women in Recovery, Family and Children's Services
	Women's Justice Team Family and Children's Services
	Bright Beginnings, Parent Child Center
	Children-First, Tulsa Health Department
	Little by Little, Tulsa Health Department
	WIC, Tulsa Health Department
	Family Advocates, Tulsa Health Department
	ParentPRO, Tulsa Health Department
	Strong Tomorrows, Tulsa Public Schools
	Total: 52
	25.2 percent
Early Learning and Care	CAP Tulsa
	Tulsa Educare
	Reach Out and Read
	Reading Partners
	Total: 119
	57.8 percent

Source: December 2020 workforce survey.
Notes: N = 206. 11 respondents worked for multiple programs.

Section II. Findings

The survey findings are described in eight major categories: (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; (e) communication and coordination activities among partners; (f) the role of families in BEST partners; (g) staff professional development needs and satisfaction with their jobs; and (h) perceptions of racial equity issues.

Diversity, Education and Experience

The survey respondents reflect a BEST partner workforce that is highly educated and experienced: more than two thirds of the respondents (69 percent) had a bachelor's degree or higher (Exhibit 2).

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

Variable	Characteristic	*N*	Percentage
Education	High school	10	5.2
	Vocational, some college, or associate degree	50	25.9
	Bachelor's degree	79	40.9
	Some graduate school	15	7.8
	Graduate degree	39	20.2
Total years of experience in relevant fields[a]	Less than 1 year	9	4.7
	1–2 years	28	14.5
	3–5 years	34	17.6
	6–10 years	50	25.9
	More than 10 years	72	37.3
Time at current organization	Less than 1 year	29	14.8
	1–2 years	54	27.6
	3–6 years	66	33.7
	7–10 years	22	11.2
	More than 10 years	25	12.8
Race/ethnicity	American Indian or Alaska Native, Non-Hispanic	5	2.6
	Black, African American, African, Non-Hispanic	42	22
	Hispanic	48	25.1
	White, Non-Hispanic	74	38.7
	Other, Non-Hispanic[b]	22	11.5
Language spoken	English only	128	64.6
	English and Spanish	53	26.8
	English and other language	17	8.6

Source: AIR calculations from the December 2020 workforce survey.
Note: N = 206.
[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.

More than one third of the respondents (37 percent) had more than 10 years of experience in the fields of early childhood, education, and/or health and human services, with another quarter of the sample having between 6 and 10 years of experience (26 percent). Notably, respondents' job

tenure at their current BEST partner organization was relatively short. Slightly less than half of the sample (42 percent) had been employed at their current organization for 2 years or less.

The BEST partner workforce also is ethnically and racially diverse (Exhibit 2). Almost two thirds of the respondents (61 percent) identified themselves as being non-Hispanic Black or African-American, Hispanic, American Indian, Alaska Native, or Native American, multiracial, or another race or ethnicity. One third of the sample (35 percent) reported speaking a language other than English. Compared to the population of Tulsa as a whole, the BEST partner workforce is more diverse; 54 percent of Tulsans identify as White, 15 percent as Black, 17 percent Hispanic, and 14 percent two or more races or other.[3]

Exhibit 3 shows the number and percentage of staff in the survey sample, by their job role. Early childhood teachers/caregivers made up 34 percent of the sample, followed by case managers/social workers (11 percent), and WIC staff (7 percent).

Exhibit 3. Respondents reported a range of job titles, the most common being early childhood teacher/caregiver.

Job title	*N*	Percentage
Case manager/social worker	18	10.5%
ConnectFirst Family Advocate	6	3.5%
Other family advocate	10	5.8%
Early childhood teacher/caregivers	22[a]	12.8%
Early childhood assistant teacher/caregiver	14	8.1%
Elementary staff	8	4.7%
Doula	3	1.7%
Front office staff	1	0.6%
Healthy Steps specialist	6	3.5%
Home visitor	4	2.3%
Lactation consultant	1	0.6%
Mental health professional	8	4.7%
Nurse/nurse educator	10	5.8%
Parent educator	4	2.3%
Special education/early intervention staff	1	0.6%
WIC staff	12	7.0%
Youth counselor/educator	6	3.5%
Other	37	21.5%

Source: AIR calculations from the December 2020 workforce survey.

[3] U.S. Census Bureau. (2019). *Tulsa, OK profile. https://censusreporter.org/profiles/16000US4075000-tulsa-ok/*

Notes: N = 172. Respondents in this job category who did not clarify if they were a teacher/caregiver, or an assistant teacher/caregiver, were categorized as teachers/caregivers (*n* = 2) for the purposes of this survey.

Staff Knowledge of BEST and Services in Tulsa

Among respondents, 63 percent 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 (71 percent), followed by a BEST professional meeting or event (33 percent).

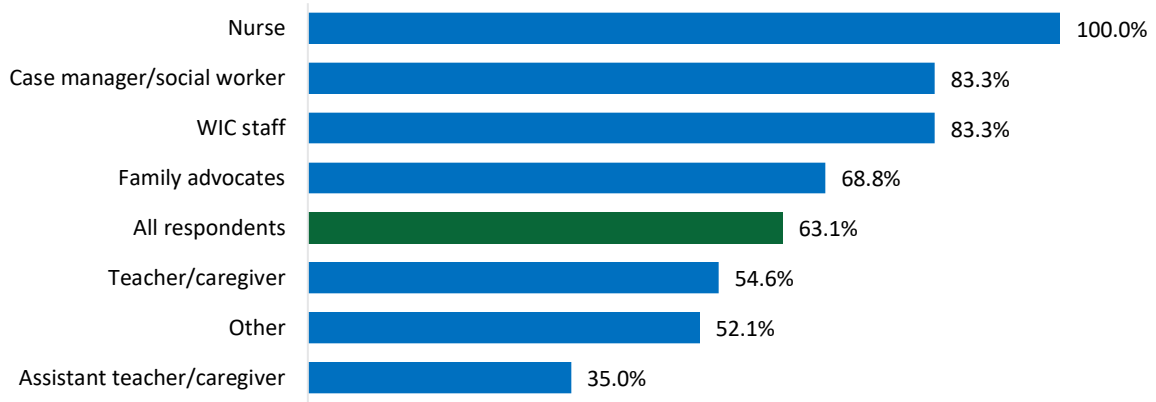
Exhibit 4. Most staff who had heard about BEST learned about it from their organization's leaders.

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

Source: AIR calculations from the December 2020 workforce survey.
Note: N = 183.

Exhibit 5 shows that the proportion of staff who had heard about the BEST initiative varied by their role. Nurses, case managers/social workers, WIC staff, and family advocates were most familiar with BEST, compared with teachers/caregivers and other staff.

Exhibit 5. The rate at which respondents reported having heard about BEST varied by job role.



Source: AIR calculations from December 2020 workforce survey.

Notes: N = 171. Percentages of survey respondents by job role who responded "Yes, I've heard of the BEST initiative." "Other" includes attorney/legal professional, doulas, 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.

