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

2025 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 sixth of these annual surveys, conducted in the winter of 2025. The survey asks staff who work in BEST partner organizations about their knowledge, experiences, and/or perceptions related to six different topics that are important for understanding efforts to improve Tulsa's prenatal-to-age-eight 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 2025, the survey was sent to 391 direct service staff and their managers within 37 BEST partner programs within 32 organizations. The survey response rate was 78% (85% for returning staff and 64% for new staff). Most survey respondents were direct service staff working directly with children and families (77%), and the remaining portion (23%) were managers and supervisors. In 2025, 73% of respondents also completed a workforce survey in one of the previous years; 13% of respondents completed the survey in all previous survey years.

Key Findings

Throughout 6 years of the workforce survey, most first-time respondents had knowledge of the BEST initiative. In 2025, 72% of first-time survey respondents reported that they had heard of the BEST initiative, compared to 63% in 2020.

Staff knowledge of BEST partners increased from 2020 to 2025. 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 2025. Notably, knowledge of ConnectFirst, the family navigation component of the BEST initiative, increased from 36% in 2020 to 62% in 2025. Given that ConnectFirst did not exist prior to the BEST initiative, this awareness is significant for the initiative. Similar to previous years, the most well-known partner agencies are Women, Infants, and Children (WIC), Emergency Infant Services (EIS), CAP Tulsa, and Domestic Violence Intervention Services (DVIS).

In 2025, the percentage of staff who reported making referrals to services was less than in 2020, but has increased since 2024. Over the six 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 2025) and preschool and child care (18% and 14% reductions, respectively). However, the overall average referral rate increased by 5% from 2024 to 2025.

Most staff make referrals as part of their jobs. As in past years, staff reported that they continued to use "warm handoffs" in 2025, 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 family advocates. After a drop in 2022, the percentage of staff who used warm handoffs increased for many types of services in 2025.

Almost three quarters of the BEST partner staff communicated regularly about shared clients with other BEST agencies—which continues a positive trend since 2020. In 2025, 56% 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 (92%) agreed with the statement, "The opinions of families are heard regardless of their race, culture, or language spoken." In addition, most staff reported that they regularly get ideas from families on how to improve services (85%). Somewhat fewer staff (67%) indicated that opportunities exist for family members to serve in leadership roles (67%). Rates of family engagement were lower overall than in 2020 but have been trending up since 2021, especially in regard to supporting families in leadership opportunities.

In 2025, staff reported high satisfaction with their jobs, but work stress was somewhat higher than in 2024. 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%, 88%, and 84%, respectively, which is similar to findings from 2024). Reported work stress has increased, however. In 2025, 51% of respondents reported that their job was very stressful (a 10-point reduction from 2022, a one-point increase from 2023, and a four-point increase from 2024).

Staff reported that Tulsa is becoming a better place to raise children. Sixty-two percent of respondents agreed with the statement, "Tulsa is becoming a better place to raise children." In addition, 93% 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 (87%). Notably, most respondents agreed that bureaucracy and red tape were less of a problem than they had been before (62%).

TOPIC	MAIN FINDINGS	CHANGE: 2020 TO 2025
	More staff are **knowledgeable about available services** in Tulsa.	
	The percentage of staff who report **making referrals** across different service sectors increased in 2025 after a drop in 2022.	
	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.	
	Work satisfaction among staff has remained high over the six years of the survey.	

Conclusion

The 2025 workforce survey showed continued evidence of progress in several areas of Tulsa's prenatal-to-age-eight service system. From the perspective of BEST partner staff, the findings suggest that BEST has helped strengthen the service infrastructure by increasing staff knowledge of partner organizations, supporting communication and coordination across agencies, and sustaining high levels of workforce commitment. In particular, staff knowledge of BEST partners increased substantially between 2020 and 2025. Staff also continued to report regular communication with other agencies, frequent use of warm handoffs for some referrals, and strong satisfaction with the meaningfulness of their work.

At the same time, the final survey also highlights areas where challenges remain. Although referral capacity remains high, fewer staff reported making referrals to some services in 2025 than in 2020, even as average referral rates increased somewhat from 2024 to 2025. Staff also continued to identify barriers to coordination and warm handoffs, including limited

professional connections, time constraints, and challenges related to permissions and capacity across organizations. Although staff consistently reported seeking family input and reported that families' opinions are heard, opportunities for family members to serve in leadership roles remains an area for continued attention, despite improving in recent years.

In all, the six workforce surveys provide an encouraging summary of improvements and changes in the BEST partner and service network as well as useful areas in which to continue strengthening awareness and coordination of services and referrals beyond the evaluation period.

Acknowledgments

The workforce survey was conducted annually as part of the BEST Study, allowing us to capture changes over time in how direct staff and managers from BEST partner organizations perceived the Tulsa service infrastructure for children from birth through age eight. This 2025 survey represents the final administration of the workforce survey and provides an important culminating perspective on changes in the early childhood workforce and service network.

We greatly appreciate the time and attention that the survey respondents gave to this final annual survey. Their work is critical for the families and children of Tulsa, and their input has been essential for measuring the success of this evaluation. We also want to thank the BEST partner leaders and their staff who worked with our team each year to compile the survey sample and encourage participation. We also are grateful to the GKFF-BEST team for their ongoing 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 and Hans Bos for being a senior advisor to the study. Across six years, this annual workforce survey has provided one important approach to learning about the birth through age eight Tulsa service infrastructure that BEST aims to strengthen so that more children and their families have the supports they need for successful life outcomes.

Introduction

The purpose of this report is to present the results from the sixth 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 and birth through age eight, to increase the percentage of children who are (a) born healthy, (b) on a positive developmental trajectory by age three, (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 and birth through age eight 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 of 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 birth through age eight 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 2025 survey and examine how survey responses have changed over the years. Section III presents conclusions and recommendations for the BEST study. 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 2025 survey consisted of 143 items and took about 30 minutes to complete.[1] Most survey items captured 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, 2025, and closed it on February 24, 2026. 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 2025 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, 2023, or 2024 about their knowledge of BEST in 2025. 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 sent to 391 direct service staff and their managers within BEST partner organizations (the team reached out to 46 organizations that were part of the BEST network in 2025, and 37 partner programs).[2] One new partner participated in the survey in 2025 that was not involved in previous years. The survey response rate was 78% (*n* = 305).[3] The sample size for individual survey items may be smaller because not all respondents answered all questions.

Eighty-five percent of this year's respondents (*n* = 220) also completed the survey in one of any of the previous years; 13% of respondents (*n* = 39) completed the survey in all years, while 63% (*n* = 193) 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.

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

1. **Descriptive analyses of 2025 data.** We present survey results for the full sample of 2025 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 6 years the survey were administered** to show change over time.[4] 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.[5]

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 BEST partners reflects the size of the program workforces; larger partner programs were more heavily represented than smaller ones. Most respondents were direct service staff working with children and families (77%), and the remaining portion (23%) were managers and supervisors. Exhibit 1 presents sample sizes by service sector, with the largest sector being family support (37%, *n* = 113), followed closely by health-related services (35%, *n* = 107), and then ELC (28%, *n* = 85).

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[2] The GKFF-BEST team provided a list of its actively funded BEST partners for the purposes of this survey.
[3] The 2025 response rate was 85% for returning staff and 64% for new staff.
[4] The survey was administered in 2020, 2021, 2022, 2023, 2024, and 2025. 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.
[5] *t*-tests were used to determine whether differences in answers between years were statistically significant or whether overall six-year trends had a slope that was statistically significantly different from zero.

Exhibit 1. Sector and BEST partner for survey respondents

Sector	BEST Partner Organizations
Early learning and care programs and related supports	CAP Tulsa
	Dolly Parton's Imagination Library
	Early Learning Works
	Educare
	Gaining Ground
	Reach Out and Read
	Tulsa Educare
	Total: 28% (85 respondents)
Family supports programs	Birthright Living Legacy
	Bright Beginnings
	Children First
	Connect First
	Domestic Violence Intervention Services
	El Centro
	Emergency Infant Services
	Family Advocates
	Hunger Free Oklahoma
	JAMES Inc.
	Jail Visitation Program (Parenting in Jail)
	James Inc
	Met Cares Foundation
	Parent Resource Center
	ParentPRO
	Restore Hope
	South Tulsa Community House
	Strong Tomorrows
	TPS Parent Resource Center
	Teach Not Punish Family Resource Center
	Tulsa Responds

Sector	BEST Partner Organizations
	Uma Tulsa
	Women in Recovery
	Women's Justice Team
	Women, Infants, and Children
	Total: 37% (113 respondents)
Health-related services	Amplify
	Array of Hope[a]
	Be Well
	Centering Parenting
	Community-Based Doula Program
	Family Connects
	Healthy Start
	HealthySteps
	Lactation Consultant
	Maternal Mental Health Program
	Platicas
	Skillz on Wheelz
	THD Outreach Services
	Take Control Initiative
	Total: 35% (107 respondents)

Source. 2025 workforce survey.
Note. *N* = 305.
[a] Array of Hope was referred to as CREOKS in previous surveys.

