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

## 2024 Workforce Survey Report

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# Executive Summary

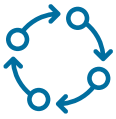
The American Institutes for Research® (AIR®) is conducting the Birth through Eight Strategy for Tulsa (BEST) Phase II Evaluation—the BEST Study. As part of the study, AIR conducts an annual workforce survey of direct service staff and their managers who work at BEST partner organizations. This report summarizes the findings from the fifth of these annual surveys, conducted in the winter of 2024. The survey asks staff who work in BEST organizations about their knowledge, experiences, and/or perceptions on six different topics that are important for understanding efforts to improve Tulsa's prenatal-to-age-8 service infrastructure. Topics include staff knowledge of BEST partner services, referral practices, communication and coordination among service providers, the role of families in BEST partner agencies, staff satisfaction with their jobs, and reflections on the service system in Tulsa.

In 2024, the survey was sent to 479 BEST direct service staff and their managers within 45 BEST partner organizations. Most survey respondents were direct service staff working directly with children and families (75%), and the remaining portion (25%) were managers and supervisors. The survey response rate was 80%. In 2024, 60% of respondents also completed a workforce survey in one of the previous years; 13% of respondents completed the survey in all the previous survey years.

## Key Findings

**Knowledge of the BEST initiative among partner agency staff has consistently grown during the 5 years of the workforce survey**. Seventy-eight percent of first-time survey respondents reported that they had heard of the BEST initiative, compared to 77% in 2023, 71% in 2022, 66% in 2021, and 63% in 2020.

**Staff knowledge of BEST partners increased from 2020 to 2024**. In some cases, the percentage of staff who reported that they know a lot about individual BEST partner organizations increased by 20% or more between 2020 and 2024. Notably, knowledge of ConnectFirst, the crucial family navigation component of the BEST initiative, increased from 36% in 2020 to 55% in 2024. Given that ConnectFirst did not exist prior to the BEST initiative, the growth in its awareness over time is significant for the initiative. The most well-known partner agencies continue to be Women, Infants, and Children (WIC); Emergency Infant Services (EIS); CAP Tulsa; and Educare.



**Between 2020 and 2024, the percentage of staff who reported making referrals to services gradually decreased**. The most pronounced drops in the percentage of staff who reported making referrals occurred between 2021 and 2022, in the post-

COVID-19 pandemic year. Over the 5 years of the survey, the largest drops in the percentage of staff who reported making referrals occurred in the areas of domestic violence (a 23% drop between 2020 and 2024) and preschool and child care (20% and 18% reductions, respectively).

**Most staff make referrals as part of their jobs. As in past years, staff reported that they continued to use "warm handoffs" in 2024, personally helping a client connect with a service provider.** Referral staff reported using warm handoffs most frequently when referring to family support, mental health, and health services. Other common referral strategies included providing clients with a list of resources and referring them to 211. After a drop in 2022, the percentage of staff who used warm handoffs increased for some types of services in 2024.

**Almost three quarters of the BEST partner staff communicated regularly about shared clients to other BEST agencies—which continues a positive trend since 2020.** In 2024, 54% of respondents were satisfied with this communication with other agencies. Staff reported that the most common challenge to service coordination was a lack of permission or authority to discuss clients with other organizations.

**Engaging families in decision-making and leadership roles remains a challenge for some BEST partners.** Most staff (87%) agreed with the statement that "The opinions of families are heard regardless of their race, culture, or language spoken." However, fewer staff indicated that staff regularly get ideas from families on how to improve services (81%) or that opportunities exist for family members to serve in leadership roles (64%). Rates of family engagement were lower overall than in 2020 but have been trending up since 2021, especially in leadership opportunities.

**In 2024, staff reported high satisfaction with their jobs and that work stress is lower than in past years.** Almost all staff reported that their work makes a meaningful contribution. In addition, the large majority reported that they have the support and resources they need from their respective workplaces and that it would take a lot for them to leave their jobs (98%, 87%, and 85%, respectively, which is similar to findings from 2023). Reported work stress also is declining. In 2024, only 47% of respondents reported that their job was very stressful (a 14-point reduction from 2022, a 3-point reduction from 2023); which is the lowest level in all 5 years of the survey.

**Staff reported that Tulsa is becoming a better place to raise children**. Sixty-eight percent of respondents agreed with the statement that "Tulsa is becoming a better place to raise children." In addition, 95% of respondents agreed or strongly agreed that their organization is paying more attention to ensuring that all clients, regardless of race, ethnicity,

or income, have access to services. They also were very positive about their organization being better able to identify and address problems (86%). Notably, most of these experienced respondents agreed that bureaucracy and red tape were less of a problem than they had been before (63%).

| TOPIC | MAIN FINDINGS | CHANGE: 2020 TO 2024 |
|---|---|---|
| | More staff are **knowledgeable about available services** in Tulsa. |  |
| | Knowledge of **ConnectFirst**, the crucial family navigation component of the BEST initiative, significantly increased. |  |
| | Staff **communication** across agencies has improved. More staff are satisfied with their communication with other service providers and fewer staff cite "lack of permission to discuss shared clients" as a challenge. |  |
| | Levels of **family engagement** have increased recently, after a decrease during the height of the COVID-19 pandemic. |  |
| | Staff satisfaction with their **work** has remained high and reported work stress has declined in the last year. |  |

## Conclusion

The 2024 workforce survey showed consistent improvements across many areas. These changes can serve as an indication that BEST is making an impact, improving the prenatal-to-age-8 service system. It is most notable that knowledge of and familiarity with BEST and the other BEST partners, cross-agency communication and collaboration, referrals, and job satisfaction show consistent improvements. Over the 5 years of the survey, the percentage of staff who reported making referrals has decreased slightly, most profoundly regarding referrals for domestic violence and preschool and child care services.

# Acknowledgments

The workforce survey occurs annually as part of the BEST Study, allowing us to capture changes in the perceptions of the Tulsa service infrastructure for children from birth through age 8 over time in the early childhood workforce. These changes will reflect the impact of the BEST initiative as it continues.

We greatly appreciate the time and attention that the survey respondents gave us. Their work is critical for 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. Finally, we want to acknowledge AIR managing director Karen Manship for her thoughtful review of the report and her beneficial feedback. The annual workforce survey provides one approach to learn about the birth-to-age-8 Tulsa service infrastructure that BEST aims to change so that more children have the needed supports for successful life outcomes.

# Introduction

The purpose of this report is to present the results from the fifth 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.

Since 2020, AIR has conducted the workforce survey on an annual basis 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. This report describes the characteristics and experiences of the BEST partners' workforce—direct service 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 over 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 of a child up to 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 it also informs the outcome/ impact study by capturing changes in the service infrastructure and workforce across time.

> The findings from the workforce survey provide information about the extent to which BEST changes the prenatal-to-age-8 service system structure from the perspective of direct service staff and their managers.

In Section I, we describe the design and sample of the workforce survey. In Section II, we describe the major findings from the 2024 survey and examine how survey responses have changed over the years. Section III presents conclusions and recommendations for the George Kaiser Family Foundation (GKFF)-BEST initiative. The appendix includes supplemental tables that contain data that are referenced in the text but not included in the 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 toward documenting changes across time on eight main topics (see sidebar). The 2024 survey consisted of 143 items and took about 30 minutes to complete.[1] Most survey items capture descriptive data, which we present as frequencies. The survey also obtained qualitative data through open-ended responses. Using an online survey software platform, we launched the survey on November 11, 2024, and closed it on February 18, 2025. If acceptable to their organization, respondents received a $15 gift card as a thank-you for completing the survey.

### Main Survey Topics

1. Demographic information about respondents
2. Staff knowledge of BEST and BEST partner services
3. Referral practices
4. Communication and coordination among BEST partners
5. Role of families in BEST partner agencies
6. Staff job satisfaction
7. Reflection on services and systems in Tulsa

[1] To shorten the survey for repeat respondents, we omitted various questions in the 2024 survey if the respondent had already answered them in a survey from a previous year. For example, we did not ask respondents who said they knew about BEST in 2020, 2021, 2022 or 2023 about their knowledge of BEST in 2024. We used survey data from previous surveys to complete 46 of the 143 survey items for repeat respondents so that they did not have to answer these questions again.

## Sample

The survey was conducted with 479 direct service staff and their managers within BEST partner organizations. The team reached out to 50 organizations that were part of the BEST network in 2024, and 45 organizations provided contact information for staff to participate in the survey.[2] Five new partners participated in the survey in 2024. The survey response rate was 80% (*n* = 381). The sample size for individual survey items may be smaller because not all respondents answered all questions.

Sixty percent of this year's respondents (*n* = 229) also completed the survey in one of the previous years; 13% of respondents (*n* = 50) completed the survey in all years, while 47% (*n* = 179) completed the survey in one or more of the previous years, but not in all of them. Seventeen percent of this year's sample also participated in the first workforce survey in 2020. The large share of new respondents in the 2024 sample (40%) reflects the continued growth of BEST through 2024.

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

1. **Descriptive analyses of 2024 data.** We present survey results for the full sample of 2024 respondents. For questions that ask about knowledge of BEST and source of information about BEST, we limited the analysis to first-time survey respondents.
2. **Comparisons across the 5 years the survey was conducted** to show change over time.[3] Most differences and trends across survey administration years were statistically significant, even though differences were often modest. Figures and tables indicate when differences or trends are statistically significant.[4]

In addition, we disaggregated results by service sector at times to examine whether there were differences in responses across the following three sectors: 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 each agency's workforce; larger partner agencies were more heavily represented than smaller ones. Most respondents were direct service staff working with children and families (75%), and the remaining portion (25%) were managers and supervisors. Exhibit 1 presents sample sizes by service sector, with

[2] The GKFF-BEST team provided a list of its actively funded BEST partners for the purposes of this survey.
[3] The survey was administered in 2020, 2021, 2022, 2023, and 2024. 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, the way 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.
[4] t-tests were used to determine whether differences in answers between years were statistically significant or whether overall 4-year trends had a slope that was statistically significantly different from zero.

the largest sector being family support (43%, *n* = 165), followed by ELC (27%, *n* = 101), and health-related services (30%, *n* = 115). However, it should be noted that the sector that seemed to grow the most in 2024 was health-related services, which grew from 17% in 2023 to 30% in 2024.