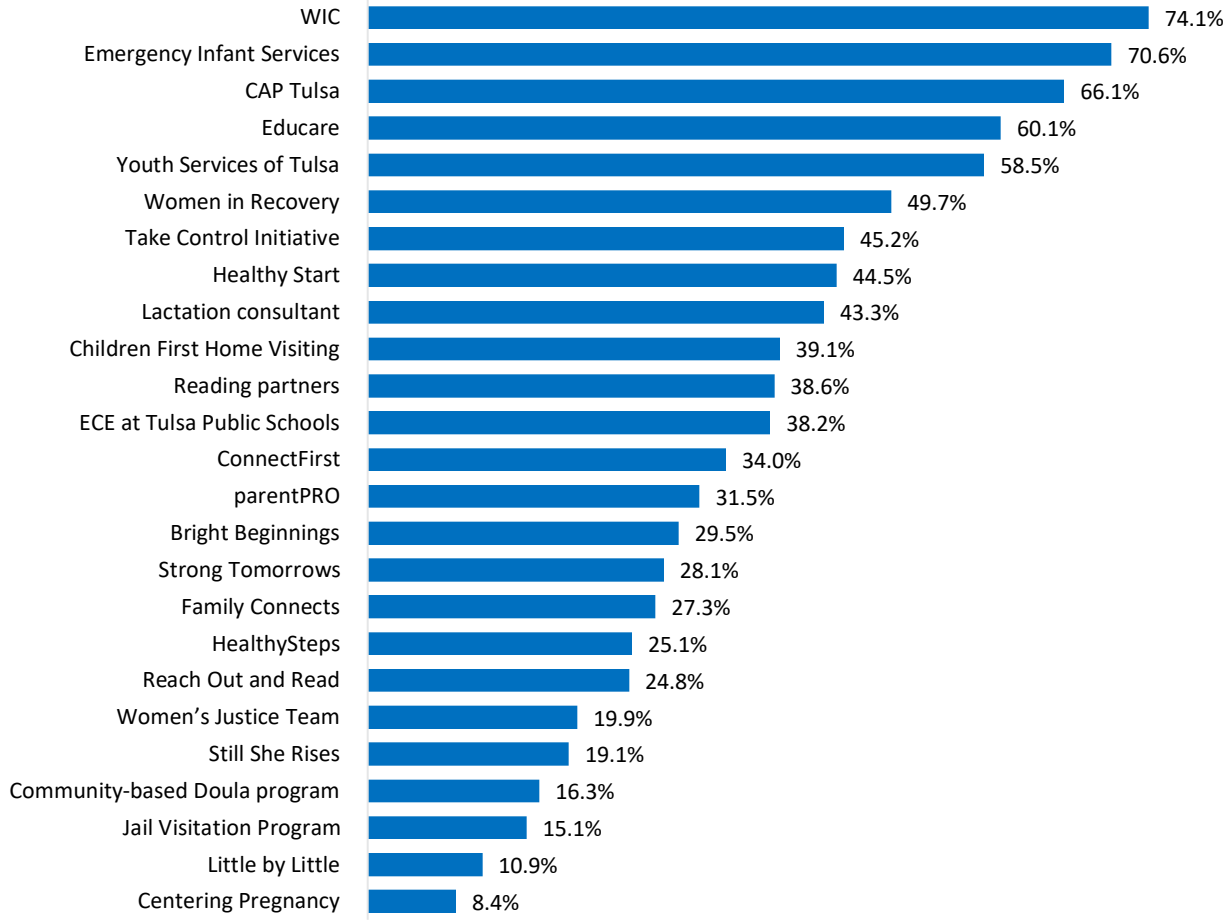
Whether staff had heard of the BEST initiative also varied across programs when organized into the three service sectors (Exhibit 6). A greater percentage of staff in the family support and health/prenatal sectors reported having heard of BEST (88 and 91 percent, respectively) than those in the ELC sector, where only 51 percent of the respondents had heard of BEST.

Exhibit 6. Fewer ELC staff had heard of BEST compared with staff in other service sectors.

Source: AIR calculations from the December 2020 workforce survey
Notes: N = 206. 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 BEST partners and knew a lot about them. Among all respondents, the most frequently selected partner was the WIC program, with 75 percent of the respondents indicating that they heard of them and knew a lot about them, followed closely by Emergency Infant Services (71 percent) and CAP Tulsa (66 percent). The least well-known BEST partners were the Jail Visitation Program (only 15 percent of the respondents heard and knew a lot about them), followed by Little by Little (11 percent) and Centering Pregnancy (9 percent).

Exhibit 7. Awareness and knowledge of BEST partners varies.



Source: AIR calculations from December 2020 workforce survey.
Notes: N = 206. Percentages shown indicate the proportion of survey respondents who responded "Yes, I've heard of these services and know a lot about them."

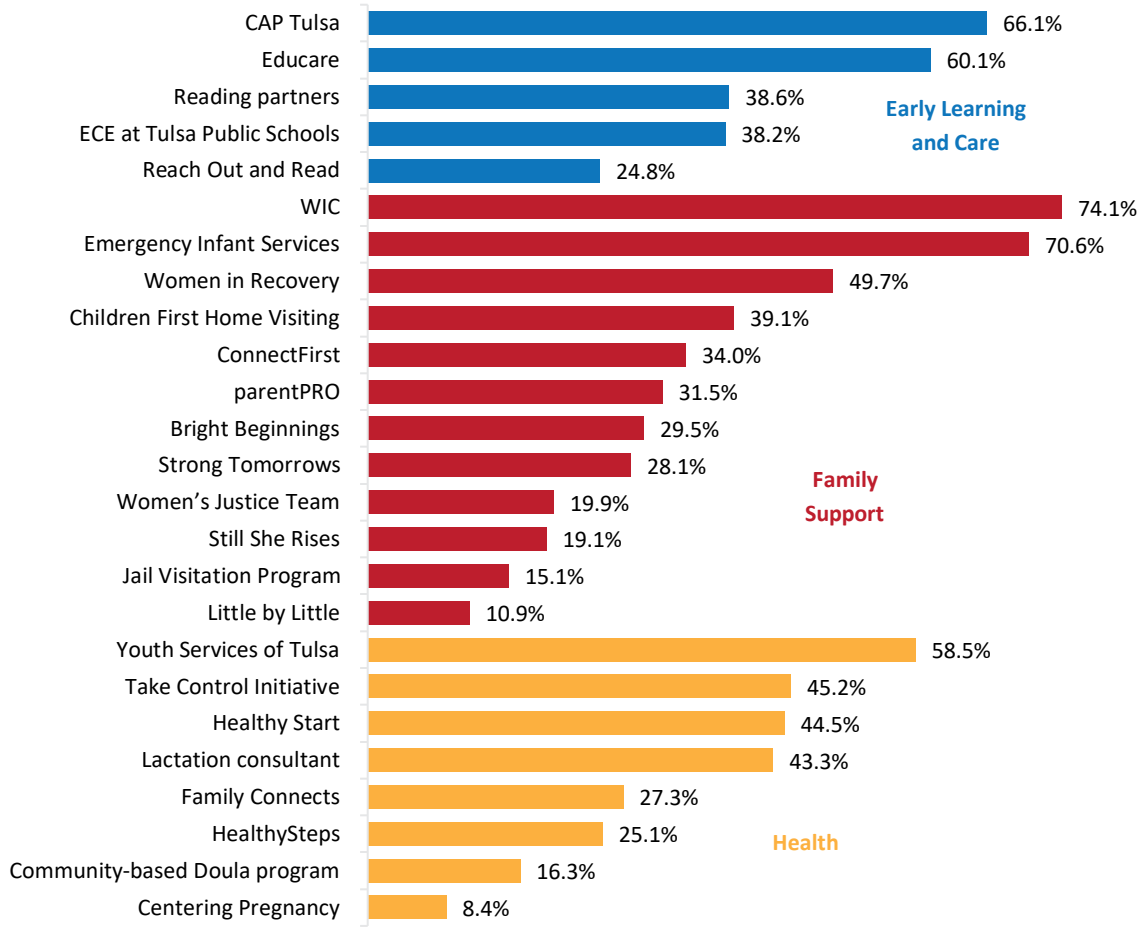
Exhibit 8 reorganizes these results to examine how staff knowledge of specific BEST partner agencies varied within the three service sectors. Among programs within the ELC sector, 66 percent of respondents indicated that they heard of and knew a lot about CAP Tulsa, followed by 60 percent of respondents who reported this same level of knowledge about Educare. Other BEST partners in the ELC sector, such as Reach Out and Read and Strong Tomorrows, were less familiar to the respondents.

Among programs within the family support sector, most respondents heard of and knew a lot about WIC (74 percent). Emergency Infant Services, Women in Recovery, and Children-First were the next most frequently selected programs, with 71, 50 and 39 percent, respectively, of the respondents noting that they heard and knew a lot about these programs. In this sector,

the programs with the fewest respondents who heard of and knew a lot about were the Jail Visitation Program (15 percent) and Little by Little (11 percent).