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 2025 BEST workforce continues to be highly educated and experienced, as was the case in all 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 2025, 71% 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-eight percent of the 2025 respondents identified as White and 63% 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 2025 BEST partner workforce is more diverse, with a lower proportion who identify as White (38% vs. 56% in the Tulsa County population), and a higher proportion who identify as Hispanic (29% compared to 17% in the Tulsa County population.[6]

A noted change over the years is that the experience level of the BEST partner workforce has increased over time. In 2025, nearly half of respondents (47%) reported that they had more than 10 years of experience in relevant fields—an increase from 37% in 2020.

[6] Population data from the U.S. Census Bureau (2024), Tulsa County, OK - Profile data - Census Reporter.

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

Variable	Characteristic	*N*	Percentage
Education	No formal schooling	0	0.0%
	High school	12	4.0%
	Vocational, some college, or associate degree	75	24.9%
	Bachelor's degree	112	37.2%
	Some graduate school	18	6.0%
	Graduate degree	84	27.9%
Total years of experience in relevant fields[a]	Less than 1 year	13	4.4%
	1–2 years	25	8.5%
	3–6 years	64	21.8%
	7–10 years	53	18.0%
	More than 10 years	138	46.9%
Time at current organization	Less than 1 year	32	10.9%
	1–2 years	72	24.5%
	3–6 years	95	32.2%
	7–10 years	40	13.6%
	More than 10 years	54	18.4%
Race/ethnicity	American Indian or Alaska Native, Non-Hispanic	10	3.3%
	Black, African American, African, Non-Hispanic	47	15.6%
	Hispanic	88	29.2%
	White, Non-Hispanic	113	37.5%
	Other, Non-Hispanic[b]	43	14.3%

Source. AIR calculations from the 2025 workforce survey.

Note. Sample size differs by variable in 2025: Education *N* = 302. Total years of experience *N* = 294. Time at current organization *N* = 294. Race/ethnicity *N* = 301.

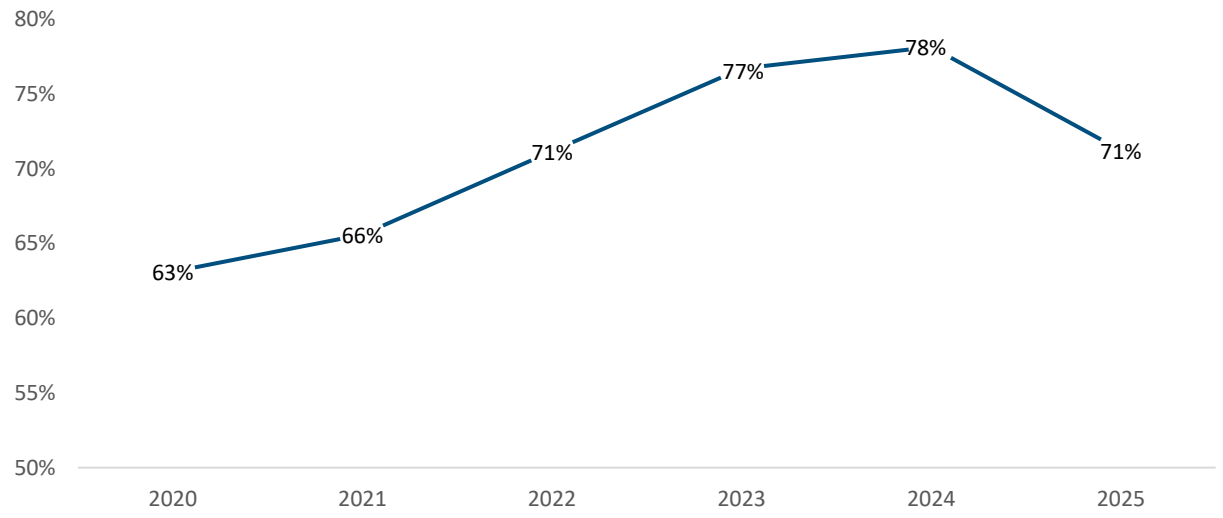
[a] We asked respondents to indicate their total years of professional experience in the field(s) of early childhood, education, and/or health and human services.

[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, 71% reported that they had heard of the BEST initiative (Exhibit 3).[7] Although this percentage is lower than last year, this finding represents an overall increase in awareness of BEST when looking over all six years the survey has been administered. The slight decrease from 2024 may reflect turnover, as a higher proportion of first-time respondents unfamiliar with BEST had been in their current role for less than one year.

Exhibit 3. Despite a decrease in 2025, the percentage of new respondents who have heard of the BEST initiative has grown since 2020

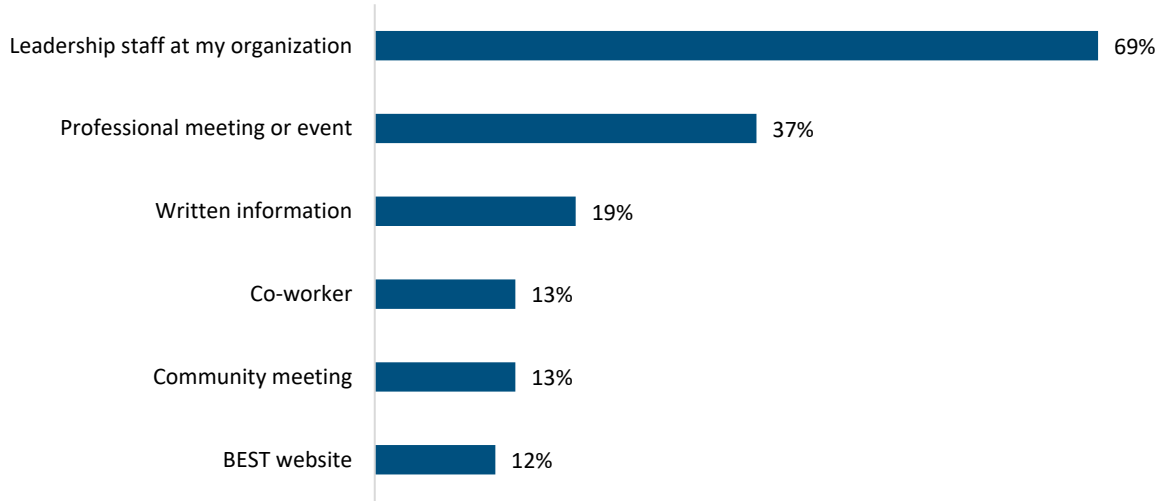


Source. AIR calculations from the 2020–2025 workforce surveys.
Note. *N* = 206 (2020), 93 (2021), 163 (2022), 146 (2023), 151 (2024), and 73 (2025). The difference between 2025 and 2020 was not statistically significant.

As shown in Exhibit 4, the most common way that new survey respondents learned about BEST was from their organizational leaders (69%), followed by a BEST professional meeting or event (37%).

[7] 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 2025 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 4. New staff are most likely to learn about BEST from their organizational leaders



Source. AIR calculations from the 2025 workforce survey.
Note. *N* = 52 (2025).

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 2025).

Compared to 2020, staff knowledge of all the partners listed in Exhibit 5 increased in 2025, and all but one program showed a statistically significant increase in staff knowledge between 2020 and 2025. The average increase was 20%. Only one program, Reach Out and Read, had an increase that was not statistically significant. Large and significant increases in staff knowledge about programs included the Tulsa Birth Equity Initiative (41%), and Family Connects and Women's Justice Team (a 29% increase for both). Similar to 2024, there were only increases in knowledge of various BEST partners in 2025, with no decreases.

Exhibit 5. Awareness and knowledge of BEST partners increased from 2020 to 2025

Partner	2025	Change from 2020
WIC*	90.5%	+15.4%
CAP Tulsa*	86.9%	+16.3%
Emergency Infant Services*	84.3%	+13.7%
Domestic Violence Intervention Services*	82.6%	+16.0%
Educare*	80.3%	+13.8%
Women in Recovery*	70.2%	+17.0%
Healthy Start*	66.9%	+22.7%
Lactation consultant*	63.0%	+19.3%
ECE at Tulsa Public Schools*	62.6%	+24.4%
ConnectFirst*	62.0%	+25.7%
Take Control Initiative*	60.0%	+13.7%
Family Connects*	58.7%	+28.9%
Doula program*	58.0%	+40.5%
Children First*	54.4%	+13.0%
Bright Beginnings*	53.8%	+22.6%
Healthy Steps*	52.1%	+23.4%
Women's Justice Team*	49.8%	+28.8%
Strong Tomorrows*	49.5%	+20.4%
ParentPRO*	45.2%	+13.1%
Still She Rises*	45.2%	+26.1%
Centering Pregnancy*	32.8%	+23.9%
Reach Out and Read	31.1%	+6.0%
Jail Visitation*	23.6%	+8.5%

Source. AIR calculations from the 2020 and 2025 workforce surveys.
Note. N = 205 (2020), 305 (2025). 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 2025 results is statistically significant at the .05 level.