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

| Sector | Program and parent organization |
|---|---|
| **Early learning and care programs and related supports** | ART 4orms Foundation |
| | CAP Tulsa |
| | Early Learning Works |
| | Educare |
| | Gaining Ground |
| | Reach Out and Read |
| | Reading Partners |
| | Tulsa City-County Library [b] |
| | **Total: 27% (101 respondents)** |
| **Family supports programs** | Birthright Living Legacy |
| | Bright Beginnings |
| | Children First |
| | ConnectFirst |
| | Domestic Violence Intervention Services |
| | El Centro |
| | Emergency Infant Services |
| | Family Advocates |
| | Hunger Free Oklahoma |
| | JAMES Inc. |
| | Jail Visitation Program (Parenting in Jail) |
| | Met Cares Foundation |
| | Parent Resource Center |
| | parentPRO |
| | Restore Hope |
| | South Tulsa Community House |

| Sector | Program and parent organization |
|---|---|
| | Strong Tomorrows |
| | TPS Parent Resource Center |
| | Teach Not Punish Family Resource Center |
| | Tulsa Responds [b] |
| | Uma Tulsa |
| | Women in Recovery |
| | Women's Justice Team |
| | Women, Infants, and Children (WIC) |
| | **Total: 43% (165 respondents)** |
| **Health-related services** | Amplify Youth Health Collective |
| | Array of Hope[a] |
| | Be Well Community Development Corporation |
| | Centering Pregnancy |
| | Tulsa Birth Equity Initiative's Community-Based Doula program |
| | Family Connects |
| | Healthy Start |
| | HealthySteps |
| | The Tulsa Health Department Lactation Consultant |
| | Maternal Mental Health Program [b] |
| | Platicas (Conversations)[b] |
| | Skillz on Wheelz [b] |
| | Tulsa Health Department Outreach Services |
| | Take Control Initiative |
| | **Total: 30% (115 respondents)** |

*Source.* 2024 workforce survey.

*Note. N* = 381.

[a] Array of Hope was referred to as CREOKS in previous surveys.

[b] A new partner in the survey in 2024.

# Section II. Findings

The survey findings cover seven 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) communication and coordination activities among partners; (e) the role of families in BEST partner organizations; (f) job satisfaction, and (g) perceptions of changes in services and systems for children and families since 2020. In this year's administration we also asked all survey respondents about their perceptions of changes in services and the system of care for children and families since 2020.

## Demographic Characteristics, Education, and Experience

The 2024 BEST workforce continues to be highly educated and experienced as was the case in all of the previous years. The demographic characteristics of the workforce, as shown in Exhibit 2, have remained similar since the first administration of the survey in 2020. In 2024, 72% of respondents had a bachelor's degree or higher, which is slightly higher than in 2020 (69%). In addition, the BEST partner workforce continues to be as racially and ethnically diverse as it was in 2020. Thirty-four percent of the 2024 respondents identified as White and 64% identified as Black or African American; Hispanic; American Indian, Alaska Native, or Native American; multiracial; or being of another race or ethnicity.

Compared with the population of Tulsa County as a whole, the 2024 BEST partner workforce is more diverse, with a lower proportion who identify as White (34% vs. 58% in the Tulsa County population), and a higher proportion who identify as Hispanic (30% compared to 14% in the Tulsa County population).[5]

A noted change over the years is that the experience level of the BEST partner workforce has increased over time. In 2024, nearly half of respondents (48%) reported that they had more than 10 years of experience in relevant fields—an increase from 37% in 2020.

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

| Variable | Characteristic | *N* | Percentage |
|---|---|---|---|
| **Education** | No formal schooling | 1 | 0.3% |
| | High school | 17 | 4.6% |
| | Vocational, some college, or associate degree | 84 | 22.8% |
| | Bachelor's degree | 137 | 37.1% |
| | Some graduate school | 22 | 6.0% |
| | Graduate degree | 108 | 29.3% |

[5] Population data from the U.S. Census Bureau (2022), Tulsa County, OK - Profile data - Census Reporter.

| Variable | Characteristic | *N* | Percentage |
|---|---|---|---|
| **Total years of experience in relevant fields**[a] | Less than 1 year | 18 | 5.0% |
| | 1–2 years | 35 | 9.7% |
| | 3–6 years | 78 | 21.7% |
| | 7–10 years | 54 | 15.0% |
| | More than 10 years | 174 | 48.5% |
| **Time at current organization** | Less than 1 year | 50 | 13.9% |
| | 1–2 years | 93 | 25.8% |
| | 3–6 years | 118 | 32.8% |
| | 7–10 years | 40 | 11.1% |
| | More than 10 years | 59 | 16.4% |
| **Race/ethnicity** | American Indian or Alaska Native, Non-Hispanic | 10 | 2.7% |
| | Black, African American, African, Non-Hispanic | 71 | 19.1% |
| | Hispanic | 112 | 30.2% |
| | White, Non-Hispanic | 125 | 33.7% |
| | Other, Non-Hispanic[b] | 53 | 14.3% |

*Source.* AIR calculations from the 2024 workforce survey.
*Note. N* = 371 (2024).
[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, or "other."

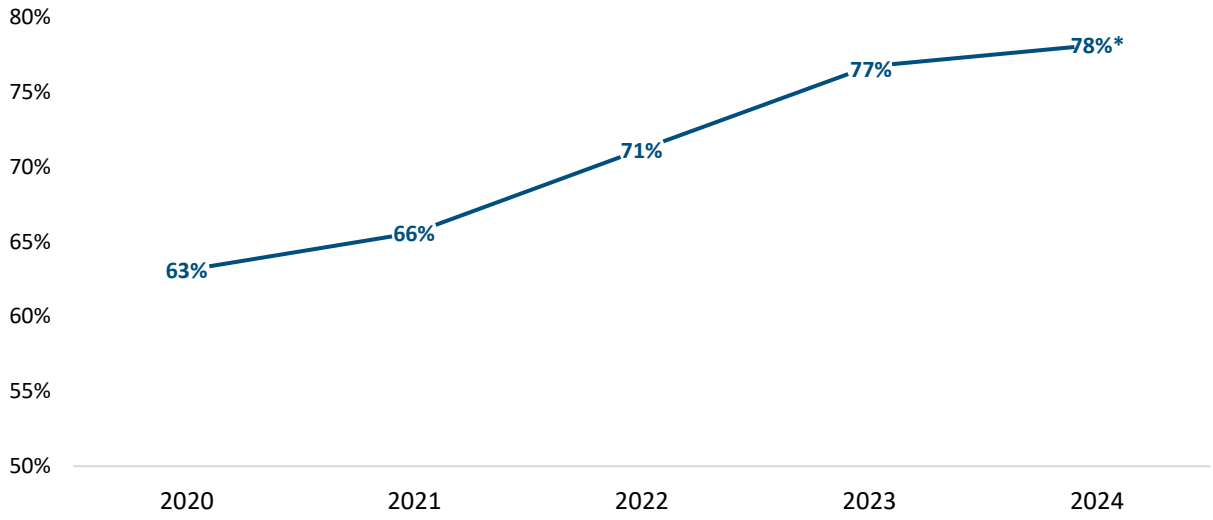
## Knowledge About the BEST Initiative and Service Providers in Tulsa

Among first-time survey respondents, 78% reported that they had heard of the BEST initiative (Exhibit 3).[6] This finding represents a continuing increase in awareness of BEST over years this survey has been administered, (a significant increase of 15% from 2020 to 2024).

The increase in awareness in 2024 was largely driven by staff in the family support sector, with 78% of new respondents having heard of BEST, compared with 69% in 2023. New respondents in early learning and care roles appeared to have heard of BEST less often, at 48%; this is a drop from 2023's 77%, although the number of new ELC respondents in 2024 dropped substantially from 2023. Sector-specific findings are not shown in this exhibit; see the appendix for a detailed breakdown of these numbers.

[6] Note that the numbers shown for previous years differ from earlier reports. This is because we limited the sample for this question to new respondents in 2024 and changed the results for the other years accordingly. Awareness of BEST is somewhat lower for new respondents, as expected, but has been growing over time.

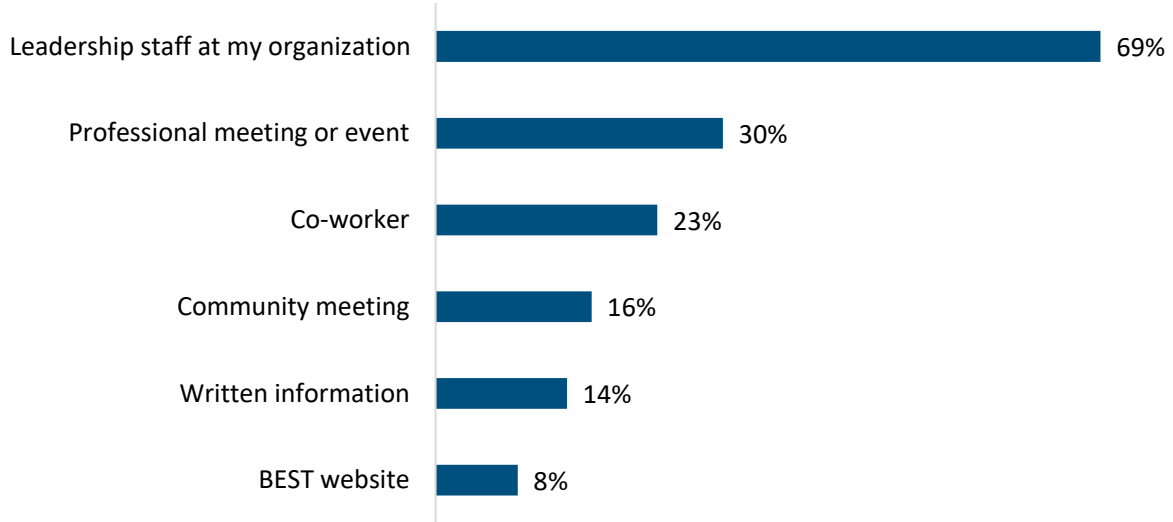
### Exhibit 3. The percentage of new respondents who have heard of the BEST initiative continues to grow




*Source.* AIR calculations from the 2020–2024 workforce surveys.
*Note. N* = 206 (2020), 93 (2021), 163 (2022), 146 (2023), and 151 (2024)
* The difference between the 2020 and 2024 results is statistically significant at the .05 level. The overall 2020–2024 trend was statistically significantly different from zero at the .05 level.

As shown in Exhibit 4, the most common way that new survey respondents learn about BEST was from their organizational leaders (69%), followed by a BEST professional meeting or event (30%).

### Exhibit 4. Staff are most likely to learn about BEST from their organizational leaders




*Source.* AIR calculations from the 2024 workforce survey.
*Note. N* = 118 (2024).

In addition to asking whether they knew about the BEST initiative, we asked staff to indicate their level of 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 5 shows the percentage of respondents who indicated that they had heard of each BEST partner and knew a lot about their services. Exhibit 5 only shows partners that have been a part of the BEST network since 2020 or earlier—in other words, partners that were listed in the survey since it was first administered in 2020. Each year, additional partners joined the BEST network and were added to the survey (see the appendix for survey responses for all partners that have been included in the survey, from 2020 to 2024).