Among health sector programs, most respondents (59 percent) knew a lot about Youth Services of Tulsa. About half of the respondents (45 percent) knew a lot about the Take Control Initiative and Healthy Start (45 percent), followed by lactation consultants (43 percent). Most other health services were not as widely known (ranging from 8 percent for Centering Pregnancy to 27 percent for Family Connects).

Exhibit 8. Respondents' knowledge of other BEST partners varies by sector.

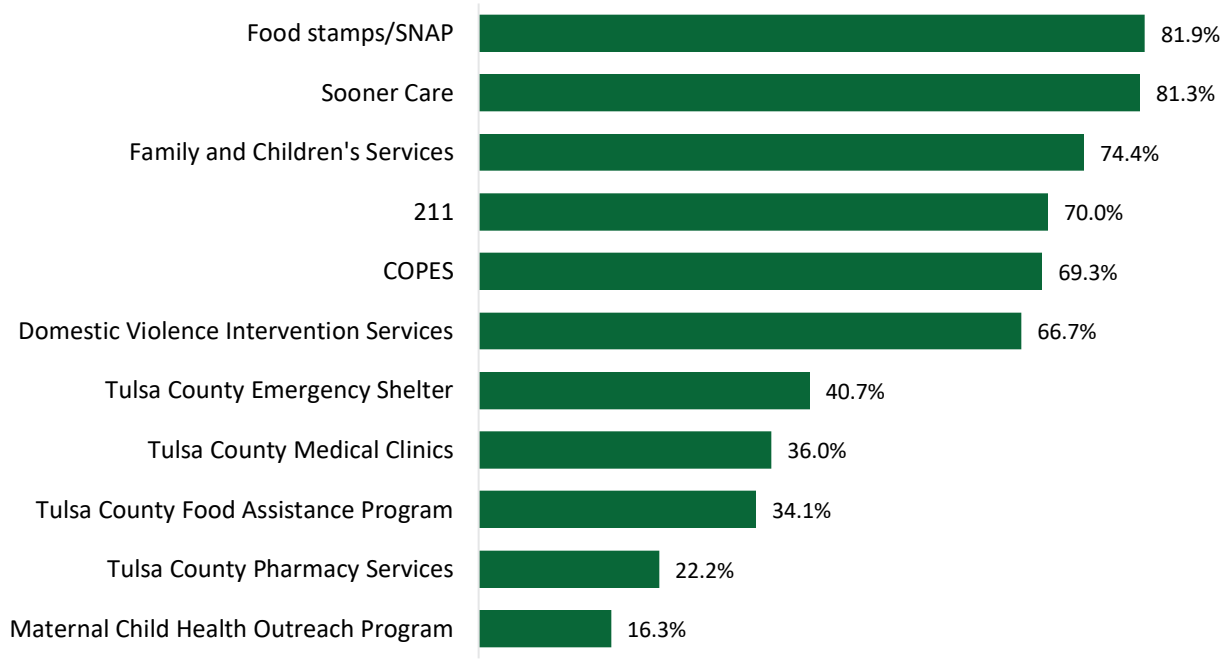


Source: AIR calculations from December 2020 workforce survey.
Notes: N = 206. Percentages shown indicate the proportion of survey respondents who responded "Yes, I've heard of these services and know a lot about them."

In addition to their knowledge of other BEST partners, respondents reported on their knowledge of other services available in Tulsa, such as SoonerCare; the Supplemental Nutrition Assistance Program (SNAP); and other housing, nutrition, and family support services.

Exhibit 9 shows that the two most well-known programs among respondents were SNAP and SoonerCare, with 82 and 81 percent, respectively, of the respondents selecting "I've heard about these services, and know a lot about them." The majority of respondents also reported having heard of and knowing a lot about Family and Children's Services and the 211 nonemergency telephone line for connecting to community services. The programs least known to partner staff were the Maternal Child Health Outreach program (16 percent), Tulsa County Pharmacy Services (22 percent), and the Tulsa County Food Assistance Program (34 percent).

Exhibit 9. Staff awareness of services available to families varied.



Source: AIR calculations from December 2020 workforce survey.
Notes: N = 206. Family and Children's Services (FCSOK) refers to all other child, youth, adult, and family mental health services provided by FCSOK.

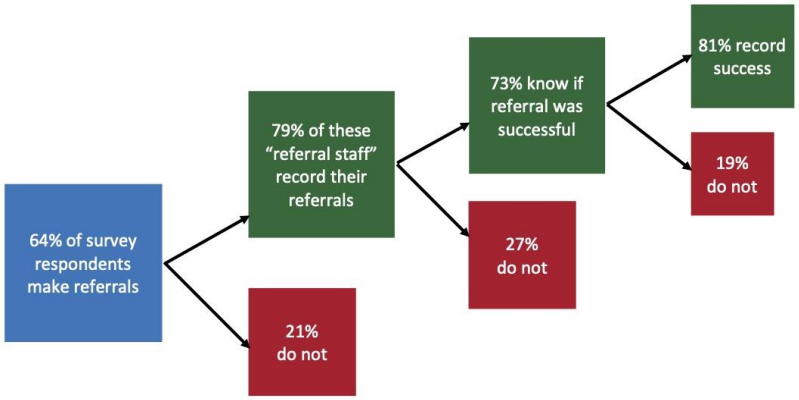
Referral Practices Among BEST Partners

The workforce survey sought to gather information about the extent to which staff referred their clients to community services outside their own programs or agencies. Sixty-four percent of all survey respondents (*n* = 131) indicated that they routinely make such outside referrals, either formally and/or informally.[4] This group of staff are described as "referral staff" for the purposes of this report. Referral staff responded to a series of detailed questions concerning 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 sub-section of the report (**Referral Practices Among BEST Partners**), we use the phrase "referral staff." This refers to the 64 percent (*n* = 131) of all staff who reported making external referrals for clients as part of their job.

Exhibit 10 illustrates the referral pathway process, starting with all referral staff (the 64 percent, *n* = 131, of all staff who indicated they make referrals to other programs outside their own agency). As we follow the process of referrals, we learned that most referrals are recorded in a client management system (79 percent of 131 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 10 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 10. About half of referral staff know if a referral was successful.



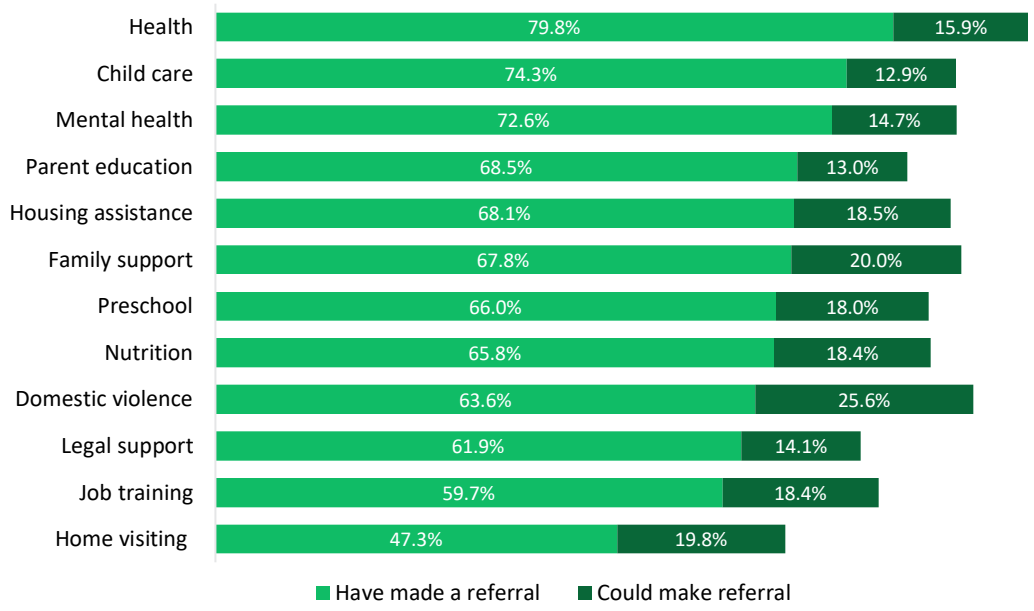
Source: AIR calculations from December 2020 workforce survey.
Note: Sixty-four percent of the sample make referrals (*n*=131). To calculate the other percentages, we ignored respondents who answered: "I do not know" and we restricted the sample to those answering "yes" in the previous step.