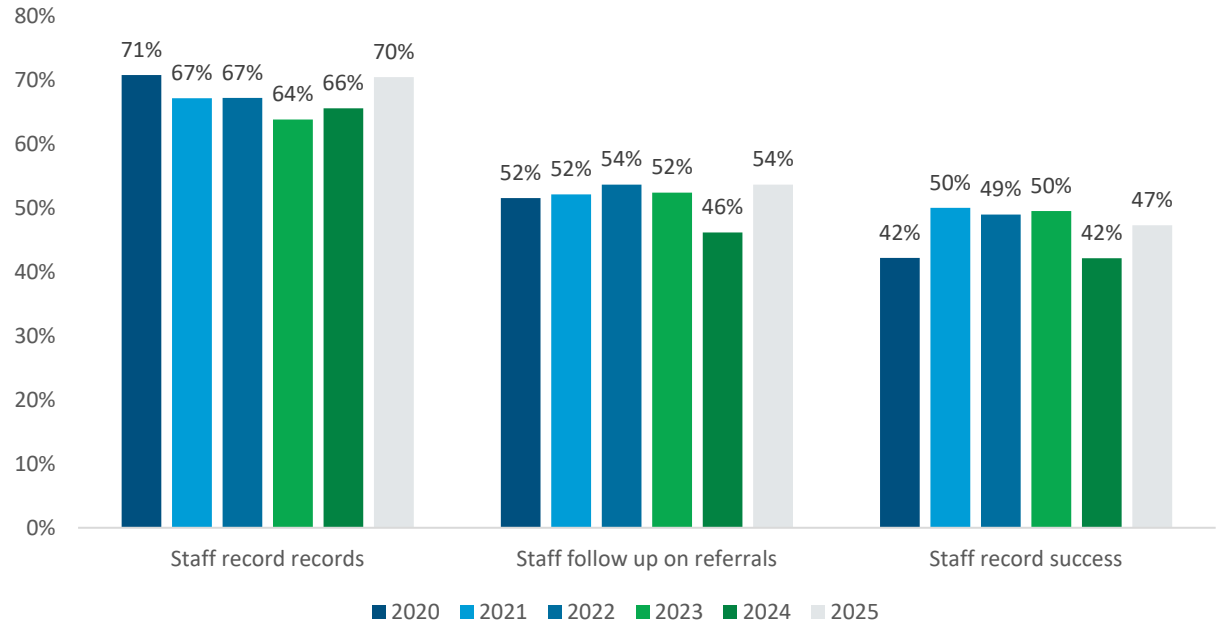
Referral Practices Among BEST Partners

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, 70% reported recording referrals in a client management system. Fifty-four percent of referral staff also follow up on referral outcomes; less than half of referral staff (47%) record whether clients successfully received services because of the referral. None of the differences between the 2020 and 2025 survey results in Exhibit 6 were statistically significant.

Exhibit 6. Over 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



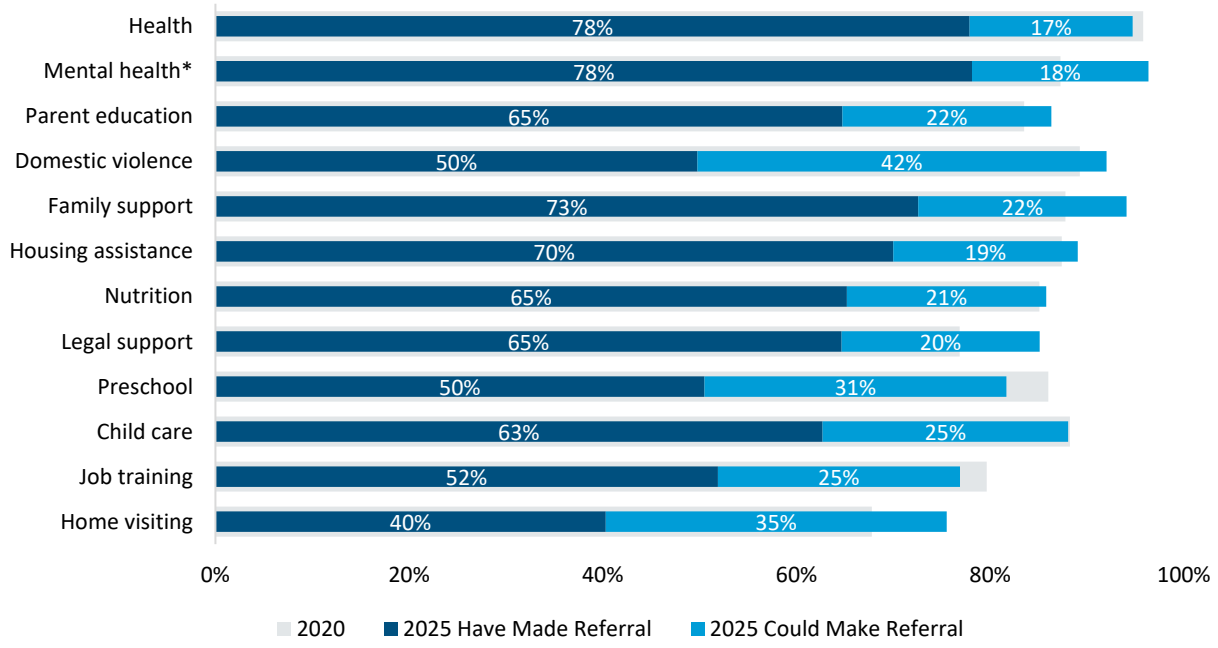
Source. AIR calculations from the 2020–2025 workforce surveys.
Note. N = 130 (2020), 140 (2021), 192 (2022), 210 (2023), 273 (2024), and 219 (2025). None of the differences between 2020 and 2025 were statistically significant.

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 mental health services (96%), health services (95%), and family support services (94%).

The light gray bars underneath the blue bars in Exhibit 7 show "referral capacity" in 2020, the first year of the BEST workforce survey. There was a statistically significant increase in referral capacity for mental health services between 2020 and 2025. 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.

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

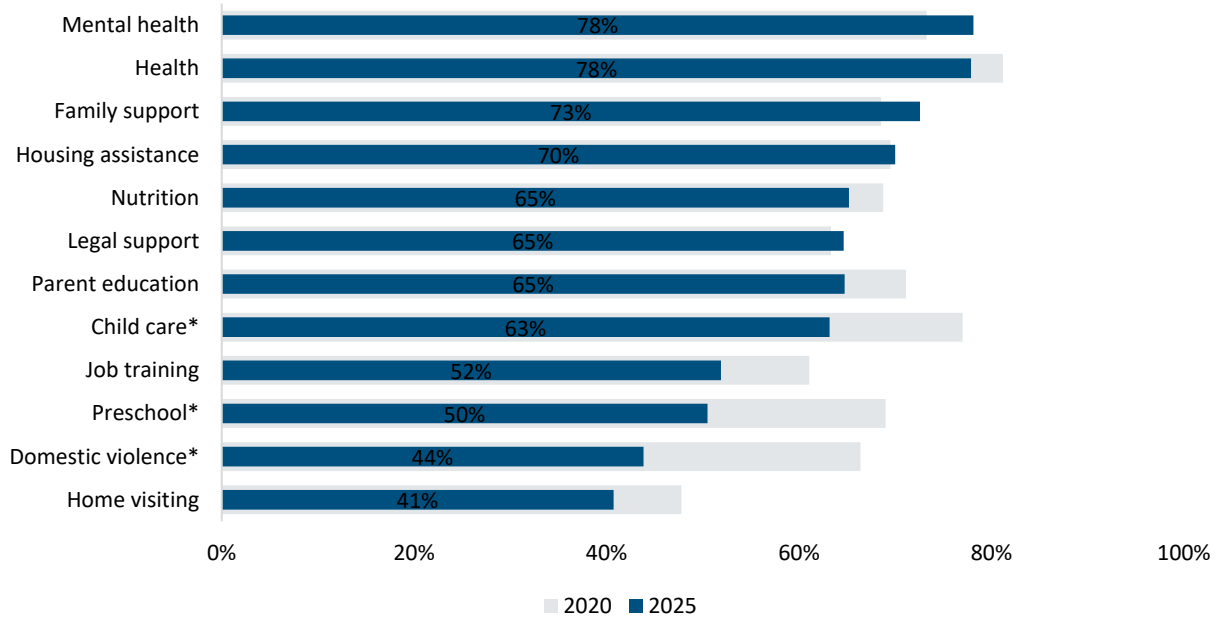


Source. AIR calculations from the 2020 and 2025 workforce surveys.
Note. N = 127 (2020), 221 (2025).
* The difference between the 2020 and 2025 results is statistically significant at the .05 level.

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 mental health (78%), health (78%), family support (73%), and housing assistance (70%).

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 19% reduction), and child care (a 14% reduction)—all of which were statistically significant. 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.