Compared to 2020, staff knowledge of all the partners listed in Exhibit 5 increased in 2024. Among programs that showed an increase in staff knowledge between 2020 and 2024, the average increase was 13%. One notable increase in staff knowledge during that time was knowledge of ConnectFirst. ConnectFirst is a collaboration of several public and nonprofit programs supporting parents, caregivers and children. It is the central family navigation component of the BEST initiative. Knowledge of ConnectFirst increased from 36% in 2020 to 55% in 2024.

Increases in staff knowledge of other partners ranged from 2% (Reach Out and Read) to 32% (the Tulsa Birth Equity Initiative's Community-Based Doula program). In addition to the Doula program, other large and significant increases in staff knowledge about programs included Still She Rises (a 22% increase in staff knowledge) and the Tulsa Public Schools early childhood education (ECE) program (a 23% increase). Unlike in 2023, when some staff knowledge of some of the partners decreased, in 2024, the knowledge of various BEST partners only increased.

### Exhibit 5. Between 2020 and 2024, awareness and knowledge of BEST partners increased over time

| Partner | 2024 | *Change from 2020* |
|---|---|---|
| WIC* | 85.0% | *+9.8%* |
| CAP Tulsa* | 83.4% | *+12.8%* |
| Emergency Infant Services* | 83.1% | *+12.5%* |
| Domestic Violence Intervention Services* | 76.5% | *+9.9%* |
| Educare* | 78.4% | *+11.9%* |
| Women in Recovery* | 63.0% | *+9.8%* |
| Reading Partners | 55.9% | *+4.5%* |

| Partner | 2024 | *Change from 2020* |
|---|---|---|
| Take Control Initiative* | 55.3% | *+9%* |
| Healthy Start* | 65.4% | *+19.6%* |
| Lactation consultant* | 55.9% | *+12.3%* |
| Children First | 49.2% | *+7.7%* |
| ECE at Tulsa Public Schools* | 60.7% | *+22.5%* |
| ConnectFirst* | 55.4% | *+19.1%* |
| ParentPRO* | 42.9% | *+10.7%* |
| Bright Beginnings* | 42.1% | *+10.8%* |
| Family Connects* | 46.7% | *+16.9%* |
| Strong Tomorrows* | 42.0% | *+12.9%* |
| Healthy Steps* | 43.5% | *+14.7%* |
| Reach Out and Read | 27.4% | *+2.3%* |
| Women's Justice Team* | 41.2% | *+20.1%* |
| Still She Rises* | 41.2% | *+22.0%* |
| Community-Based Doula program* | 50.0% | *+32.4%* |
| Little by Little | 22.5% | *+6.4%* |
| Jail Visitation | 20.4% | *+5.2%* |
| Centering Pregnancy* | 27.5% | *+18.6%* |

*Source.* AIR calculations from the 2020 and 2024 workforce surveys.

*Note. N* = 205 (2020), 379 (2024). Percentages shown indicate the proportion of survey respondents who responded "Yes, I've heard of these services and know a lot about them."

* The difference between the 2020 and 2024 results is statistically significant at the .05 level.

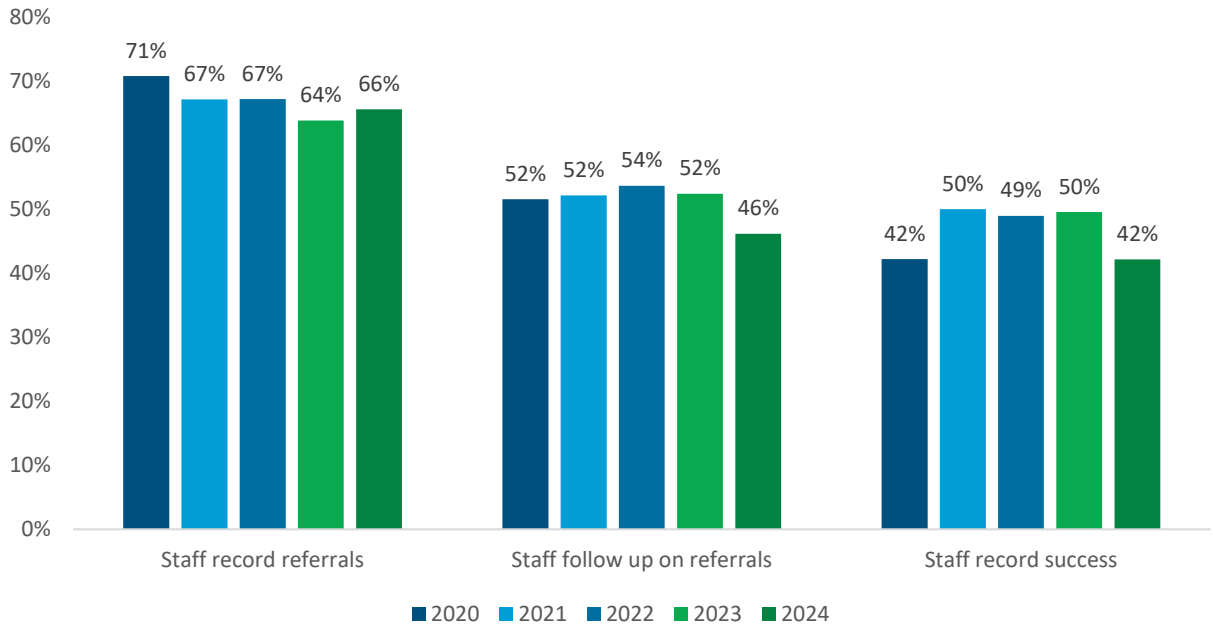
## Referral Practices Among BEST Partners

The workforce survey asked about the extent to which staff referred their clients to community services outside their own programs or agencies, either formally or informally. Seventy-one percent of all staff reported that they make referrals outside of their own programs or agencies (data not shown in exhibit). This group of staff is described as "referral staff" for the purposes of this report. Only these staff were asked 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 reported on the extent to which they recorded, followed up on, and documented the success of their referrals (Exhibit 6). Among these referral staff, 66% reported recording referrals in a client management system. Forty-six percent of referral staff also follow up on referral outcomes and less than half of referral staff (42%) record whether clients successfully received services because of the referral. None of the differences between the 2020 and 2024 survey results in Exhibit 6 were statistically significant.

**Exhibit 6. 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 whether clients successfully received services**



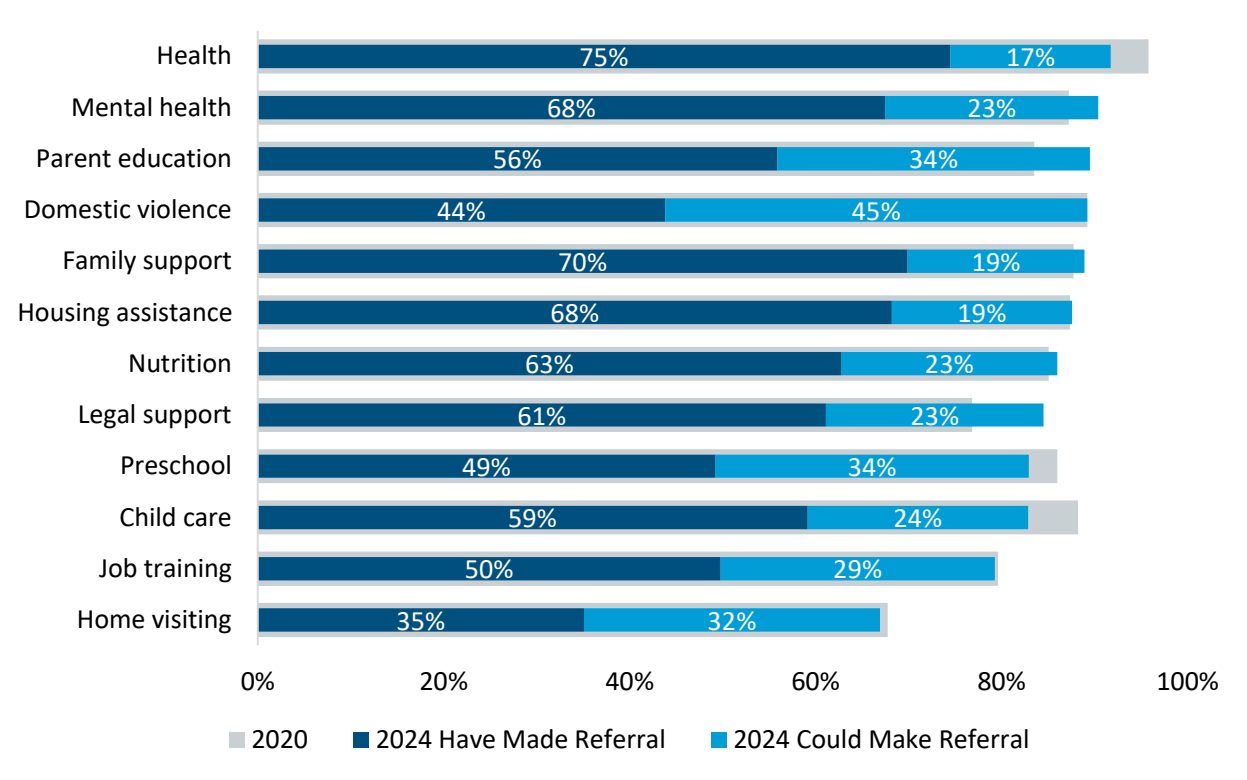

*Source.* AIR calculations from the 2020–2024 workforce surveys.
*Note. N* = 130 (2020), 140 (2021), 192 (2022), 210 (2023), and 273 (2024). None of the differences between 2020 and 2024 were statistically significant.

### *BEST "Referral Capacity"*

Together the dark and light blue bars in Exhibit 7 represent the total proportion of referral staff who have made or could make a referral, by service sector; this is defined as referral capacity. The most common services for which respondents either made or could make a referral are health services (92%), mental health services (90%), and parent education services (90%).

The light gray bars underneath the blue bars in Exhibit 7 show "referral capacity" in 2020, the first year of the BEST workforce survey. Over time, there have been some reductions in referral capacity, mostly in the areas of preschool/child care and job training. Otherwise, these numbers have been stable over time, showing high levels of referral capacity overall, relatively little variation across different service categories, and little year-over-year change. None of the differences between the 2020 and 2024 survey results in Exhibit 7 were statistically significant.