[4] See Exhibit A1 in the appendix for more details about referral practices.

The survey data indicate that the ability of staff to make referrals is high. As noted earlier, 64 percent of survey respondents (*n* = 131) make referrals as part of their job. We asked this group of referral staff to indicate if they had made a referral to each of the service sectors listed in Exhibit 11. If they had not made a referral to a service sector, they indicated if they would know how to do so, if there was a need.

Exhibit 11 shows the percentage of referral staff (*n*=131) who reported that they have made a referral, or know how to do so, across various service sectors. The sectors that received the most referrals are health services (80 percent of referral staff indicated they had made a referral in this area), child care (74 percent), and mental health services (73 percent). A smaller number of referral staff (47 percent) reported that they had referred a client to home visiting. Home visiting referral rates may be lower compared with other sectors because these services focus on a narrower group of clients (expectant parents and parents of infants and toddlers) than the other services listed in Exhibit 11.

Exhibit 11. Most referral staff know how to refer clients to a wide range of services.



Source: AIR calculations from December 2020 workforce survey.
Note: N = 131.

We examined if referral practices varied across sectors to determine if staff working in the ELC, family support, and health sectors refer clients (or have the knowledge to do so) to services at different rates. Referral practices do not vary widely by service sector. For example, a large

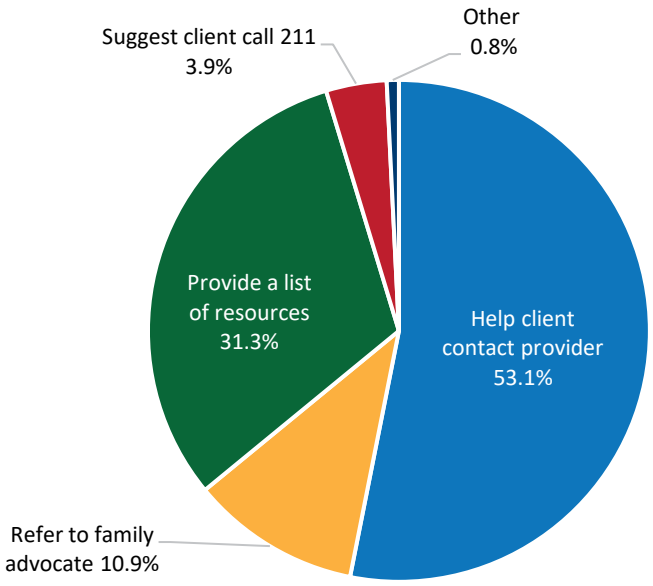
percentage of staff across all sectors refers clients (or knows how to do so) to nutrition services (85 percent of ELC staff, 85 percent of family support staff, and 83 percent of health staff).[5]

In the survey, we also asked respondents about *what staff do* when they refer clients (i.e., their referral practices), as summarized in Exhibit 12. To create this figure, we first asked respondents to indicate all referral methods they use (see exhibit A3 in the appendix for details about the methods). We then sorted the answers by the level of staff involvement in making the referral [ranging from (a) making a personal "warm handoff"[6] 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 (53 percent) reported they personally provide a warm handoff for clients to connect them with service providers (Exhibit 12). Among referral staff who do not make such warm handoffs themselves, approximately one in five refer clients to ConnectFirst family advocates or to family advocates within their own organizations who can make those warm handoffs for them. Of the referral staff who did not report making warm handoffs themselves and do not connect their clients to family advocates, the majority reported providing their clients with a list of services/resources to contact on their own (30 percent of the total). Only 4 percent of the staff who refer clients reported they tell clients to call 211 and do nothing else to facilitate a referral.

[5] See Exhibit A2 in the appendix for more details about referral practices by sector.
[6] The survey defined a warm hand-off as when a service provider personally helps a client connect with another service provider.

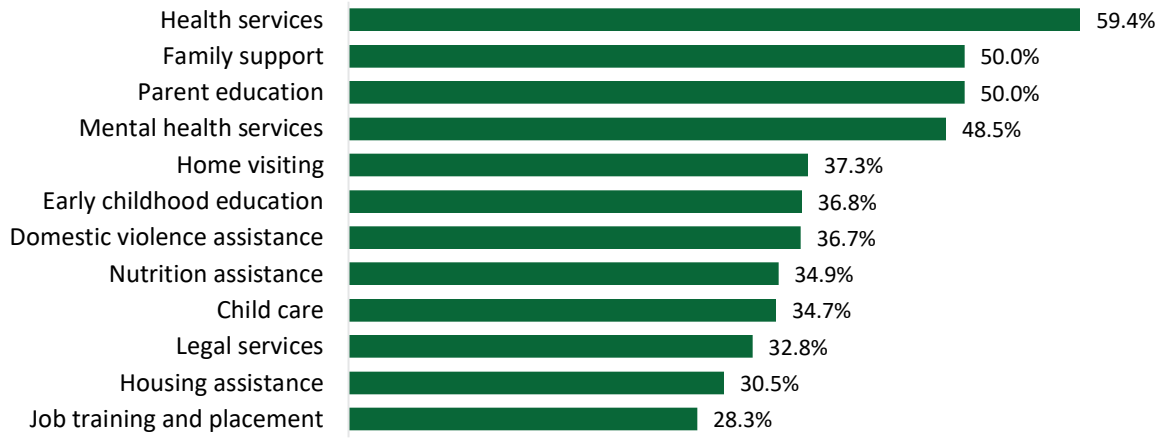
Exhibit 12. Most staff who refer clients make warm handoffs.



Source: AIR calculations from December 2020 workforce survey.
Notes: 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 figure.

In addition to this general breakdown of referral practices, the workforce survey also included more detailed questions about *how often* respondents are able to make warm handoffs. Exhibit 13 shows the percentage of referral staff who make such warm handoffs to different service sectors sometimes or often. Warm hand offs are made most commonly to health programs (60 percent of referral staff reported making such direct referrals), followed by family support, parent education, and mental health services (each reported by about 50 percent of referral staff). Approximately one third of referral staff (ranging from 31 to 37 percent) reported making warm handoffs to the rest of the service sectors listed in Exhibit 14, with the lowest rate for job training and placement programs (28 percent).

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



Source: AIR calculations from December 2020 workforce survey. Warm handoffs are defined as when a service provider personally helps a client connect with another service provider, as part of the referral process.
Note: *N* = 131.

Referral staff also provided feedback on challenges to making warm handoff referrals to other agencies, as shown in Exhibit 14, the most common (cited by 34 percent of referral staff) being a lack of professional connections to service providers. Fifteen percent of the referral staff who make warm handoffs reported that they were challenging because such referrals were not part of their own organization's goals/procedures. Lack of time was also an issue (9 percent of the referral staff pointed to their own limited time, and 11 percent pointed to the limited availability of staff in other agencies).

Exhibit 14. The most common challenge to making warm handoffs is a lack of professional connections to staff at other agencies.