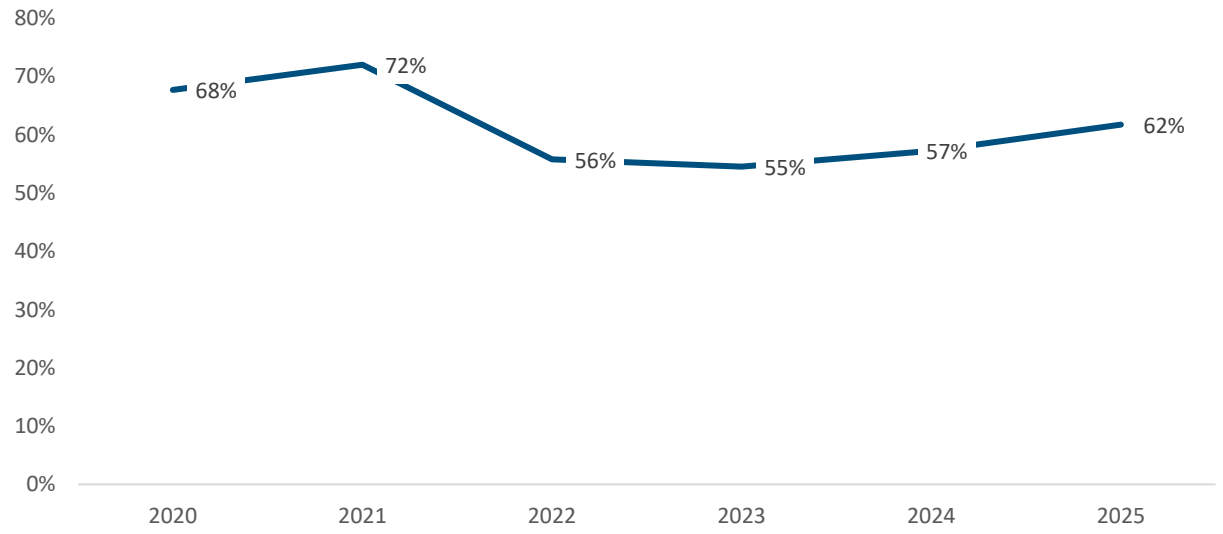
Exhibit 8. Fewer referral staff reported referring clients to services in 2025 compared with 2020



Source. AIR calculations from the 2020 and 2025 workforce surveys.
Note. N = 120 (2020) and 215 (2025).
* The difference between the 2020 and 2025 results is statistically significant at the .05 level.

Exhibit 9 summarizes these referral trends by presenting the average "referral rate" over time across all of 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, relative stability from 2022 to 2024, and an increase in 2025.

Exhibit 9. The average referral rate has increased, but not to the pandemic levels



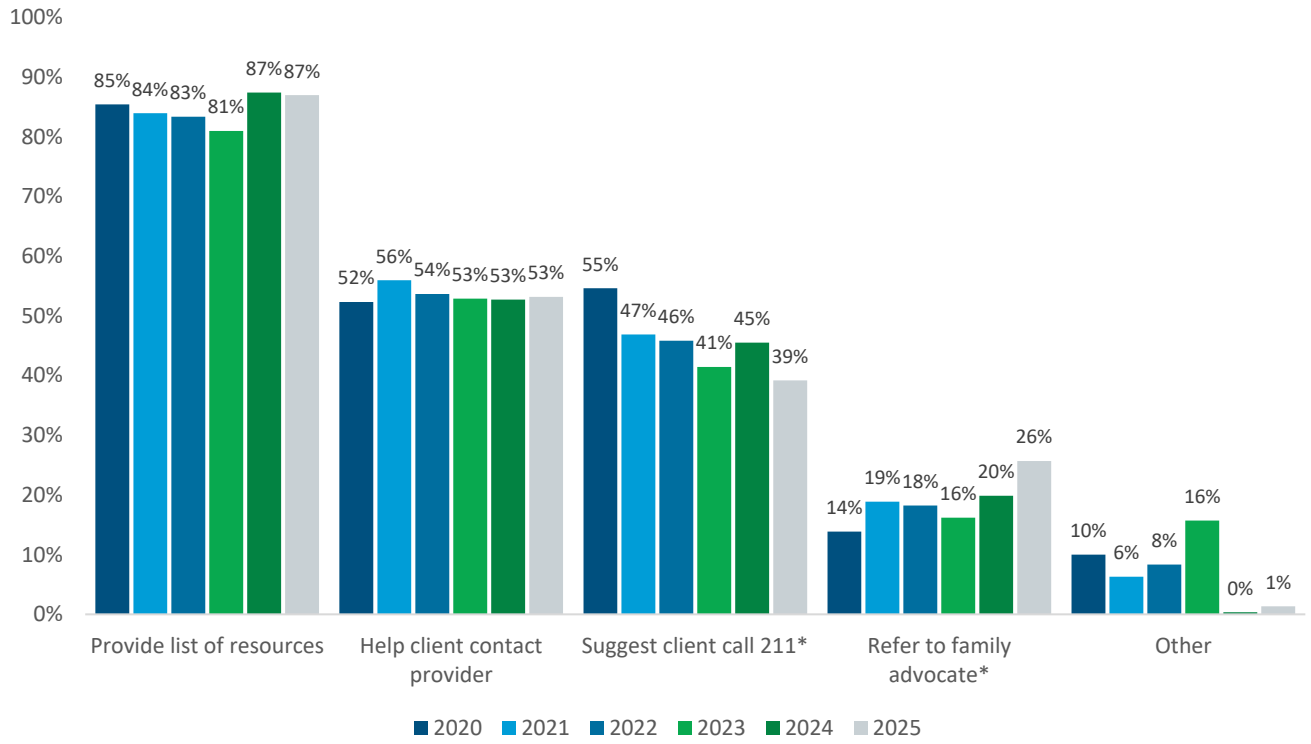
Source. AIR calculations from the 2020–2025 workforce surveys.
Note. N = 126 (2020), 142 (2021), 192 (2022), 207 (2023), 272 (2024), and 220 (2025). This exhibit presents an unweighted average of the rates of reported referrals to 12 services: health, family support, mental health, housing assistance, nutrition, parent education, child care, preschool, legal support, job training, domestic violence, and home visiting.
The overall 2020–2025 trend was not statistically significant.

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,"[8] (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 2025, staff have referred clients to ConnectFirst family advocates more often and suggested clients call 211 less than they did in 2020 (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.

[8] 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 2020–2025 workforce surveys.
Note. N = 130 (2020), 143 (2021), 192 (2022), 210 (2023), 277 (2024), and 222 (2025). Percentages do not sum to 100%, as respondents could select "all that apply."
* The difference between the 2020 and 2025 results is statistically significant at the .05 level.

Frequency of Warm Handoff Referrals

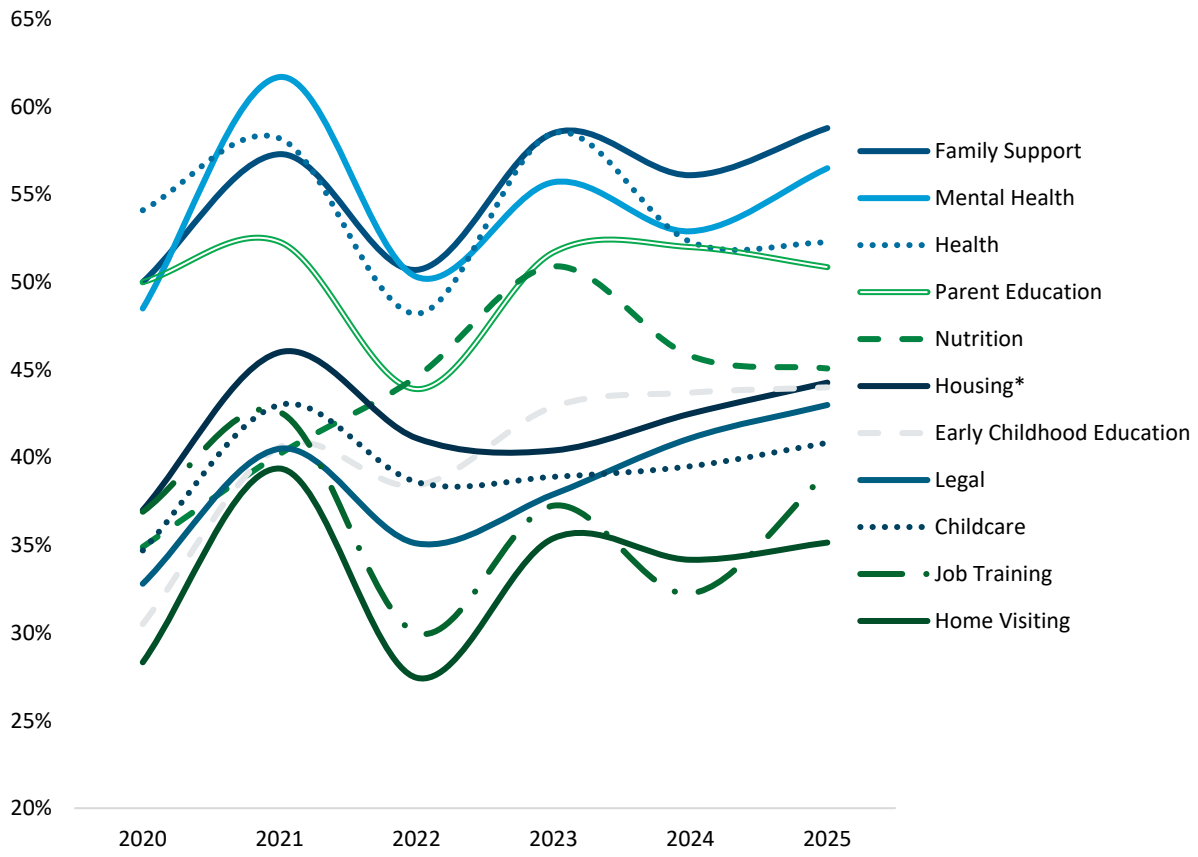
The workforce survey included follow-up questions to referral staff about *how often* they make warm handoffs. Exhibit 11 shows the percentage of referral staff who personally made warm handoffs to different service sectors "sometimes" or "often."[9] In 2025, staff reported using warm handoffs most frequently with family support (59%), mental health (57%), and health services (52%).