**Exhibit 7. Most referral staff know how to refer clients to a wide range of services**

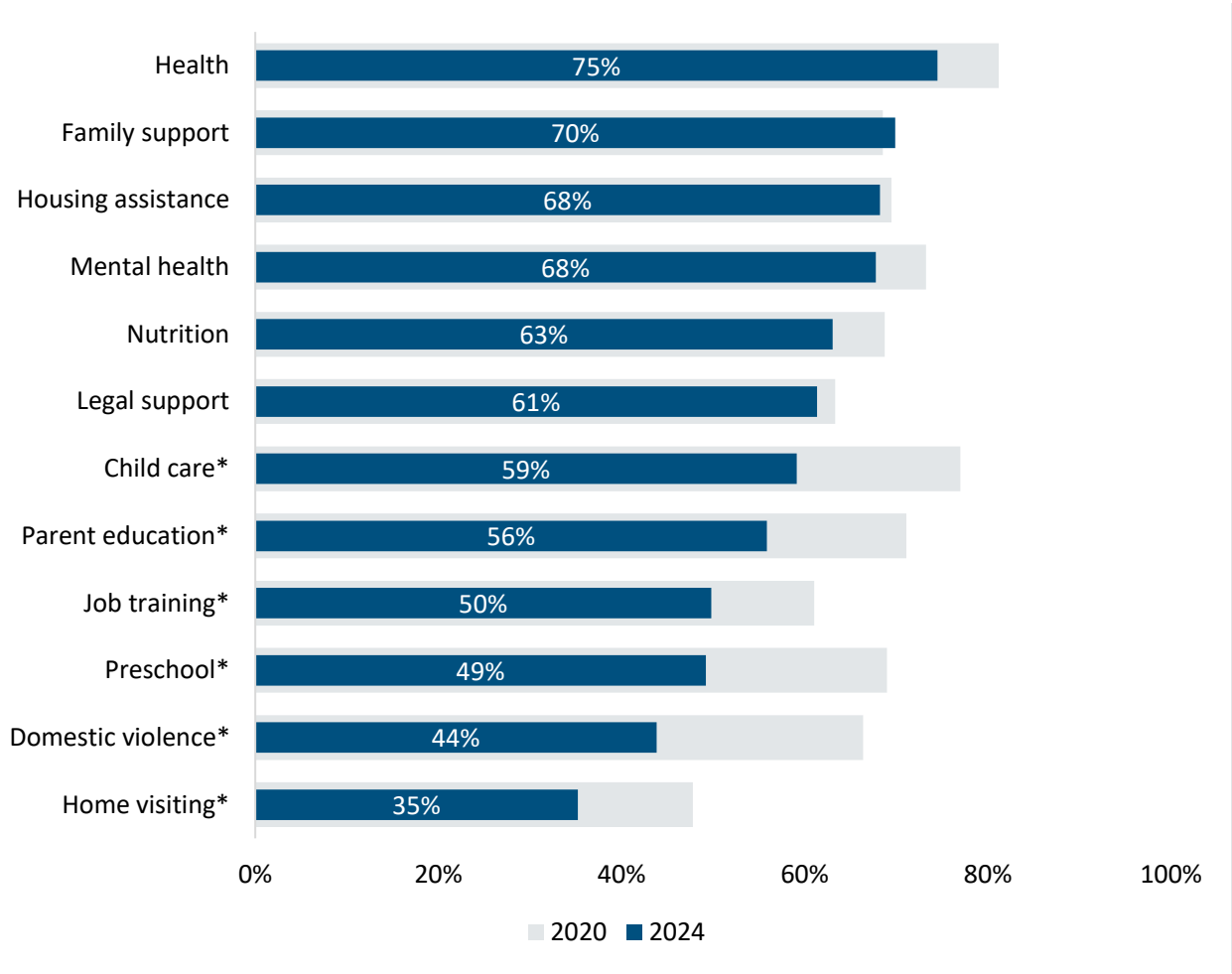



*Source.* AIR calculations from the 2020 and 2024 workforce surveys.
*Note. N* = 127 (2020), 272 (2024). None of the differences between 2020 and 2024 were statistically significant.

Exhibit 8 focuses on the percentage of staff who reported making a referral to different service sectors in the last year. As shown in Exhibit 8, the services that most staff referred to were health (73%), family support (70%), mental health (68%), and housing assistance (68%).

In addition, compared to 2020, the largest drops in the percentage of staff who reported making referrals occurred in the areas of domestic violence (a 23% drop since 2020), followed by preschool (a 20% reduction), and child care (an 18% reduction). Six of these reductions were statistically significant (parent education, child care, job training, domestic violence, preschool, and home visiting). Some of these reductions may have been good news if they reflected an ongoing reduction in the need for services after the COVID-19 pandemic.

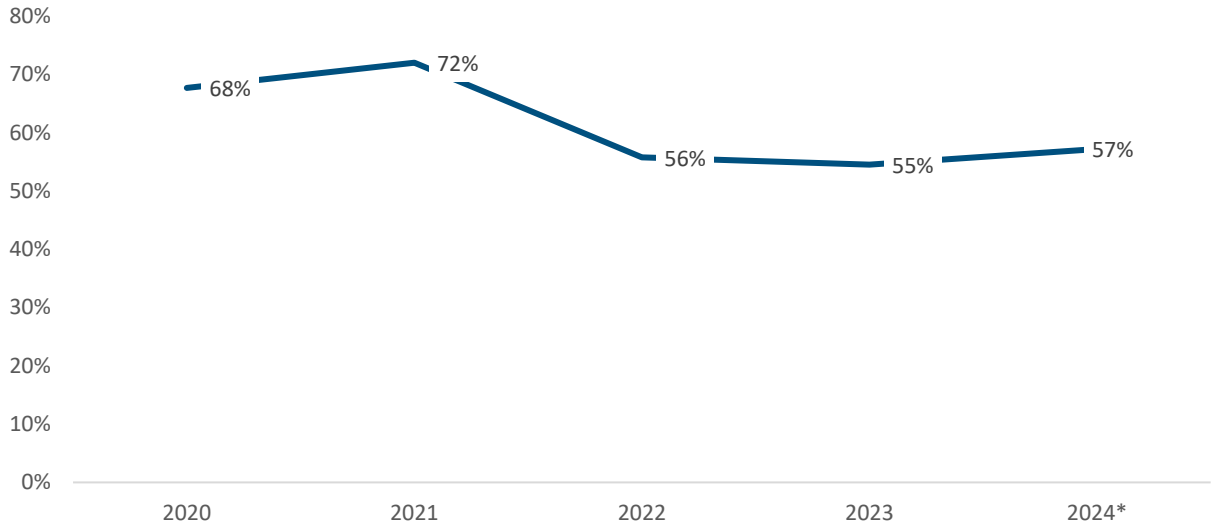
### Exhibit 8. Fewer referral staff reported referring clients to services in 2024 compared with 2020




*Source.* AIR calculations from the 2020 and 2024 workforce surveys.
*Note. N* = 120 (2020) and 260 (2024).
* The difference between the 2020 and 2024 results is statistically significant at the .05 level.

Exhibit 9 summarizes these referral trends by presenting the average "referral rate" over time across all the services shown in Exhibits 7 and 8. For the purposes of this report, "referral rate" refers to the percentage of staff who reported making a referral to various service sectors in the last year. Exhibit 9 shows relatively high referral rates in 2020 and 2021, a big drop in 2022, and relative stability from 2022 to 2024. The difference between 2020 and 2024 is statistically significant.

**Exhibit 9. The average referral rate across different services dropped after the pandemic**



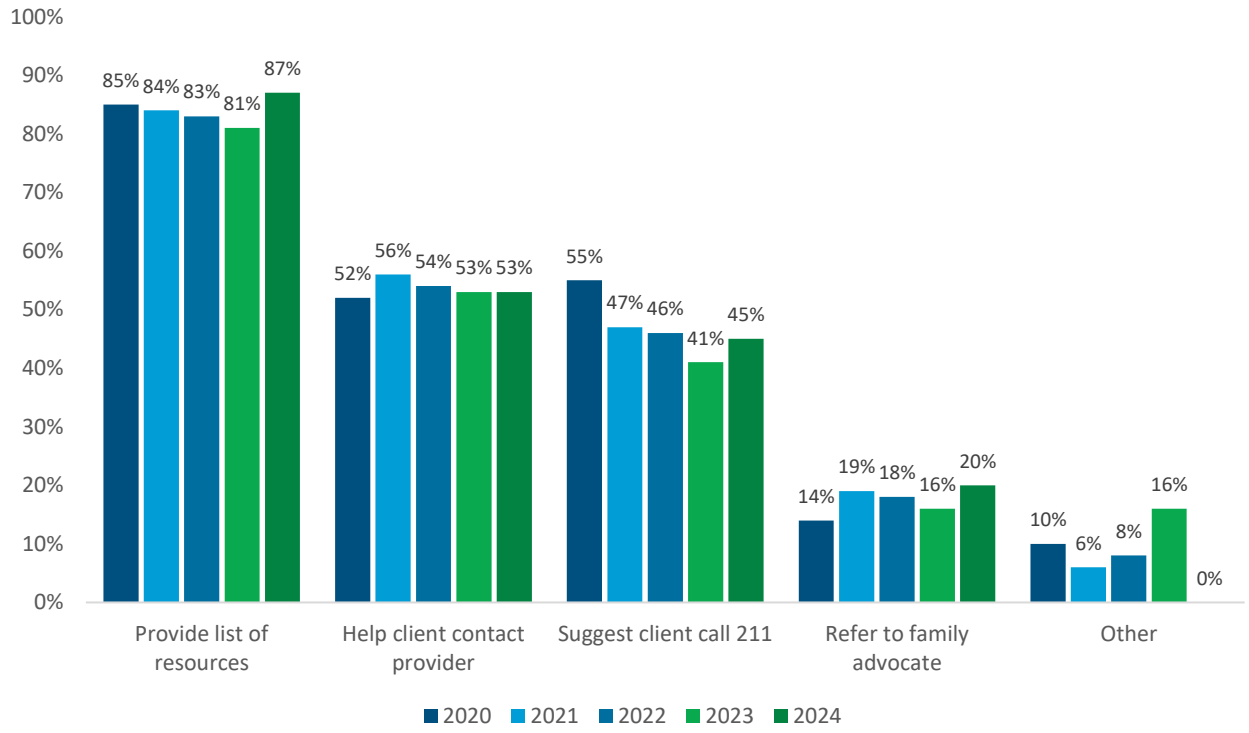

*Source.* AIR calculations from the 2020–2024 workforce surveys.
*Note. N* = 127 (2020), 142 (2021), 192 (2022), 207 (2023), and 272 (2024). This exhibit presents an unweighted average of the rates of reported referrals to 12 services: health, family support, mental health, housing assistance, nutrition, parent education, child care, preschool, legal support, job training, domestic violence, and home visiting.
*The overall 2020–2024 trend was statistically significantly different from zero 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,"[7] (b) referring clients to ConnectFirst family advocates, (c) giving clients a list of resources with contact information for other programs and agencies, and/or (d) suggesting that clients call 211. In general, staff reported the same types of referral practices over the years between 2020 and 2024, with slight year-to-year variations (see Exhibit 10). The most common practice remained giving clients a list of resources. Referral staff use a variety of strategies with clients, with the most common being providing a list of resources and helping the client contact a service provider.

[7] We defined a "warm handoff" as when a service provider personally helps a client connect with another service provider.