Item	Percentage
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 the person who answers the phone)	33.5%
Warm handoffs are not part of my organization's goals/procedures for referrals	14.8%
Other service providers I refer to don't have enough time	11.4%
I don't have enough time	9.1%
Warm handoffs are not part of the goals/procedures of organizations I refer clients to	7.4%
Other	8.0%
I experience no challenges making warm handoff referrals	15.9%

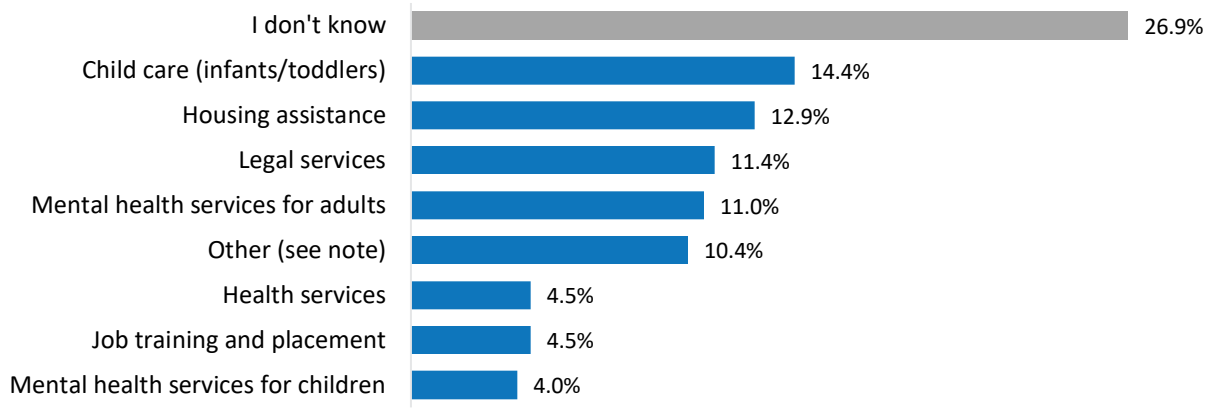
Source: AIR calculations from December 2020 workforce survey.

Note: N = 131.

Service Access

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, 27 percent of staff reported that they did not know which service sector was the hardest for children. The rest of the responses were spread relatively evenly across service sectors. The most difficult sector to access, according to staff, is child care for infants and toddlers (14 percent), followed by housing assistance (13 percent), legal services (11 percent), and mental health services for adults (11 percent).

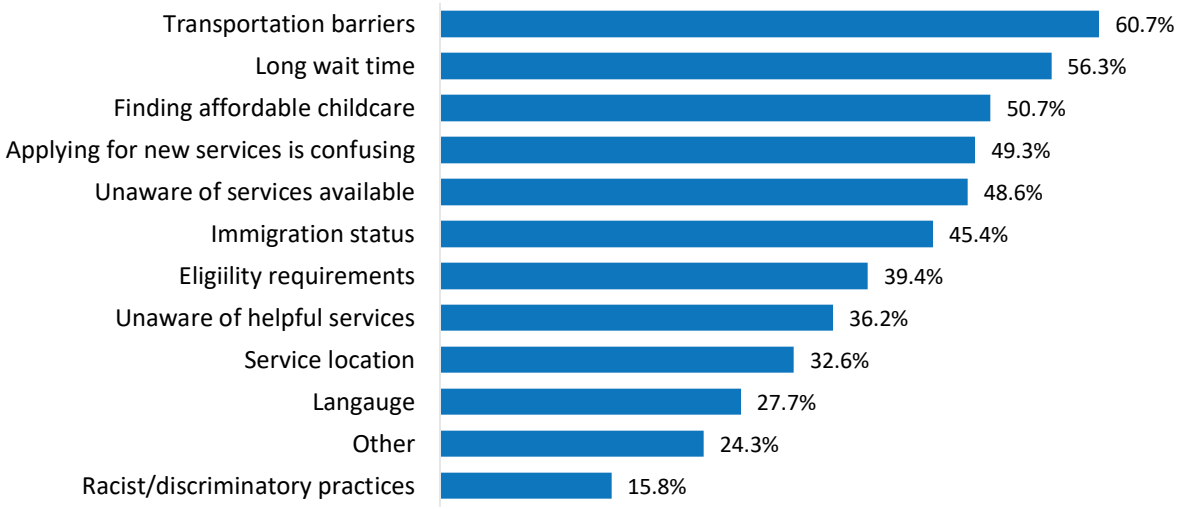
Exhibit 15. Staff reported a wide range of services that were difficult for children and families to access in Tulsa.



Source: AIR calculations from December 2020 workforce survey.
Notes: N = 206. Other includes early childhood education (programs for preschool-aged children), parent education, family support, and nutrition assistance.

After identifying the types of service areas that were the most difficult for children and families to access in Tulsa, respondents indicated *why* they thought that was the case (*n* = 150). As shown in Exhibit 16, the most mentioned barrier was transportation (identified by 61 percent of the respondents, *n* = 85), followed by a long wait time for services (56 percent, *n* = 81), finding affordable child care so that parents can participate in services (51 percent, *n* = 71), client confusion about applying for services (49 percent, *n* = 69), and clients being unaware of available services (49 percent, *n* = 68).

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



Source: AIR calculations from December 2020 workforce survey.
Note: *N* = 150.

Barriers to access varied somewhat by the type of service), although transportation issues were a near constant.[7] Respondents who indicated that child care was the least accessible service (*n* = 29), pointed to a lack of transportation (100 percent, *n* = 29) and long wait times for services (76 percent, *n* = 22) as the largest barriers. Staff who found legal services to be the least accessible (*n* = 23) reported that client concerns about their immigration status (70 percent, *n* = 16) and clients' lack of knowledge about available services (68 percent, *n* = 15) were the greatest barriers. Staff who said there were barriers to adult mental health (*n* = 22) described transportation, ability to find childcare so that parents can participate, and a lack of knowledge among clients about available services as challenges (55 percent for each, *n* = 12). Lastly, for staff who selected housing as the biggest challenge (*n* = 26), long wait times (69 percent, *n* = 18) and transportation (65 percent, *n* = 17) were the most significant barriers to access.

[7] Exhibit A3 in the appendix for more details about the types of barriers.

HOW TO IMPROVE SERVICES IN TULSA?

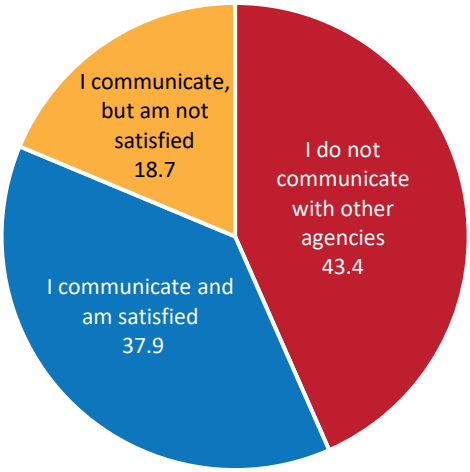
Survey respondents (*n* = 132) responded to an open-ended question about recommendations to improve services in Tulsa. The most common responses were as follows:

- Increase awareness of community resources.
- Improve outreach to underserved communities
- Develop marketing campaigns in multiple languages
- Improve service providers' knowledge of available services
- Improve transportation.
- Increase availability of affordable childcare, housing, mental health, and services to support basic needs

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, 57 percent of all staff responded that they communicate with staff in other agencies. Thirty-eight percent of the staff were satisfied with those communications, and another 19 percent were not satisfied.

Exhibit 17. Slightly fewer than half of staff communicate with other agencies; among those who do, most are satisfied with their communications.



Source: AIR calculations from December 2020 workforce survey.
Note: N = 206.

Staff reported on challenges they experience when coordinating services for clients with other agencies (Exhibit 18). The most common challenge (cited by 43 percent of the survey respondents) was that they did not have permission or authority to discuss clients with other organizations, followed by a lack of time to coordinate services (21 percent).

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 December 2020 workforce survey.
Note: N = 206.