Compared to 2020, the proportion of staff who reported using warm handoffs sometimes or often increased across service sectors in 2025 (Exhibit 11). The increase between 2020 and 2025 for the housing (14%) service sector was statistically significant. The average increase in the proportion of staff using warm handoffs sometimes or often across service sectors was 6%.

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

Over time, the proportion of staff who reported using warm handoffs sometimes or often for most sectors increased from 2020 to 2021, followed by a decrease in 2022. This pattern repeated, with an increase in 2023 (to levels slightly higher than 2020), followed by a decrease in 2024. In 2025, there was a slight increase, 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 2020–2025 workforce surveys.
Note. N = 129 (2020), 139 (2021), 187 (2022), 203 (2023), 267 (2024), and 219 (2025). 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 2025 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. Thirty-five percent of staff indicated that a lack of professional connections is the biggest challenge; however, a lower percentage of staff reported this in 2025 compared to 2020. Eleven percent of staff indicated that warm handoffs are not part of their organization's goals/procedures, a statistically significant decrease from 20% in 2020.

Exhibit 12. Warm handoffs have increasingly become a part of organizations' goals/procedures since 2020

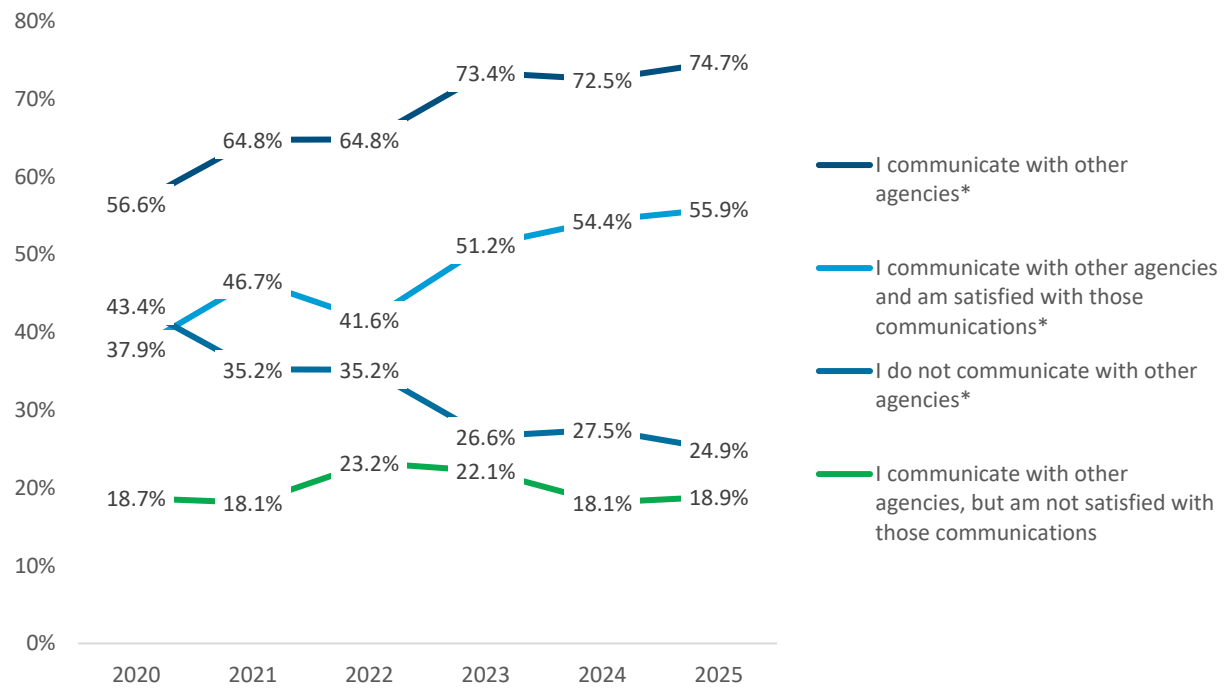
Items	2020	2021	2022	2023	2024	2025
In general, what are the challenges in making warm handoff referrals to other agencies, if any? (Check all that apply.)						
I don't have professional connections at other service providers.	45.7%	48.2%	44.1%	40.1%	39.8%	35.3%
Warm handoffs are not part of my organization's goals/procedures.*	20.2%	8.5%	10.6%	10.1%	13.8%	10.9%
Other service providers I refer to don't have enough time.	15.5%	14.2%	19.0%	15.9%	19.0%	18.6%
I don't have enough time.	12.4%	13.5%	19.6%	17.9%	21.6%	18.6%
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%	8.6%
Other	10.8%	7.8%	8.9%	10.6%	4.1%	5.9%
I experience no challenges making warm handoff referrals.	21.7%	22.7%	21.6%	26.6%	0.0%	26.2%

Source. AIR calculations from the 2020–2025 workforce surveys.
Note. N = 129 (2020), 141 (2021), 190 (2022), 207 (2023), 269 (2024), and 221 (2025).
*The difference between the 2020 and 2025 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, 75% of 2025 survey respondents reported that they communicate with staff in other agencies, and more than half of respondents (56%) were satisfied with this communication with other agencies. These 2025 results represent a significant increase in communication with staff in other agencies and satisfaction with this communication compared to 2020.

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

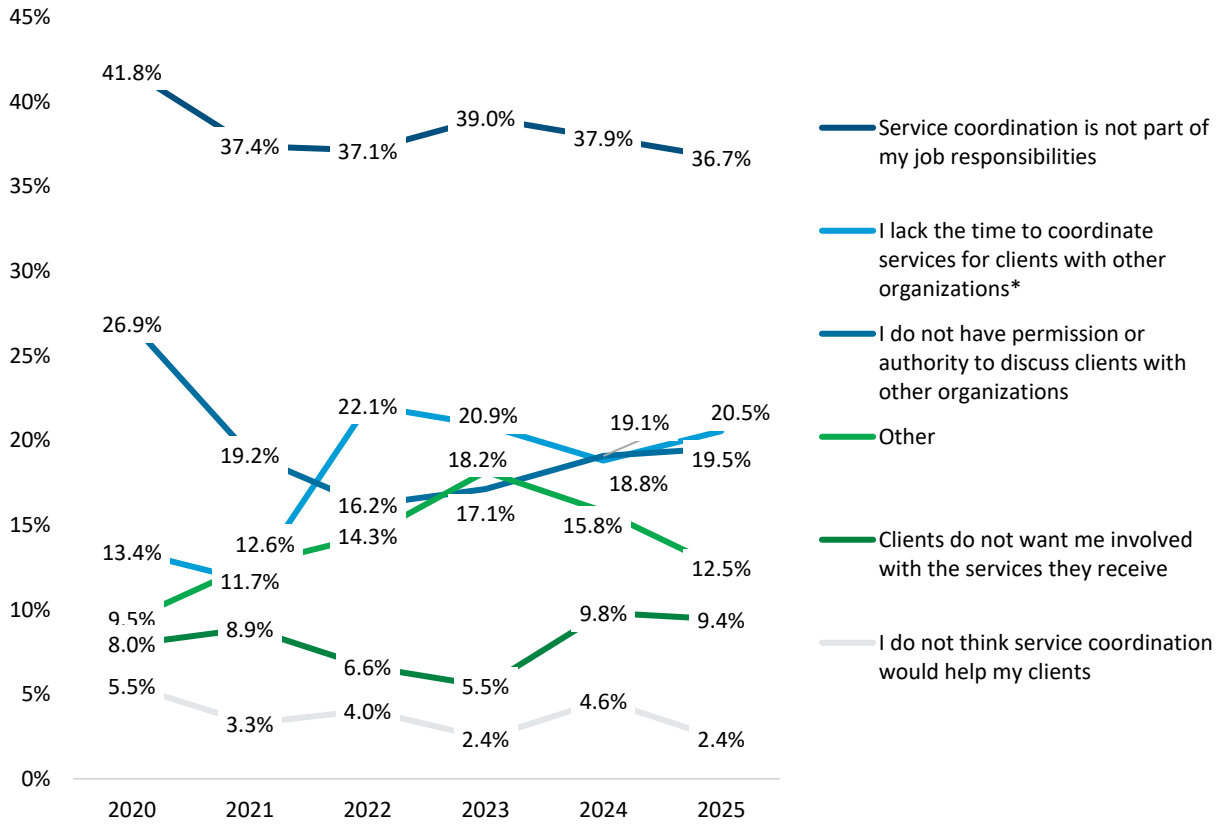


Source. AIR calculations from the 2020–2025 workforce surveys.
Note. *N* = 198 (2020), 210 (2021), 267 (2022), 289 (2023), 364 (2024), and 297 (2025).
* The difference between the 2020 and 2025 results is statistically significant at the .05 level.