**Exhibit 10. Referral staff use a range of strategies WITH clients, the most common being providing a list of resources and helping the client contact a service provider**




*Source.* AIR calculations from the 2020–2024 workforce surveys.
*Note. N* = 130 (2020), 143 (2021), 192 (2022), 210 (2023), and 277 (2024). Percentages do not sum to 100%, as respondents could select "all that apply."

### *Frequency of Warm Handoff Referrals*

The workforce survey included follow-up questions to referral staff about *how often* they make warm handoffs. Exhibit 11 shows the percentage of referral staff who personally made warm handoffs to different service sectors "sometimes" or "often."[8] In 2024, staff reported using warm handoffs most frequently with family support (56%), mental health (53%), and health services (52%).

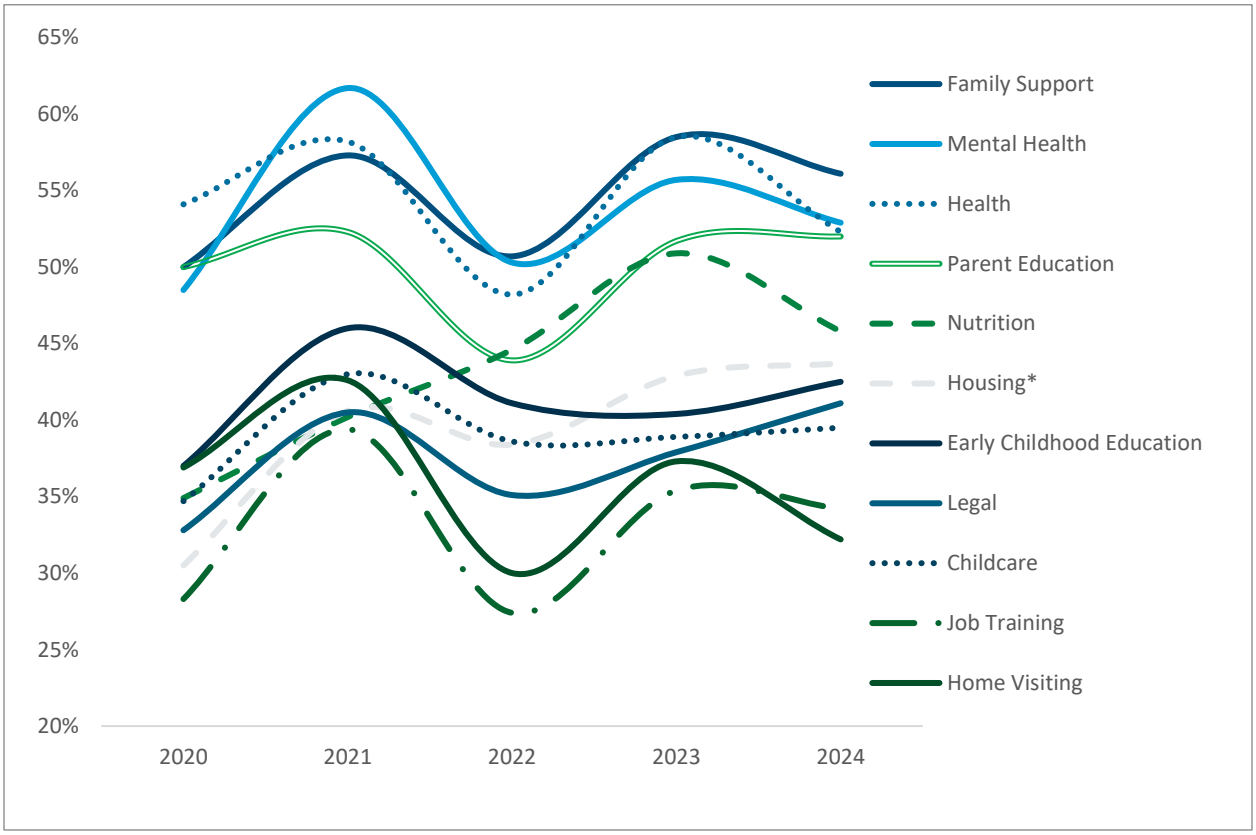
Compared to 2020, the proportion of staff who reported using warm handoffs sometimes or often increased across service sectors in 2024 (Exhibit 11). The increase between 2020 and 2024 for the Housing (12%) service sector was statistically significant. The average increase in the proportion of staff using warm handoffs sometimes or often across service sectors was 5%.

Over time, the proportion of staff who reported using warm handoffs sometimes or often for most sectors increased from 2020 to 2021, decreased in 2022, and then increased in 2023, to

[8] Exhibit 11 focuses solely on staff who reported making warm handoffs directly (not including referrals to family advocates).

levels slightly higher than 2020, and then decreased again in 2024, while remaining at levels that were higher than those of 2020.

**Exhibit 11. Many referral staff use warm handoffs to make referrals "sometimes" or "often"**




*Source.* AIR calculations from the 2020–2024 workforce surveys.
*Note. N* = 130 (2020), 143 (2021), 192 (2022), 210 (2023), and 267 (2024). Warm handoffs are defined as when a service provider personally helps a client connect with another service provider as part of the referral process.
* The difference between 2020 and 2024 is statistically significant at the .05 level.

### *Challenges to Warm Handoff Referrals*

Staff provided feedback on challenges to making warm handoffs to other agencies, as shown in Exhibit 12. Forty percent of staff indicated that a lack of professional connections is the biggest challenge; however, a lower percentage of staff reported this in 2024 compared to 2020. Twenty-two percent of staff indicated that they do not have enough time to make warm handoffs, a statistically significant increase from 12% in 2020.

### Exhibit 12. The most common challenge to making warm handoffs is the lack of professional connections at other service providers

| Items | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| **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. | 45.7% | 48.2% | 44.1% | 40.1% | 39.8% |
| Warm handoffs are not part of my organization's goals/procedures. | 20.2% | 8.5% | 10.6% | 10.1% | 13.8% |
| Other service providers I refer to don't have enough time. | 15.5% | 14.2% | 19.0% | 15.9% | 19.0% |
| I don't have enough time. | 12.4% | 13.5% | 19.6% | 17.9% | 21.6%* |
| Warm handoffs are not part of the goals/procedures of organizations I refer clients to. | 10.1% | 9.9% | 11.7% | 4.8% | 8.2% |
| Other | 10.8% | 7.8% | 8.9% | 10.6% | 4.1%* |
| I experience no challenges making warm handoff referrals. | 21.7% | 22.7% | 21.6% | 26.6% | 0.0% |

*Source.* AIR calculations from the 2020–2024 workforce surveys.

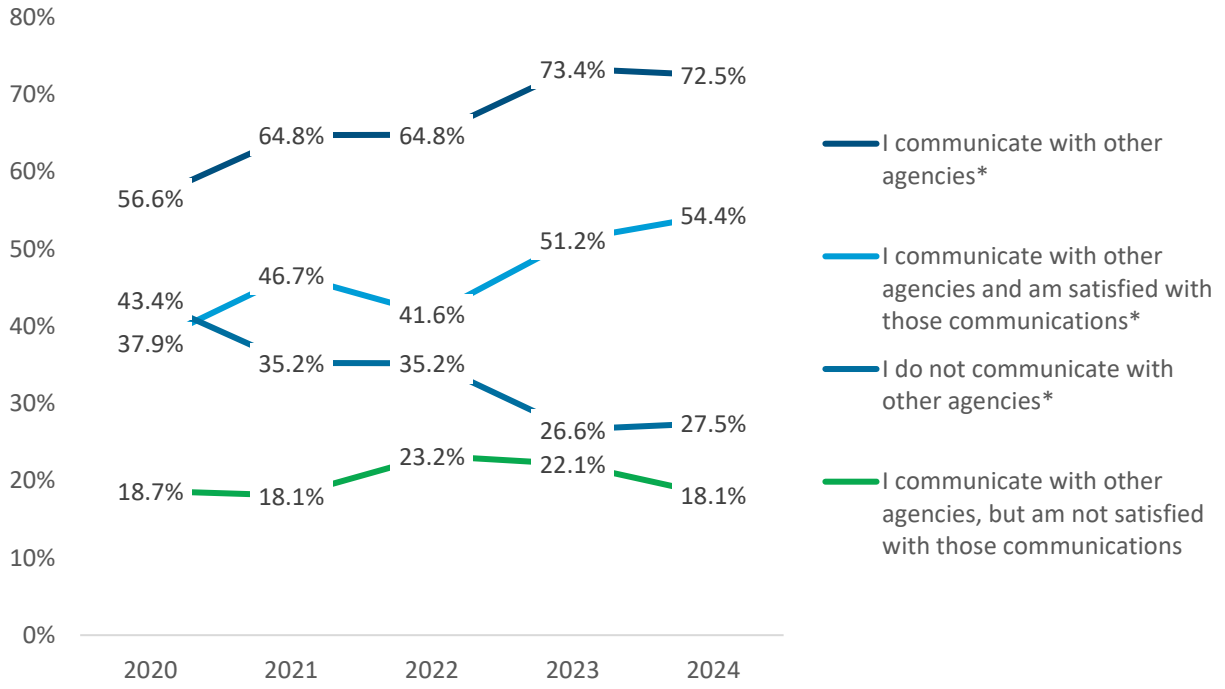
*Note. N* = 129 (2020), 141 (2021), 190 (2022), 207 (2023), and 269 (2024).

*The difference between the 2020 and 2024 results is statistically significant at the .05 level.

## Communication and Coordination

We asked survey respondents to comment on their communication and coordination efforts with other BEST partners. As shown in Exhibit 13, 73% of 2024 survey respondents reported that they communicate with staff in other agencies, and more than half of respondents (54%) were satisfied with this communication with other agencies. These 2024 results represent a significant increase in communication with staff in other agencies and satisfaction with this communication compared to 2020.