Despite challenges in coordinating services, some degree of communication about clients' participation in services across organizations is occurring. Sixty-seven percent of the staff (*n* = 123) sometimes (37 percent) or often (30 percent) reported knowing if their clients are receiving services from other agencies. Also, the percentage of staff who reported having the information they need to do their jobs well (sometimes or often) was high, at 88 percent of responding staff.[8]

Role of Families in BEST Partners

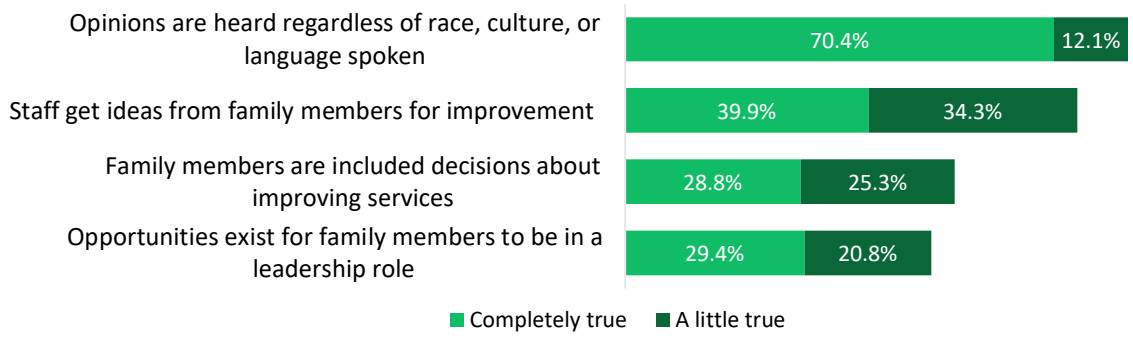
As shown in Exhibit 19, the majority of staff reported that the opinions of parents/family members are heard regardless of their race, culture, or language spoken (70 percent of all survey respondents indicated this was "completely true"). At the same time, a smaller number of staff indicated that it was "completely true" that staff regularly try to get ideas from parents/family members on how to improve services (40 percent), opportunities exist for parents/family members to serve in leadership roles (29 percent), and parents/family members are included in meetings where decisions are made about improving services (29 percent).

WHAT ARE THE STRENGTHS OF SERVICES IN TULSA?

Survey respondents (*n* = 139) responded to an open-ended question regarding the strengths of existing services. The most common responses were as follows:

- Early childhood education programs in Tulsa
- Programs that help parents meet basic needs, such as SoonerCare, WIC, or SNAP
- Variety of services that are available in the community
- Strength of collaboration among service providers

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



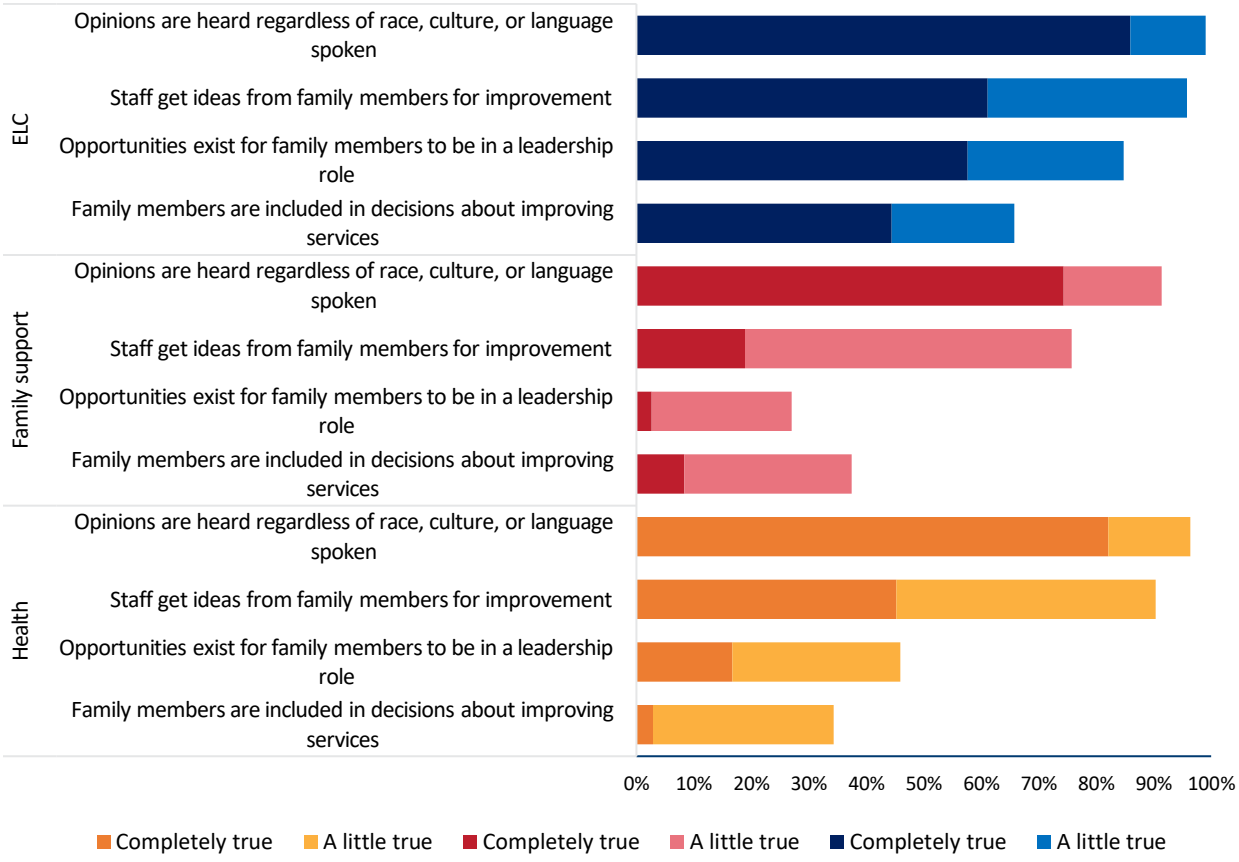
Source: AIR calculations from December 2020 workforce survey.
Note: N = 206.

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

We found variation regarding the level of family engagement across the three service sectors (Exhibit 20). Staff from 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 that it was completely true that they involved family members in meetings about service improvement, compared with 8 percent of family support staff and 3 percent of health staff. We did find that all sectors noted some level of engagement for families.

Eighty-two percent of the staff reported that involving a parent and family members in efforts to improve services was challenging or somewhat challenging. In an open-ended survey question, respondents (*n* = 134) described barriers to engaging parents and family members in service improvement. The most common responses were a lack of parent availability because of work or other demands; a perception that parents were not interested in helping improve services; and challenges reaching parents, particularly by telephone.

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

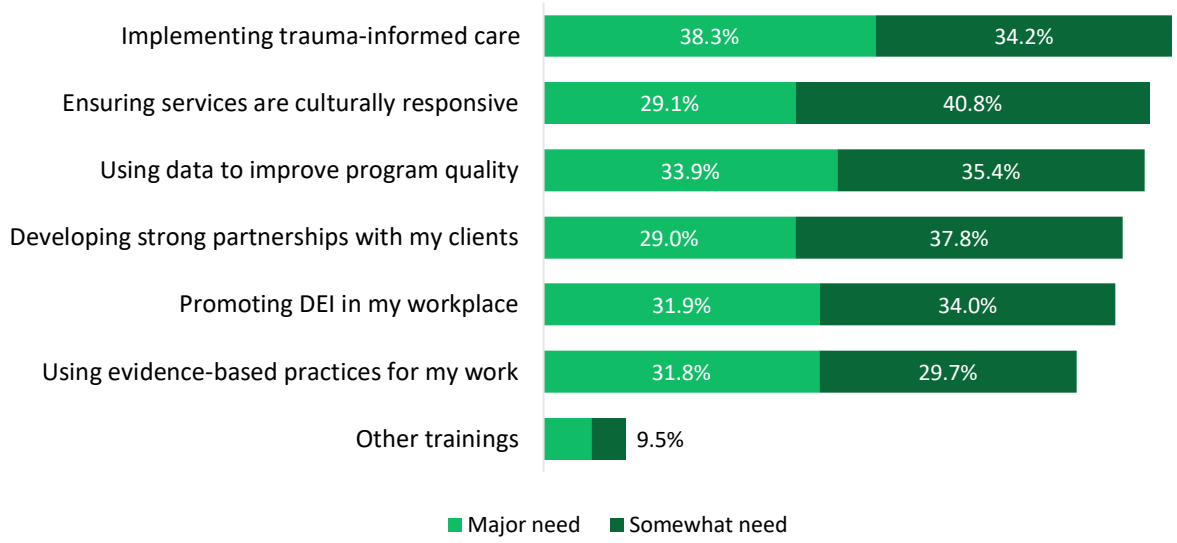


Source: AIR calculations from December 2020 workforce survey.
Note: N= 206. The respondents who did not choose "a little true" or "completely true" as their answer, chose "not at all true" or "I'm not sure." See Exhibit A6 for details.