Staff were also asked about service coordination for clients. In 2025, more than one third of staff (37%) indicated that they do not coordinate services as part of their job (data not shown in exhibit). This finding is similar to 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 was that they lacked the time to coordinate services for clients with other organizations (21%), followed closely by lack of permission or authority to discuss clients with other organizations (20%). Compared to 2020, there has been a significant increase in the percentage of respondents that lacked the time to coordinate services for clients with other organizations.

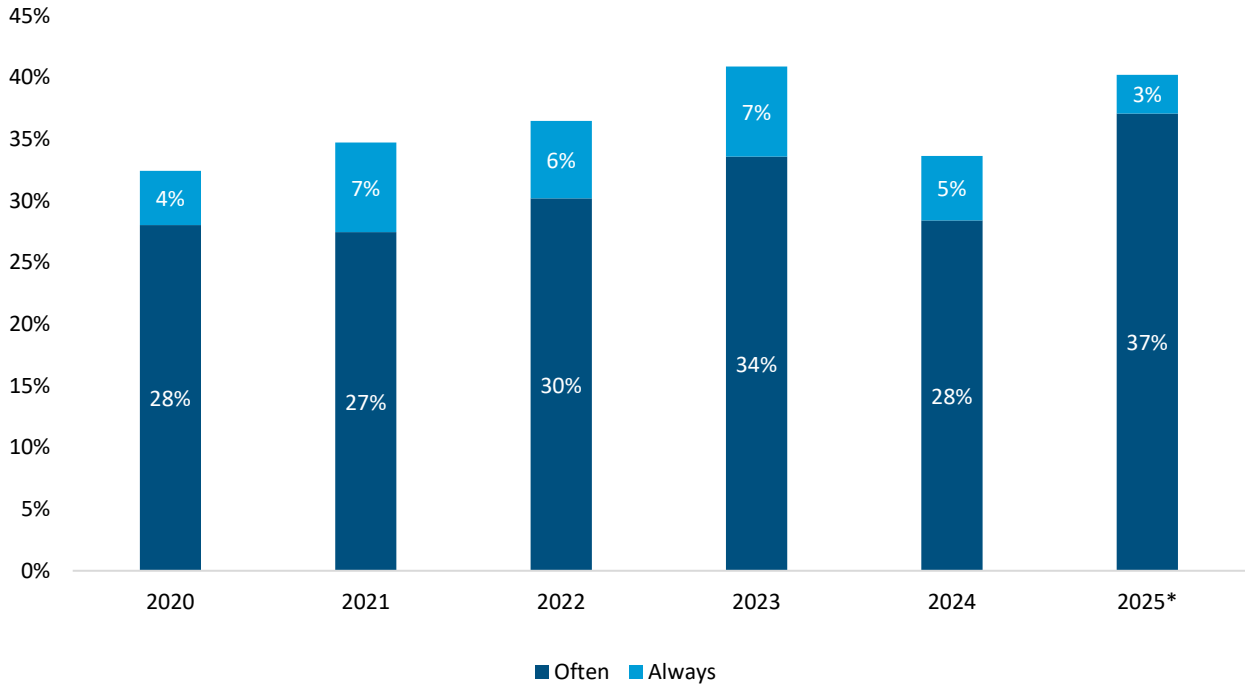
Exhibit 14. Approximately one third of respondents indicated that service coordination was not part of their responsibilities



Source. AIR calculations from the 2020–2025 workforce surveys.
Note. *N* = 201 (2020), 214 (2021), 272 (2022), 292 (2023), 367 (2024), and 297 (2025).
* The difference between the 2020 and 2025 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. Eighty percent of staff (*n* = 283) reported always (3%), often (37%), or sometimes (40%) knowing if their clients are receiving services from other agencies. In 2025, 40% 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. Slightly under half of respondents reported that they often or always know if their clients are receiving services from other agencies



Source. AIR calculations from the 2020–2025 workforce surveys.
Note. *N* = 182 (2020), 193 (2021), 255 (2022), 274 (2023), 345 (2024), and 285 (2025).
* The difference between the 2020 and 2025 results is statistically significant at the .05 level.

RECOMMENDATIONS TO IMPROVE SERVICES IN TULSA:

Increase availability and awareness of services.

Survey respondents (*n* = 212) answered an open-ended question asking for their recommendations to improve services in Tulsa. The most common responses were:

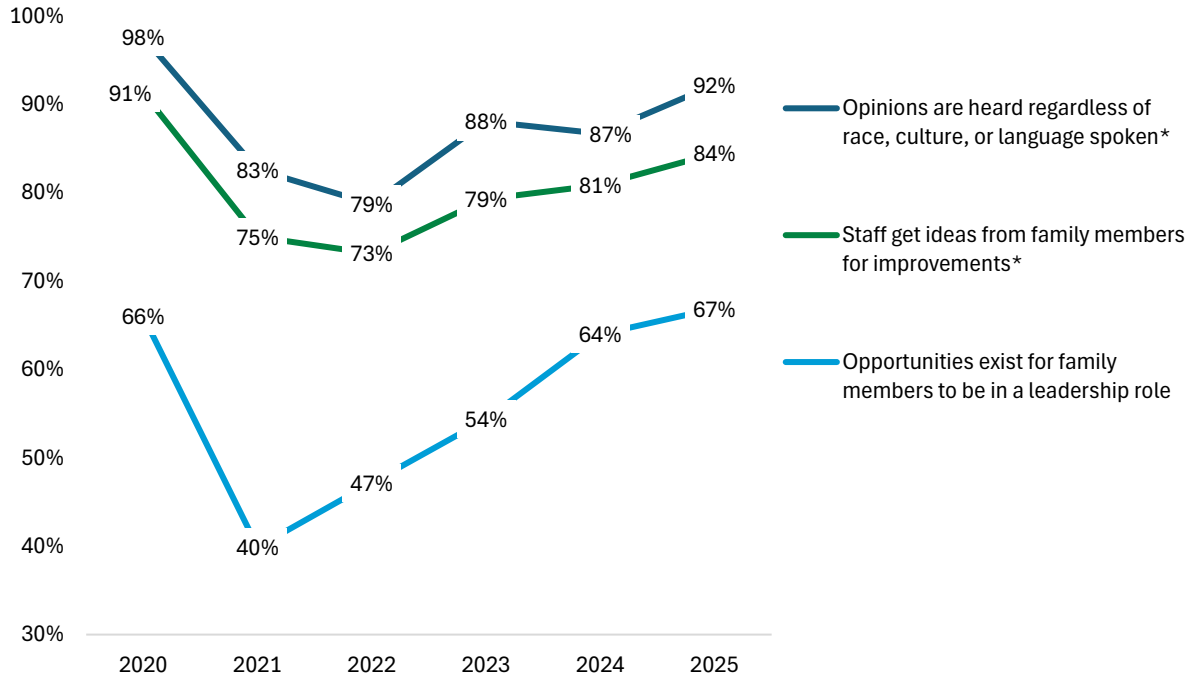
1. **Increase availability** of services in Tulsa (63%). The specific services suggested (in order of frequency) were transportation services, early care and education, mental health services, housing, and youth services. Other needs included family support services, adult education and job training, school-based and out-of-school time supports, and health care.
2. **Increase awareness** of community resources (22% of respondents).
3. **Strengthen partnerships** between service providers to support referrals and service coordination (8%).
4. **Provide supports** to strengthen the workforce, including hiring and retaining bilingual staff (3%).
5. **Engage in other efforts** (7%), such as placing a greater focus on serving the whole family, providing multi-generational supports, and making families feel more welcome when participating in services.

Role of Families in BEST Partners

As shown in Exhibit 16, most respondents (92%) reported that the opinions of parents or family members are heard regardless of their race, culture, or language spoken (80% of all survey respondents indicated that this was “completely true” and 13% said that it was a “little true”). At the same time, fewer respondents (84%) said that staff regularly try to get ideas from parents or family members on how to improve services (59% indicated that it was “completely true” and 25% said it was a “little true”). Finally, 67% of respondents said that opportunities exist for parents or family members to serve in leadership roles (41% said this was “completely true” and 26% reported it was a “little true”).

In 2025, survey responses continued to reverse a downward trend in some family involvement outcomes from 2020 to 2022. 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 92% in 2025, and from 91% in 2020 to 84% in 2025, respectively). Meanwhile, opportunities for family members to be in a leadership role appear to have rebounded, with 67% of staff agreeing that those opportunities exist compared with 66% in 2020; however, this is not a statistically significant difference.