**Exhibit 13. Almost three quarters of respondents communicate with other agencies, and most are satisfied with this communication**

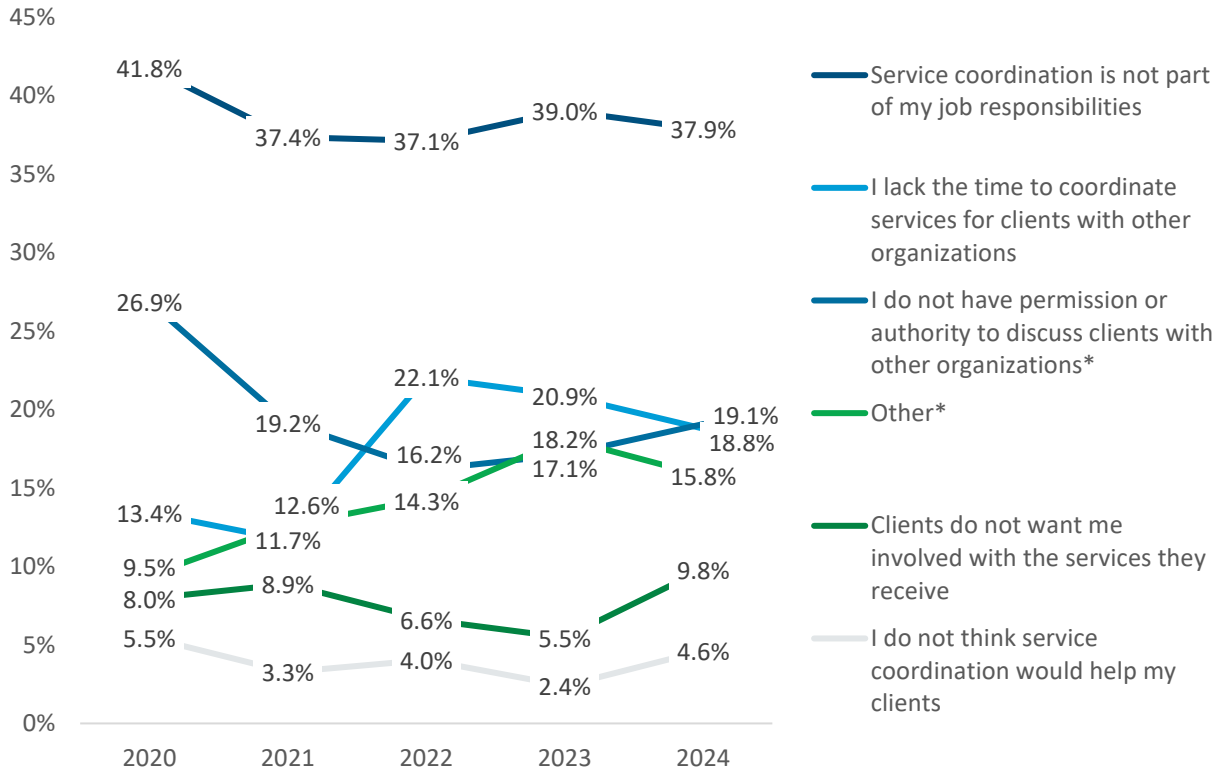



*Source.* AIR calculations from the 2020–2024 workforce surveys.
*Note. N* = 198 (2020), 210 (2021), 267 (2022), 289 (2023), and 364 (2024).
* The difference between the 2020 and 2024 results is statistically significant at the .05 level.

Staff were also asked about service coordination for clients. In 2024, more than one third of staff (38%) indicated that they do not coordinate services as part of their jobs (data not shown in exhibit). This figure is like what was reported for 2020, when 42% reported that service coordination was not part of their job.

Exhibit 14 displays other challenges that staff have reported about service coordination over the years. For those staff who do coordinate services, the most common challenge in 2024 (19%) was that they did not have permission or authority to discuss clients with other organizations, a statistically significant decrease from 27% in 2020. As shown in Exhibit 14, 16% of respondents in 2024 indicated "other" service coordination challenges (these, as in previous years, included a range of barriers, such as slow responses or nonresponse from other service providers, lack of knowledge about other service providers, lack of client follow-through on referrals to other organizations, and related barriers).

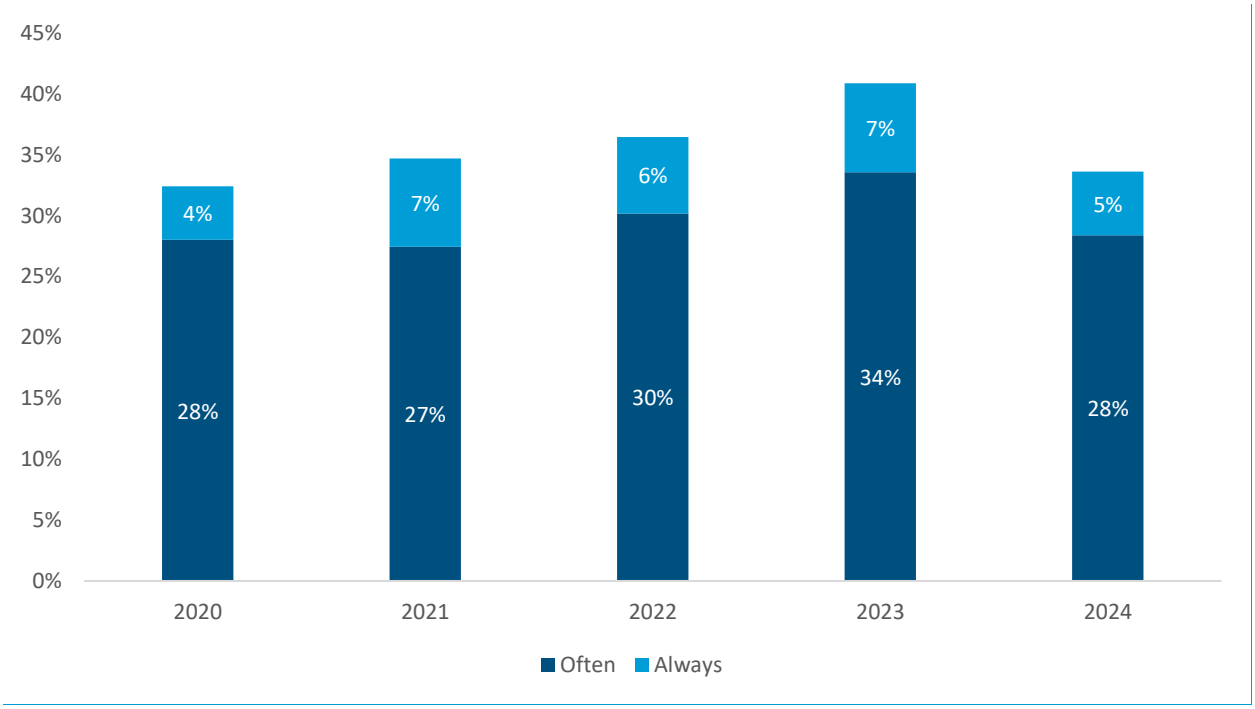
**Exhibit 14. Approximately one third of respondents indicated that service coordination was not part of their responsibilities**




*Source.* AIR calculations from the 2020–2024 workforce surveys.
*Note. N* = 201 (2020), 214 (2021), 272 (2022), 292 (2023), and 367 (2024).
* The difference between the 2020 and 2024 results is statistically significant at the .05 level.

Despite these challenges in coordinating services, a lot of communication about clients' participation in services across organizations is occurring. Seventy-seven percent of staff (*n* = 345) reported always (5%), often (28%), or sometimes (43%) knowing if their clients are receiving services from other agencies. In 2024, 33% of respondents indicated that they always or often have the information and data they need to do their job well, as shown in Exhibit 15.

**Exhibit 15. Approximately one third of respondents reported that they often or always know if their clients are receiving services from other agencies**




*Source.* AIR calculations from the 2020–2024 workforce surveys.
*Note. N* = 182 (2020), 193 (2021), 255 (2022), 274 (2023), and 345 (2024).

## RECOMMENDATIONS TO IMPROVE SERVICES IN TULSA:

**Increase availability and awareness of services.**

Survey respondents (n = 246) answered an open-ended question asking for their recommendations to improve services in Tulsa. The most common responses were:

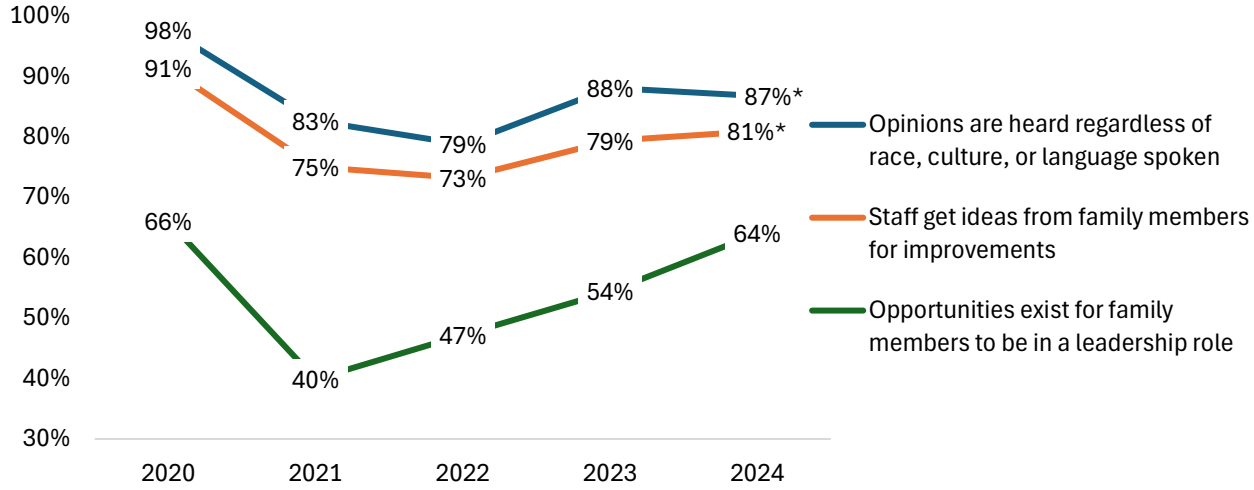
1. Increase the availability of services in Tulsa (48%). The specific services suggested (in order of frequency) were housing, early care and education, and mental health services, followed by nutrition services and services for children with special needs.
2. Increase awareness of community resources (29% of respondents).
3. Strengthen partnerships between service providers to support referrals and service coordination (9%).
4. Improve transportation to increase access to services (7%).
5. Provide more bilingual supports and services (4%).
6. Engage in other efforts (3%), such as a greater focus on the role of fathers in children's lives and an emphasis on developing strong, trusting relationships with families.

## Role of Families in BEST Partners

As shown in Exhibit 16, most respondents (87%) reported that the opinions of parents or family members are heard regardless of their race, culture, or language spoken (71% of all survey respondents indicated that this was "completely true" and 16% said that it was a "little true"). At the same time, fewer respondents (81%) said that staff regularly try to get ideas from parents or family members on how to improve services (51% indicated that it was "completely true" and 30% said it was a "little true"). Finally, 64% of respondents said that opportunities exist for parents or family members to serve in leadership roles (34% said this was "completely true" and 30% reported it was a "little true").

In 2024, survey responses continued to reverse a downward trend in some family involvement outcomes from 2020 to 2022; however, the percentage of staff that agreed that opinions are heard regardless of families' race, culture, or language decreased by one percentage point in 2024. The percentage of staff who agree that opinions are heard regardless of families' race, culture, or language and that staff get ideas from family members remained statistically significantly different from 2020 (a decline from 98% in 2020 to 87% in 2024, and from 91% in 2020 to 81% in 2024, respectively). Meanwhile, opportunities for family members to be in a leadership role appear to have rebounded, with 64% of staff agreeing that those opportunities exist compared with 66% in 2020; this is not a statistically significant difference.