Professional Development and the Workplace

Staff responded to questions about their professional development needs and their attitudes toward their jobs. In general, the survey data indicated a fairly high interest in professional development across the topics listed in Exhibit 21. At least two thirds or more of the staff indicating that these professional development topics were somewhat of a need or a major need. The most commonly mentioned need was implementing trauma-informed care (identified by 73 percent of staff).

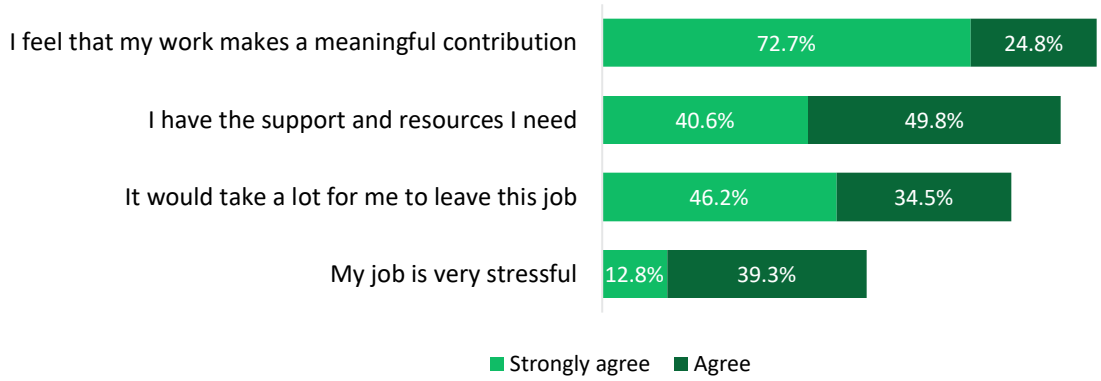
Exhibit 21. Staff expressed interest in a wide range of professional development topics.



Source: AIR calculations from December 2020 workforce survey.
Note: N = 206.

Nearly all staff reported feeling that their work makes a meaningful contribution (98 percent) and that they have the support and resources they need (90 percent) from their respective workplaces. Eighty-one percent of the staff agreed or strongly agreed it would take a lot for them to leave their jobs. Fifty-two percent of the staff agreed (39 percent) or strongly agreed (13 percent) that their job was very stressful (Exhibit 22).

Exhibit 22. Respondents are satisfied with their jobs (but many find them stressful).



Source: AIR calculations from December 2020 workforce survey.
Note: *N* = 206.

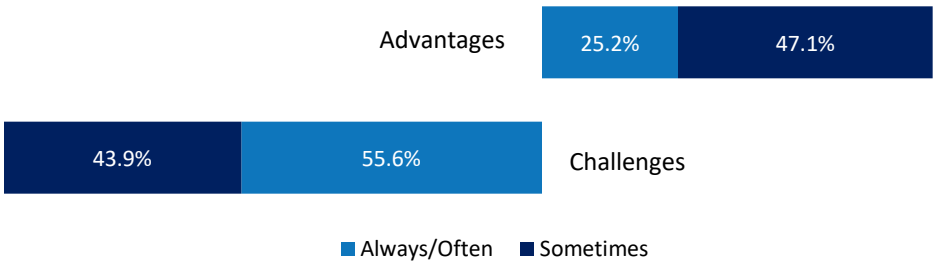
Racial Equity

The survey 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 they may face because of their race or ethnicity.[9] Among those respondents who indicated they work with adult clients (*n* = 121), about half (*n* = 60) reported they have these types of discussions with their clients.

The survey asked staff to indicate how often they think a client's race or ethnicity was a reason for the challenges that client faces (and how often a client's race or ethnicity is a reason for advantages that client experiences). Slightly more than half of the staff (56 percent) reported that their clients' race or ethnicity is always or often a reason for *challenges* that they face and 44 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 23).

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

Exhibit 23. The majority of staff reported that clients' race or ethnicity is a cause of challenges and/or advantages experienced by their clients.



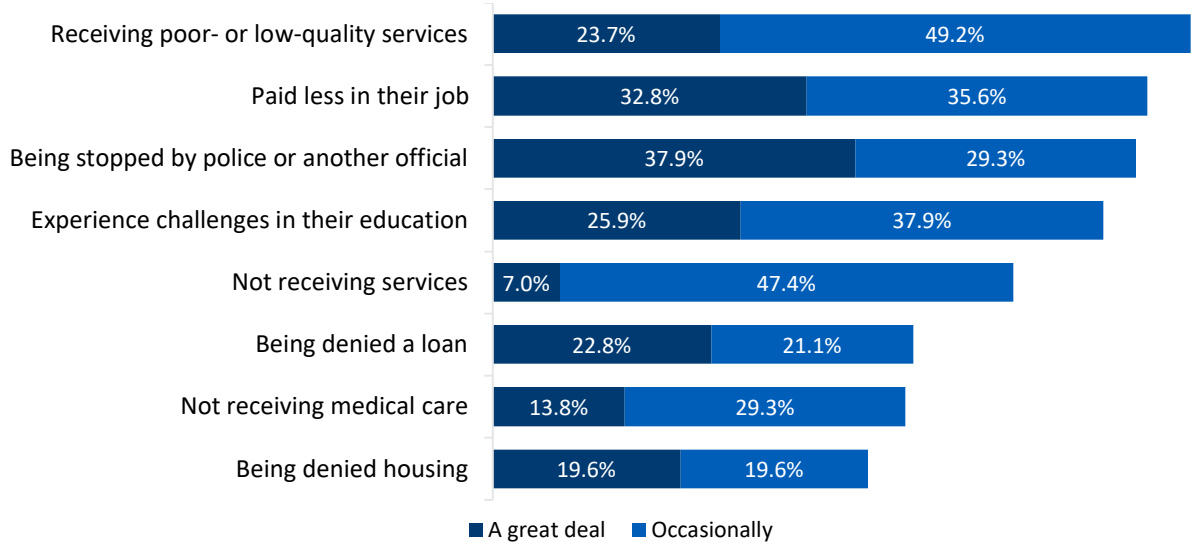
Source: AIR calculations from December 2020 workforce survey.
Note: N= 206.

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 24). Seventy-three percent of respondents reported that their clients' race/ethnicity was the reason they received poor- or low-quality services occasionally or a great deal of the time. Clients' race/ethnicity was also a common reason for being paid less in their jobs or being stopped by the police or another official. We examined these data by sector and found that respondents in the family support and health sectors were more likely to report that clients' race/ethnicity was a reason for receiving lower-quality services than respondents in early learning and care settings. Aside from this result, we did not find any other significant differences across sectors. We also found no differences in the answers to these questions by the race/ethnicity of the respondents.[10]

In addition, respondents were asked to describe, in an open-ended question, their experiences talking with their clients about racism. Of the 66 people who provided a response, the most common topic they reported discussing was clients' experiences with racism in the health care system, followed by negative encounters with the police.

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

Exhibit 24. Staff indicated that their clients' race/ethnicity is the cause of many challenges in their lives.



Source: AIR calculations from December 2020 workforce survey.
Note: N= 66.

The survey respondents (*n* = 127) responded to an open-ended question asking for their recommendations to improve racial equity in Tulsa. The most common responses focused on providing racial equity training and education and creating a space for public dialogue about racial equity issues. Other common suggestions highlighted the need to invest in the community in some manner (e.g., reforming the police department, improving education, and expanding resources in underserved areas) and increasing the representation of people of color in positions of power and in the workforce.

> *"Community services are absolutely essential, but real improvement needs to address the systems that perpetuate racial inequity."*
>
> —Survey respondent

Section III: Strengths and Improvement Opportunities for BEST

In this final section we summarize the strengths and improvement opportunities for the BEST Initiative that emerged from the survey findings. The 2020 BEST workforce survey highlighted many strengths of the service providers that are partners in the BEST initiative, including the following:

- Frontline staff and their managers working in BEST agencies reflect a diverse workforce, as well as a highly educated and experienced one.
- Most staff working in the family support and health sectors are aware of the BEST initiative (with lower rates of awareness reported by respondents in the ELC sector).