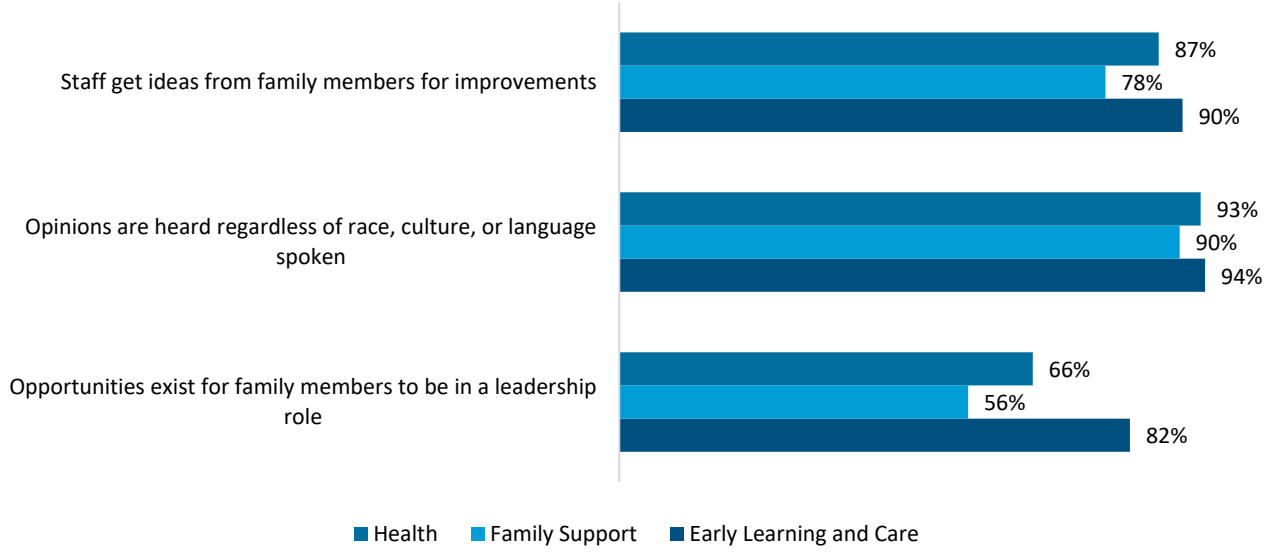
Exhibit 16. Most respondents agreed that the opinions of families are heard regardless of race, culture, or spoken language. Fewer agreed that leadership roles are available to families, but this has rebounded to pandemic levels.



Source. AIR calculations from the 2020–2025 workforce surveys.
Note. N = 168 (2020), 208 (2021), 268 (2022), 285 (2023), 361 (2024), and 296 (2025). Percentages include respondents who reported the statements in Exhibit 15 were "a little true" or "completely true."
* The difference between the 2020 and 2025 results is statistically significant at the .05 level.

The level of family engagement continued to vary somewhat across the three service sectors (Exhibit 17). ELC staff were more likely to agree that they get ideas from family members for service improvements (90%) than family support staff (78%), for example, and ELC staff were also more likely to agree that opportunities exist for family members to be in leadership roles (82%) than their peers in other sectors. There was significant continued improvement in family engagement in the early learning and care sector 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 opportunities to serve in leadership roles

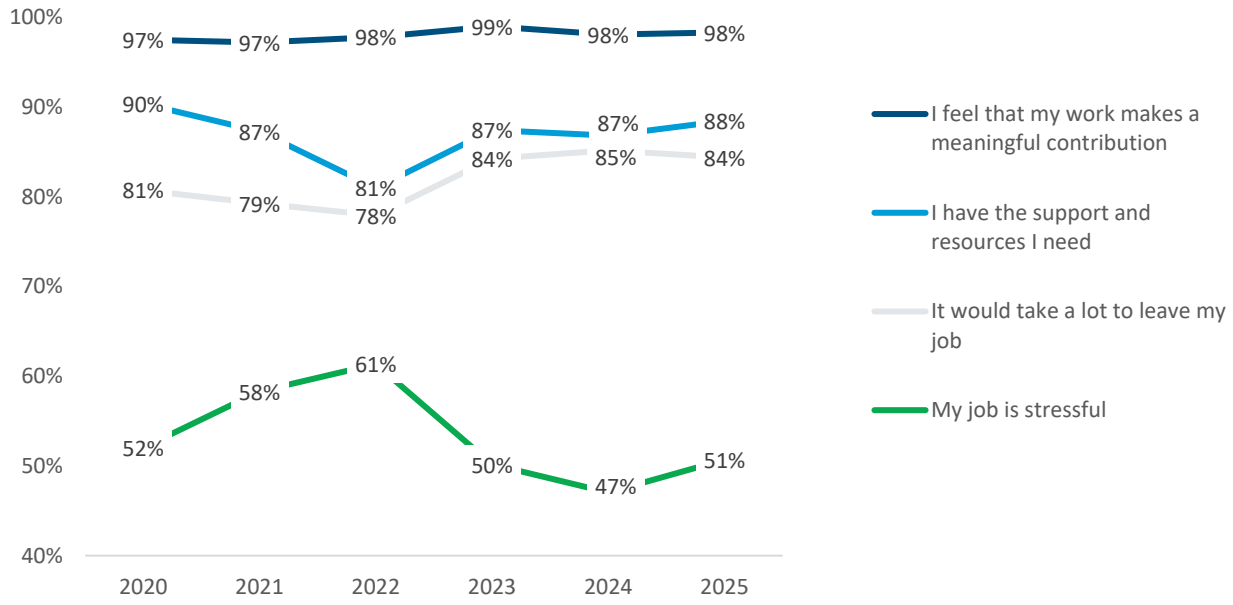


Source. AIR calculations from 2025 workforce survey.
Note. N = 104 (health), 109 (family support), and 83 (early learning and care).

Job Satisfaction

Staff responded to questions about their workplace and their attitudes toward their jobs. In 2025, nearly all staff reported that their work makes a meaningful contribution (98%) and they have the support and resources they need from their workplace (88%). Eighty-four percent of respondents agreed or strongly agreed that it would take a lot for them to leave their job. At the same time, just over half (51%) of the respondents agreed or strongly agreed that their job was very stressful (Exhibit 18). In general, over the six years of the survey, high initial levels of job satisfaction were mostly sustained, with a modest drop in 2022 and a bounce back from 2023 onwards.

Exhibit 18. Most respondents are satisfied with their jobs, but about half of them described their work as stressful.



Source. AIR calculations from the 2020–2025 workforce surveys.
Note. N = 198 (2020), 212 (2021), 269 (2022), 289 (2023), 359 (2024), and 294 (2025). None of the differences between 2020 and 2025 were statistically significant.

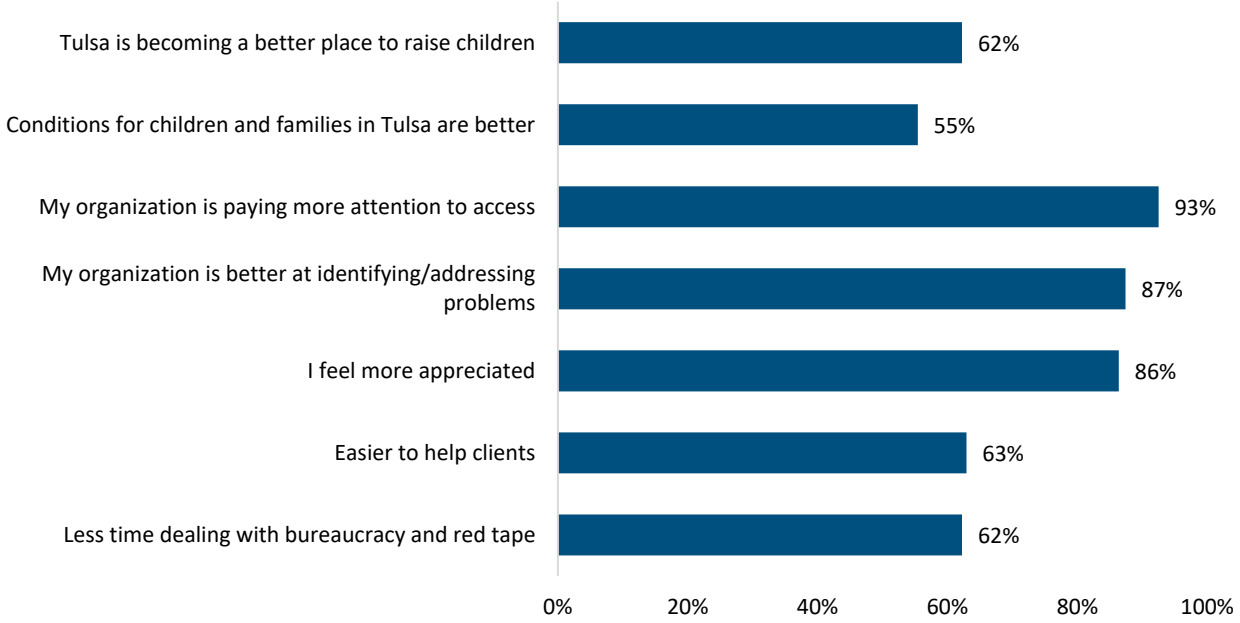
Reflections on Services and Systems in Tulsa

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. More than 60% of respondents agreed with the statements in Exhibit 19.[10] In particular, 93% 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 (87%) and their clients being more appreciative of their work (86%). Fewer of these experienced respondents found that it was easier to help clients (63%), that Tulsa was becoming a better place to raise children (62%), or that conditions for children and families in Tulsa were getting better (55%). Notably, nearly two-thirds of respondents agreed that bureaucracy and red tape were less of a problem than they had been before (62%). However, compared to 2024, there was an 11% decrease in both the percentage of staff who

[10] 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.

indicated that conditions for children and families in Tulsa were better and the percentage of staff who indicated that it was easier to help clients.