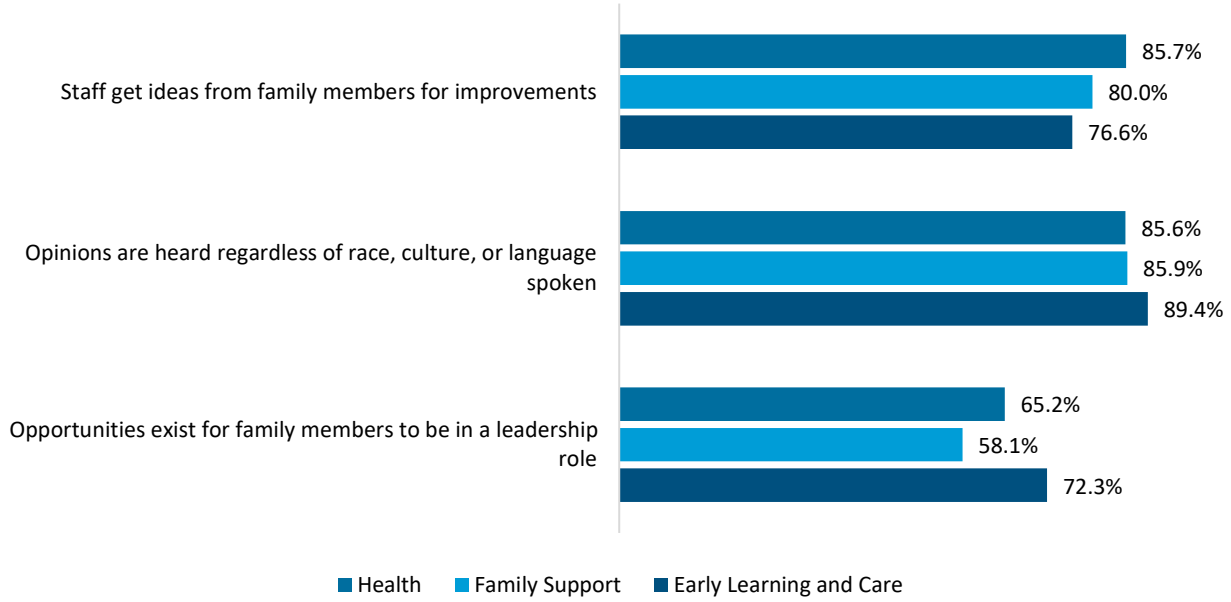
**Exhibit 16. Most respondents agreed that the opinions of families are heard regardless of race, culture, or spoken language. Few agreed that leadership roles are available to families**




*Source.* AIR calculations from the 2020–2024 workforce surveys.
*Note. N* = 168 (2020), 208 (2021), 268 (2022), 285 (2023), and 361 (2024). Percentages include respondents who reported the statements in Exhibit 15 were "a little true" or "completely true."
* The difference between the 2020 and 2024 results is statistically significant at the .05 level.

The level of family engagement continued to vary somewhat across the three service sectors (Exhibit 17). Health staff were more likely to agree that they get ideas from family members for service improvements (86%) than ELC staff (77%), for example, while ELC staff were more likely to agree that opinions are heard regardless of background (89%) and that opportunities exist for family members to be in leadership roles (72%) than did their peers in other sectors. However, these differences were much smaller than in previous years, with significant continued improvement in family engagement in the health and family support sectors compared to previous years (not shown in exhibit).

**Exhibit 17. Across service sectors, a higher proportion of staff described opportunities for families to share feedback compared with serving in leadership roles**



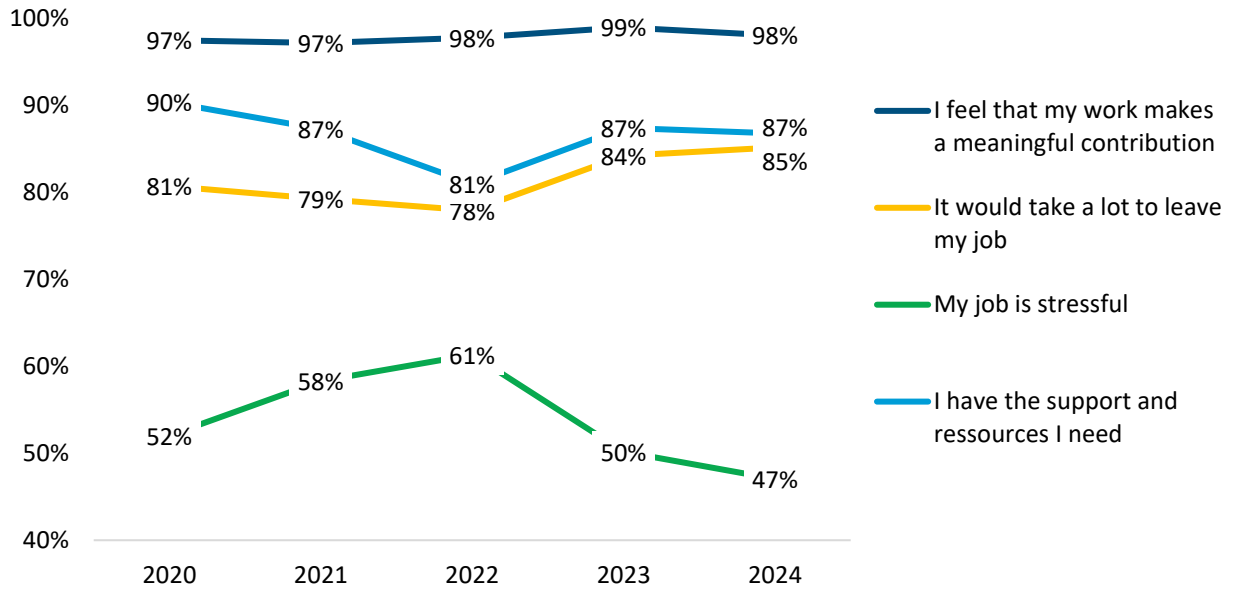

*Source.* AIR calculations from 2024 workforce survey.
*Note. N* = 112 (health), 156 (family support), and 94 (early learning and care).

## Job Satisfaction

Staff responded to questions about their workplace and their attitudes toward their jobs. In 2024, nearly all staff reported that their work makes a meaningful contribution (98%) and they have the support and resources they need from their workplace (87%). Eighty-five percent of respondents agreed or strongly agreed that it would take a lot for them to leave their jobs. At the same time, just under half (47%) of the respondents agreed or strongly agreed that their job was very stressful, but this percentage dropped significantly from 2022, dipping just below 2020 levels (Exhibit 18). In general, over the 5 years of the survey, high initial levels of job

satisfaction were mostly sustained, with a modest drop in 2022 and a bounce back in 2023 and 2024.

### Exhibit 18. Respondents are satisfied with their jobs (and fewer find them stressful)



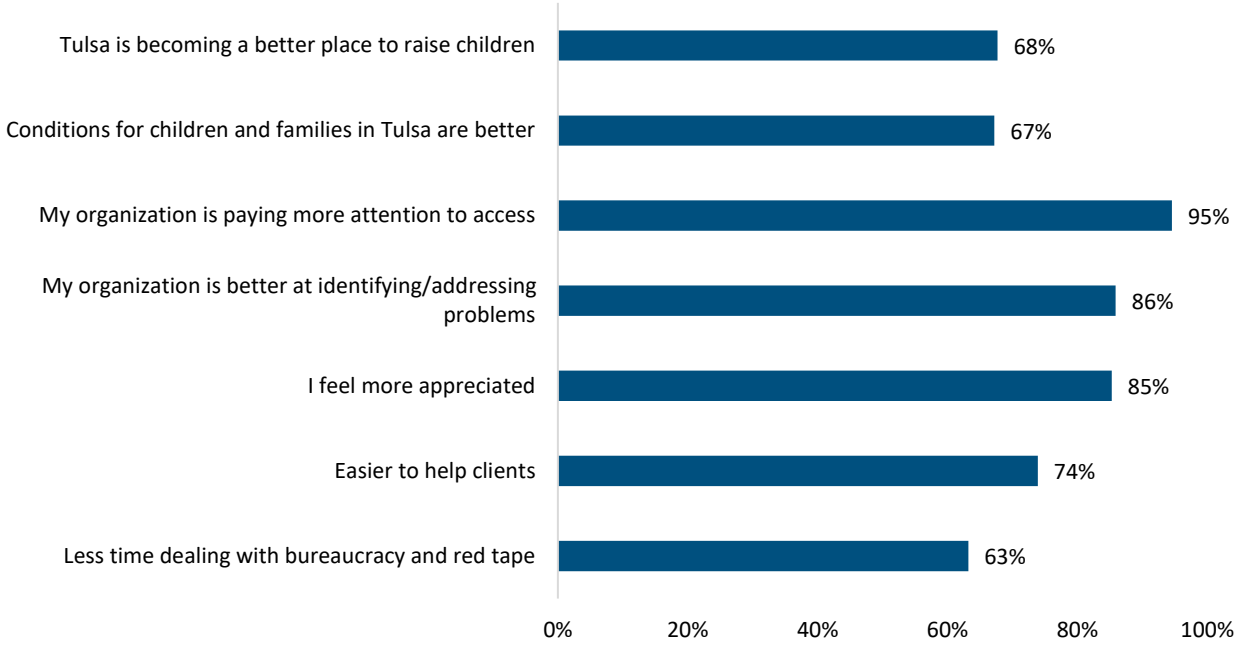

*Source.* AIR calculations from the 2020–2024 workforce surveys.
*Note. N* = 198 (2020), 212 (2021), 269 (2022), 289 (2023), and 359 (2024). None of the differences between 2020 and 2024 were statistically significant.

## Reflections on Services and Systems in Tulsa

In this year's survey we asked all staff to answer a set of questions on changes in services and systems in Tulsa since 2020 in 2024. More than sixty percent of respondents agreed with the statements in Exhibit 20.[9] In particular, 95% of respondents agreed or strongly agreed that their organization is paying more attention to ensuring all clients, regardless of race, ethnicity, or income, have access to services. They also were positive about their organization being better able to identify and address problems (86%) and their clients being more appreciative of their work (85%). Fewer of these experienced respondents found that Tulsa was becoming a better place to raise children (68%) or that conditions for children and families in Tulsa were getting better (67%). Notably, nearly two thirds of respondents agreed that bureaucracy and red tape were less of a problem than they had been before (63%).

[9] Note that this survey item was previously administered to survey takers who took all years of the workforce survey; in 2024, this item was administered to all staff.