- BEST staff who reported making external referrals for clients, make referrals (or know how to do so) across many different service areas, and many use warm handoffs to help ensure that their clients engage with services once referred.
- Staff described the strengths of the Tulsa service system, with the most common response focused on Tulsa's early childhood education (ECE) services.
- Staff working in BEST partner agencies reported that they enjoy their work and believe that they are making a meaningful contribution in their jobs.
- Interest in professional development is strong, particularly in the area of implementing trauma-informed care.

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

Awareness

Staff reported varying levels of awareness about other BEST-funded organizations in Tulsa. For example, staff in the ELC sector are less familiar with the work of other BEST partners, compared with staff in the health and family support sectors. Although some BEST partners are well known across all respondents, others (such as smaller programs, including in the health and criminal justice sectors) are not. This partner-specific information can be used to target efforts to improve awareness of services among BEST partner staff. Staff also indicated that their clients are often not aware of the services that are available to them in the community, suggesting a need for improved outreach to families about resources that could benefit them.

Family Engagement

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—a finding that is not surprising given the role that family engagement plays in ELC pedological approaches and program structure. 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

Warm handoffs appear to be fairly common among BEST partner staff—yet for some services more so than others (e.g., only about one third or fewer of referral staff use warm handoffs to connect clients to services related to housing or job placement services). The most commonly reported challenge to warm hand-offs was a lack of professional connections with staff in other

agencies. This is an actionable finding that can inform BEST's efforts to create a network of coordinated agencies. Given the survey found that slightly under half of respondents reporting being at their current organization two years or less, tracking the rates of staff turnover across BEST partners may help inform staff networking efforts, particularly.

In addition to warm handoff referral practices, staff reported that they do not always know if the referral was successful, and if the referral was successful, it is not always recorded as a success. 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. Additional exploration into these issues may inform the BEST initiative's efforts to improve referral practices across its partners and with other service providers in the community.

Barriers to Service and Racial Equity

The survey also identified barriers to service access and issues around racial equity that underscore the need for system-level strategies. Staff described 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 child care. Staff also pointed to the need for community-wide diversity, equity, and inclusion training as well as opportunities to support public dialogue about racism in Tulsa.

Conclusion and Acknowledgements

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.

Appendix. Survey Results

Exhibit A1. Percentage of respondents who refer clients to other agencies for services

Item	Percentage	*n*
As part of your job do you refer children, youth, or adults to other agencies for services?		
Yes	63.9%	131
No	30.7%	63
I'm not sure	5.4%	11

Source: AIR calculations from December 2020 workforce survey.
Note: N = 206.

Exhibit A2. Percentage of respondents who have or would be able to make a referral to the following service areas

	ELC		Family support		Health	
	%	*n*	%	*n*	%	*n*
Child care	97.0	32	84.2	32	80.0	24
Domestic violence	86.8	46	84.2	32	100.0	30
Family support	96.3	26	81.8	27	86.7	26
Health	94.1	48	94.9	37	100.0	29
Home visiting	53.9	21	71.4	20	83.3	20
Housing assistance	90.6	48	83.3	30	83.3	25
Job training	81.6	40	71.4	25	80.0	24
Legal supports	75.9	41	70.3	26	83.3	25
Mental health	92.7	38	75.0	24	93.1	27
Nutrition	84.6	44	75.8	28	82.8	24
Parent education	84.9	28	80.6	25	78.6	22
Preschool	90.6	29	82.1	32	79.3	23

Source: AIR calculations from December 2020 workforce survey.
Note: N = 131.

Exhibit A3. Referral practices

Item	Percentage	*n*
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	84.7%	111
I personally help the client contact the service provider	51.9%	68
I suggest they call 211	54.2%	71
I refer them to the family advocates at ConnectFirst	13.7%	18
Other	9.9%	13

Source: AIR calculations from December 2020 workforce survey.
Note: N = 131.

Exhibit A4. Barriers to service access

	Not a challenge		Somewhat of a challenge		Major challenge		I'm not sure	
	%	*n*	%	*n*	%	*n*	%	*n*
There is a long wait time for services	3.5%	5	27.1%	39	56.3%	81	13.2%	19
Services are not available in clients' preferred language	22.0%	31	30.5%	43	27.7%	39	19.9%	28
Services have racist or discriminatory practices toward clients	26.6%	37	24.5%	34	15.8%	22	33.1%	46
Clients are worried about accessing services because of their immigration status	11.4%	16	27.0%	38	45.4%	64	16.3%	23
Clients do not meet eligibility requirement for services	12.0%	17	37.3%	53	39.4%	56	11.3%	16
Clients are not aware that services would be helpful to them	19.2%	27	37.6%	53	36.2%	51	7.1%	10
Clients do not know about the services that are available to them	12.9%	18	33.6%	47	48.6%	68	5.0%	7

	Not a challenge		Somewhat of a challenge		Major challenge		I'm not sure	
	%	*n*	%	*n*	%	*n*	%	*n*
Services are not located in a convenient location for clients	14.9%	21	39.7%	56	32.6%	46	12.8%	18
Applying for new services is confusing to clients	7.1%	10	32.9%	46	49.3%	69	10.7%	15
Clients cannot find or obtain affordable childcare so they can participate in services	10.7%	15	21.4%	30	50.7%	71	17.1%	24
Clients have transportation barriers	1.4%	2	32.9%	46	60.7%	85	5.0%	7
Other	24.3%	9	10.8%	4	24.3%	9	40.5%	15

Source: AIR calculations from December 2020 workforce survey.
Note. N = 150.

Exhibit A5. Coordination of services

	Never		Rarely		Sometimes		Often		Always		I'm not sure	
	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*
I know if clients are receiving services from other program agencies	8.6	17	17.3	34	36.6	72	25.9	51	4.1	8	7.6	15
I have the information and data I need to do my work effectively with clients	2.0	4	1.0	2	19.9	39	40.8	80	27.6	54	8.7	17

Source: AIR calculations from December 2020 workforce survey.
Note: N = 206.

Exhibit A6. Role of families in BEST partner agencies

Item	Percentage	*n*
Parents/family members are included in meetings where decisions are made about improving services (e.g., policy council, budget, improvement plans).		
Not true	21.2	42
A little true	25.3	50
Completely true	28.8	57
I'm not sure	25.8	49
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	25.9	51
A little true	20.8	41
Completely true	29.4	58
I'm not sure	23.9	47
The opinions of parents/family members are heard regardless of their race, culture, or language spoken.		
Not true	2.0	4
A little true	12.1	24
Completely true	70.4	140
I'm not sure	15.6	31
Staff regularly try to get ideas from parents/family members on how to improve services.		
Not true	7.1	14
A little true	34.3	68
Completely true	39.9	79
I'm not sure	18.7	37
To what extent is it challenging to involve parents/family members in improving services?		
Challenging	20.1	38
Somewhat challenging	62.4	118
Not challenging	17.5	33

Source: AIR calculations from December 2020 workforce survey.
Note: N = 206.

Exhibit A7. Percentage of respondents who speak to their clients about challenges related to race or ethnicity

Item	Percentage	*n*
Do you ever talk to your adult clients about challenges (or advantages) they may face because of their race or ethnicity?		
Yes	31.1	60
No	31.6	61
I only work with young children	28.5	55
I'm not sure	8.8	17

Source: AIR calculations from December 2020 workforce survey.
Note: N = 206.

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	
	%	*n*	%	*n*	%	*n*
Not receiving services	41.7	10	65.0	13	61.5	8
Receiving low quality services	52.0	13	85.7	18	92.3	12
Being denied a loan	41.7	10	52.4	11	33.3	4
Being stopped by police	79.2	19	66.7	14	46.2	6
Not receiving medical care	33.3	8	57.1	12	38.5	5
Being denied housing	39.1	9	40.0	8	38.5	5
Being paid less at their job	72.0	18	66.7	14	61.5	8
Challenges in education	70.8	17	61.9	13	53.9	7

Source: AIR calculations from December 2020 workforce survey.
Note: N = 66.

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