Exhibit 19. Most respondents agree that services and systems for children and families are improving in Tulsa



Source. AIR calculations from the 2025 workforce survey.
Note. *N* = 294.

Section III. Conclusions and Recommendations

Overall, the results from the 2025 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. Select findings that showcase the effectiveness of BEST 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 (71%). While this is an eight-percentage-point increase from 2020, this percentage is lower than in 2024.
- Staff knowledge of specific BEST partners increased between 2020 and 2025 (in some cases, by 20% or more). Staff knowledge of the essential BEST family navigation component ConnectFirst increased by 26% between 2020 and 2025.
- The most well-known partner was WIC (91% of respondents knew a lot about this program), followed by CAP Tulsa (87%), and Emergency Infant Services (EIS; 84%).
- Over the 6 years of the survey, staff consistently identified WIC, EIS, and CAP Tulsa as the most well-known partner organizations in the BEST initiative.
- Most staff reported making referrals, informally or formally, as part of their jobs. The sectors that most staff referred to were mental health (78%), health (78%), family support (73%), and housing assistance (68%). These were also among the top referral sectors in every previous survey year.
- Between 2020 and 2025, 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 an increase in the percentage of staff who reported making referrals between 2024 and 2025.
- In 2025, a little more than half of the staff who make referrals reported using warm handoffs to refer clients to services. In 2025, 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 35% in 2025). Other challenges in making warm handoffs are not having enough time and other service providers not having enough time, which more respondents reported as a challenge in 2025

(19% for both) compared to 2020 (12% not having enough time, 16% other service providers not having enough time).

- In 2025, almost three quarters of the BEST partner staff in different programs communicated regularly about shared clients. In 2025, 56% of respondents were satisfied with these communications with other agencies, and 19% were not satisfied. These 2025 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 (92%) agreed that the opinions of families are heard regardless of their race, culture, or spoken language. Similarly, most reported that staff regularly get ideas from families on how to improve services (84%). However, fewer staff reported that opportunities exist for families to serve in leadership roles (67%). Rates of family engagement in 2025 were lower than in 2020 but have been trending up since 2021.
- Staff working in BEST partner agencies reported that they enjoy their work and believe that they are making a meaningful contribution in their jobs. However, just over half of respondents reported that their job is stressful.
- Most respondents agreed that 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, and referral practices.

- **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 2025, 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. It may be useful to further investigate whether there is unmet need in the community.

Appendix. 2025 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	26%	22	19%	22	27%	29
Repeat responders	75%	62	80%	91	73%	78

Source. AIR calculations from the 2025 workforce survey.
Note. *N* = 305.

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

	2020	2021	2022	2023	2024	2025
Early learning and care	45.4%	46.2%	71.0%	77.1%	47.6%	54.5%
Family support	86.5%	64.6%	71.8%	69.1%	78.3%	81.8%
Health	88.6%	94.7%	70.0%	96.7%	88.5%	75.9%

Note. *N* = 206 (2020), 93 (2021), 163 (2022), 146 (2023), 151 (2024), and 73 (2025).

Exhibit A3. Percentage of respondents who indicated that they had heard of each BEST partner and knew a lot about their services, 2020–2025

Partner	2020	2021	2022	2023	2024	2025
WIC	75.1%	90.9%	82.6%	86.0%	85.0%	90.5%
CAP Tulsa	70.6%	79.5%	77.9%	82.1%	83.4%	86.9%
Emergency Infant Services	70.6%	80.0%	77.8%	81.4%	83.1%	84.3%
DVIS	66.7%	71.8%	72.2%	72.5%	76.5%	82.6%
Educare	66.5%	75.5%	72.6%	75.6%	78.4%	80.3%
Imagination Library	–	–	–	64.7%	71.8%	76.4%
Women in Recovery	53.2%	61.4%	60.5%	60.1%	63.0%	70.2%
Healthy Start	45.9%	57.5%	56.4%	59.9%	65.4%	68.5%
Early Learning Works	–	–	–	–	60.4%	66.9%
Tulsa Responds	–	–	–	39.7%	59.3%	65.2%

Partner	2020	2021	2022	2023	2024	2025
Restore Hope	–	49.8%	46.2%	55.0%	63.1%	63.3%
Lactation Consultant	43.6%	50.7%	41.6%	53.6%	55.9%	63.0%
TPS ECE	38.2%	52.3%	52.0%	55.7%	60.7%	62.6%
TPS Parent Resource Center	–	22.9%	24.4%	42.7%	52.0%	62.6%
ConnectFirst	36.3%	44.3%	38.1%	51.0%	55.4%	62.0%
Take Control Initiative	46.3%	47.7%	47.3%	53.3%	55.3%	60.0%
Family Connects	29.8%	36.4%	34.5%	42.2%	46.7%	58.7%
Doula	17.6%	29.4%	32.5%	45.0%	50.0%	58.0%
Hunger Free Oklahoma	–	–	28.2%	30.0%	52.5%	54.8%
ChildrenFirst	41.5%	48.9%	39.5%	48.4%	49.2%	54.4%
Bright Beginnings	31.2%	36.8%	35.6%	39.3%	42.1%	53.8%
Maternal Mental Health Program	–	–	–	35.9%	46.6%	53.1%
HealthySteps	28.8%	35.5%	31.8%	36.8%	43.5%	52.1%
Mental Health Association of Oklahoma	–	–	36.8%	29.6%	42.7%	50.5%
Tulsa Health Department	–	–	29.6%	31.8%	47.2%	50.2%
Women's Justice Team	21.1%	27.7%	31.8%	36.0%	41.2%	49.8%
Strong Tomorrows	29.1%	30.5%	36.0%	43.8%	42.0%	49.5%
South Tulsa Community House	–	–	43.8%	21.4%	42.5%	47.2%
ParentPRO	32.2%	37.9%	21.4%	36.6%	42.9%	45.2%
Still She Rises	19.1%	31.2%	36.6%	39.5%	41.2%	45.2%
SafeCare	–	–	–	–	–	44.2%
El Centro	–	–	6.5%	16.0%	33.5%	41.6%
Array of Hope	–	–	–	–	36.9%	41.6%
Birthright Living Legacy	–	–	13.7%	20.7%	31.7%	41.3%
Amplify Youth Health Collective	–	10.6%	13.0%	28.4%	33.6%	39.0%
Skillz on Wheelz	–	–	–	17.4%	31.2%	36.1%
La Cosecha	–	–	8.3%	10.1%	26.4%	34.4%
James Inc.	–	24.2%	20.9%	24.1%	24.9%	34.1%
Centering Pregnancy	8.9%	19.1%	17.6%	25.3%	27.5%	32.8%

Partner	2020	2021	2022	2023	2024	2025
Crossover Health Services	–	–	15.5%	15.0%	27.2%	31.8%
Reach Out and Read	25.1%	28.0%	22.6%	24.8%	27.4%	31.1%
OKDHS	–	–	–	–	29.8%	30.8%
Uma Tulsa	–	–	–	14.0%	21.2%	29.2%
BeWell	–	–	8.7%	15.1%	24.5%	26.9%
Gaining Ground	–	7.3%	11.0%	12.4%	20.4%	24.9%
Jail Visitation Program	15.1%	19.5%	21.8%	23.3%	20.4%	23.6%
Platicas	–	–	–	–	14.8%	21.3%
Opportunity Project	–	–	–	15.8%	21.1%	20.7%
Immigrant Resource Network	–	–	–	8.7%	15.8%	19.7%
EduRec	–	–	8.2%	11.8%	16.4%	18.4%
Art4orms	–	–	8.6%	10.1%	13.8%	16.1%
Centering Parenting	–	–	–	–	10.7%	15.4%

Note. *N* = 205 (2020), 220 (2021), 281 (2022), 309 (2023), 379 (2024), and 305 (2025).

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	72.8	219
No	22.3	67
I'm not sure	4.7	14

Source. AIR calculations from the 2025 workforce survey.
Note. *N* = 301.

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	85.7	28	86.5	89	90.5	84
Domestic violence	84.1	44	94.0	84	94.1	85
Family support	83.3	30	97.6	82	93.2	74
Health	80.5	41	97.7	88	97.5	79
Home visiting	65.8	38	72.0	82	84.2	76
Housing assistance	77.8	45	94.2	86	89.9	79
Job training	64.4	45	82.8	87	77.5	80
Legal supports	73.3	45	92.0	87	83.1	83
Mental health	90.5	42	97.6	82	95.6	68
Nutrition	77.5	40	89.5	86	85.9	78
Parent education	73.5	34	90.0	80	88.2	76
Preschool	82.8	29	77.8	90	85.5	83

Source. AIR calculations from the 2025 workforce survey.
Note. *N* = 215 (varies by service area).

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