## Exhibit 19. The majority of the most experienced respondents agree that services and systems for children and families are improving in Tulsa




*Source.* AIR calculations from the 2024 workforce survey.
*Note. N* = 350

# Section III. Conclusions and Recommendations

The results from the 2024 workforce survey provide evidence that the BEST initiative is making an impact on Tulsa's social service and education system through its work to build stronger partner networks of care for young children and their families. Key findings that support this strengthening system include:

- Direct service staff and their managers working in BEST partner agencies reflect a diverse, well-educated, and highly experienced workforce.
- Most new respondents to the survey had heard of the BEST initiative (78%), a continuous upward trend from 2020. Between 2020 and 2024, the percentage of new respondents who reported knowing about BEST increased by 15 percentage points.
- Staff knowledge of specific BEST partners increased between 2020 and 2024 (in some cases, by 20% or more). In particular, staff knowledge of the essential BEST family navigation component ConnectFirst increased by 19% between 2020 and 2024.
- Over 4 years of the survey, staff identified WIC, EIS, CAP Tulsa, and Educare as the most well-known partner organizations in the BEST initiative.
- From 2020 to 2024, staff demonstrated a marked increase in their understanding of ConnectFirst, the BEST initiative's central family navigation strategy and a foundational program component.
- Most staff reported making referrals as part of their jobs. The sectors that most staff referred to were health, family support, mental health, and housing assistance. These were also among the top referral sectors in 2020, 2021, 2022, and 2023.
- Between 2020 and 2024, the percentage of staff who reported making referrals to services decreased overall, with the most pronounced drops happening between 2021 and 2022. Some of these reductions may have been good news if they had reflected a reduction in the need for services after the COVID-19 pandemic. However, there was a slight increase in the percentage of staff who reported making referrals between 2023 and 2024.
- In 2024, a little more than half of the staff who make referrals reported using warm handoffs to refer clients to services. In 2024, staff reported using warm handoffs most frequently for referrals to family support, mental health, and health services.
- The greatest challenge to warm handoffs to other agencies was not having professional connections with other service providers; however, the proportion of survey respondents reporting this challenge has decreased over time (46% in 2020 and 40% in 2024). Another

challenge in making warm handoffs is not having enough time, which more respondents have reported this challenge in 2024 (22%) compared to 2020 (12%).

- In 2024, almost three quarters of the BEST partner staff in different programs communicated regularly about shared clients. In 2024, 54% of respondents were satisfied with these communications with other agencies, and 18% were not satisfied. These 2024 results represent a continuation of a positive trend since 2020.
- Engaging families in decision-making and leadership roles remains a challenge for some BEST partners. Most staff (87%) agreed that the opinions of families are heard regardless of their race, culture, or language spoken. However, fewer staff reported that staff regularly get ideas from families on how to improve services (81%) and that opportunities exist for family members to serve in leadership roles (64%). Rates of family engagement in 2024 were lower overall than in 2020 but have been trending up since 2021, especially in leadership opportunities, where we have seen improvement in the last 3 years.
- Staff working in BEST partner agencies reported that they enjoy their work and believe that they are making a meaningful contribution to their jobs. Reported job stress has continued to decrease from 2022.
- Most respondents agreed that Tulsa is becoming a better place to raise children; that their organization is paying more attention to ensuring that all clients, regardless of race, ethnicity, or income, have access to services; and that their organization is better able to identify and address problems. Notably, most of these experienced respondents agreed that bureaucracy and red tape were less of a problem than they had been before.

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, and barriers to service.

- **Awareness of Services**. Despite considerable increases in staff knowledge of other BEST partners, there is still room for growth, particularly in increasing awareness of the newer partners and their services. GKFF-BEST may consider effective strategies to help staff become aware of and understand all the BEST partner 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**. In 2024, fewer staff reported making referrals to specific services, as compared with 2020. This decrease may reflect a return to rates that more closely reflect trends before the pandemic, or it may indicate that more staff are able to meet client needs from within their own organization. Further investigation as to whether there is unmet need in the community may be important to explore.

# Appendix. 2024 Survey Results

### Exhibit A1. Percentage of first-time respondents and repeater respondents, by service sector

| Responders | Early learning and care | | Family support | | Health | |
|---|---|---|---|---|---|---|
| | Percentage | *n* | Percentage | *n* | Percentage | *n* |
| **First-time responders** | 22 | 22 | 42 | 69 | 53 | 61 |
| **Repeat responders** | 78 | 79 | 58 | 96 | 47 | 54 |

*Source.* AIR calculations from the 2024 workforce survey.
*Note. N* = 381.

### Exhibit A2. Percentage of new respondents that have heard of BEST, by service sector

| | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| **Early learning and care** | 45.4% | 46.2% | 71.0% | 77.1% | 47.6% |
| **Family support** | 86.5% | 64.6% | 71.8% | 69.1% | 78.3% |
| **Health** | 88.6% | 94.7% | 70.0% | 96.7% | 88.5% |

*Note. N* = 206 (2020), 93 (2021), 163 (2022), 146 (2023), and 151 (2024).

### Exhibit A3. Percentage of respondents who indicated that they had heard of each BEST partner and knew a lot about their services, 2020–2024

| Partner | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| WIC | 75.1% | 90.9% | 82.6% | 86.0% | 85.0% |
| CAP Tulsa | 70.6% | 79.5% | 77.9% | 82.1% | 83.4% |
| Emergency Infant Services | 70.6% | 80.0% | 77.8% | 81.4% | 83.1% |
| DVIS | 66.7% | 71.8% | 72.2% | 72.5% | 76.5% |
| Educare | 66.5% | 75.5% | 72.6% | 75.6% | 78.4% |
| Women in Recovery | 53.2% | 61.4% | 60.5% | 60.1% | 63.0% |
| Reading Partners | 51.5% | 50.7% | 44.8% | 47.2% | 55.9% |
| Take Control Initiative | 46.3% | 47.7% | 47.3% | 53.3% | 55.3% |
| Healthy Start | 45.9% | 57.5% | 56.4% | 59.9% | 65.4% |
| Lactation consultant | 43.6% | 50.7% | 41.6% | 53.6% | 55.9% |
| Children First | 41.5% | 48.9% | 39.5% | 48.4% | 49.2% |
| TPS ECE | 38.2% | 52.3% | 52.0% | 55.7% | 60.7% |

| Partner | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| ConnectFirst | 36.3% | 44.3% | 38.1% | 51.0% | 55.4% |
| ParentPRO | 32.2% | 37.9% | 26.5% | 36.6% | 42.9% |
| Bright Beginnings | 31.2% | 36.8% | 35.6% | 39.3% | 42.1% |
| Family Connects | 29.8% | 36.4% | 34.5% | 42.2% | 46.7% |
| Strong Tomorrows | 29.1% | 30.5% | 31.5% | 43.8% | 42.0% |
| Healthy Steps | 28.8% | 35.5% | 31.8% | 36.8% | 43.5% |
| Reach Out and Read | 25.1% | 28.0% | 22.6% | 24.8% | 27.4% |
| Women's Justice Team | 21.1% | 27.7% | 30.1% | 36.0% | 41.2% |
| Still She Rises | 19.1% | 31.2% | 33.6% | 39.5% | 41.2% |
| Community-Based Doula program | 17.6% | 29.4% | 32.5% | 45.0% | 50.0% |
| Little by Little | 16.1% | 21.4% | 17.5% | 24.4% | 22.5% |
| Jail Visitation | 15.1% | 19.5% | 21.8% | 23.3% | 20.4% |
| Centering Pregnancy | 8.9% | 19.1% | 17.6% | 25.3% | 27.5% |
| Spot 31 | – | – | 3.9% | 7.2% | 100.0% |
| Be Well | – | – | 8.7% | 15.1% | 24.5% |
| El Centro | – | – | 6.5% | 16.0% | 33.5% |
| EduRec | – | – | 8.2% | 11.8% | 16.4% |
| Crossover Health Services | – | – | 15.5% | 15.0% | 27.2% |
| ART 4orms Foundation | – | – | 8.6% | 10.1% | 13.8% |
| Teach Not Punish | – | – | 9.3% | 5.6% | 13.2% |
| La Cosecha | – | – | 8.3% | 10.1% | 26.4% |
| Birthright | – |  | 13.7% | 20.7% | 31.7% |
| JAMES, Inc. | – | 24.2% | 20.9% | 24.1% | 24.9% |
| South Tulsa Community House | – | – | 18.3% | 21.4% | 42.5% |
| Gaining Ground | – | 7.3% | 11.0% | 9.3% | 20.4% |
| Amplify | – | 10.6% | 13.0% | 28.4% | 33.6% |
| Tulsa Health Department Outreach | – | – | 30.8% | 31.8% | 47.2% |
| TPS Parent Resource Center | – | 22.9% | 24.4% | 42.7% | 52.0% |
| Hunger Free Oklahoma | – | – | 28.2% | 30.0% | 52.5% |
| MHAO | – | – | 36.8% | 29.6% | 42.7% |
| Restore Hope | – | 49.8% | 46.2% | 55.0% | 63.1% |
| Array of Hope (CREOKS) | – | – | 43.4% | 31.7% | 36.9% |

*Note. N* = 205 (2020), 220 (2021), 281 (2022), 309 (2023), and 379 (2024).

### Exhibit A4. Percentage of respondents who refer clients to other agencies for services

| Survey Item | Percentage | *n* |
|---|---|---|
| **As part of your job, do you refer children, youth, or adults to other agencies for services?** | | |
| Yes | 73.3 | 274 |
| No | 21.4 | 80 |
| I'm not sure | 5.3 | 20 |

*Source.* AIR calculations from the 2024 workforce survey.
*Note. N* = 374.

### Exhibit A5. Percentage of respondents who have made or would be able to make a referral to the following service areas

| Service areas | Early learning and care | | Family support | | Health | |
|---|---|---|---|---|---|---|
| | Percentage | *n* | Percentage | *n* | Percentage | *n* |
| **Child care** | 84.6 | 39 | 80.6 | 129 | 84.3 | 89 |
| **Domestic violence** | 79.6 | 49 | 91.1 | 123 | 92.0 | 88 |
| **Family support** | 86.5 | 37 | 88.2 | 110 | 91.1 | 79 |
| **Health** | 83.3 | 48 | 91.9 | 123 | 96.4 | 84 |
| **Home visiting** | 61.4 | 44 | 58.5 | 123 | 80.8 | 78 |
| **Housing assistance** | 68.8 | 48 | 91.1 | 124 | 93.0 | 86 |
| **Job training** | 56.3 | 48 | 83.1 | 118 | 84.7 | 85 |
| **Legal supports** | 68.0 | 50 | 91.3 | 127 | 84.1 | 88 |
| **Mental health** | 88.6 | 44 | 88.0 | 117 | 94.9 | 79 |
| **Nutrition** | 74.5 | 47 | 91.0 | 122 | 85.2 | 81 |
| **Parent education** | 87.2 | 39 | 85.3 | 109 | 96.3 | 81 |
| **Preschool** | 94.7 | 38 | 79.4 | 131 | 82.0 | 89 |

*Source.* AIR calculations from the 2024 workforce survey.
*Note. N* = 245.

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