

Launching the Birth through Eight Strategy for Tulsa

Highlights and Lessons Learned from the First Two Years

July 1, 2017 – June 30, 2019

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Overview of the Birth through Eight Strategy for Tulsa (BEST)

The Birth through Eight Strategy for Tulsa (BEST) is a comprehensive, multi-component initiative that focuses on early childhood development and family engagement to help break the cycle of intergenerational poverty. Based on decades of research, BEST centers its approach on evidence-based and evidence-informed supports that foster children's brain development during the most critical years. Spearheaded by the George Kaiser Family Foundation (GKFF) in July 2017, BEST works with a wide network of partners to provide services to populations facing barriers to upward mobility and increase opportunities for children living in poverty to achieve lifelong success. BEST partners include nonprofit and public organizations that provide direct services to children and families, intermediary organizations that support backbone functions (e.g., continuous learning and improvement for the overall initiative), and other community organizations, such as local university researchers who offer subject matter expertise. Over a 10-year period, BEST and its network of partners aim to increase the percentage of children who are:



1. Born healthy
2. On a positive developmental trajectory by age 3
3. Ready for kindergarten
4. Achieving success by third grade

Implementation Study of BEST

Child Trends contracted with GKFF in 2017 to conduct a two-year implementation study of BEST from July 1, 2017 through June 30, 2019. The implementation study used a developmental lens, with a focus on gathering perspectives from BEST partners and GKFF staff through a series of surveys and interviews about what they were learning about BEST's early development and implementation. A report of findings from the first year of the implementation study can be found [here](#).

Purpose of this Brief

The purpose of this brief is to document early development of the BEST initiative and key lessons learned from the two-year implementation study.

BEST's Theory of Change

BEST's Theory of Change (Figure 1) shows how the initiative uses a multi-component approach to achieve four outcome goals, with the aim of achieving sustainable improvements for children who live in or near poverty. A summary of each component and the partners that supported or contributed to it during the first two years is presented below. A complete list of BEST partners can be found at the end of this report¹.

Support early brain development with a focus on parent/caregiver-child interactions. GKFF worked with BEST's network of direct service partners (see next component) to align informational materials, messaging campaigns, and outreach to raise parent/caregiver awareness about early brain development and promote interactions that support executive functioning. This work included creating an inventory of direct service partner materials and examining the developmental domains that were addressed in the materials. It also contained a plan for including consistent messages about brain development and executive functioning in direct service partners' existing interactions with parents/caregivers.

Increase access to and participation in quality programs and services. A network of 14 organizations provided 21 direct programs and services across the developmental continuum from preconception through age 8. These organizations included public and nonprofit entities delivering health, education, criminal justice, and social services. In this report, they are referred to as direct service partners.

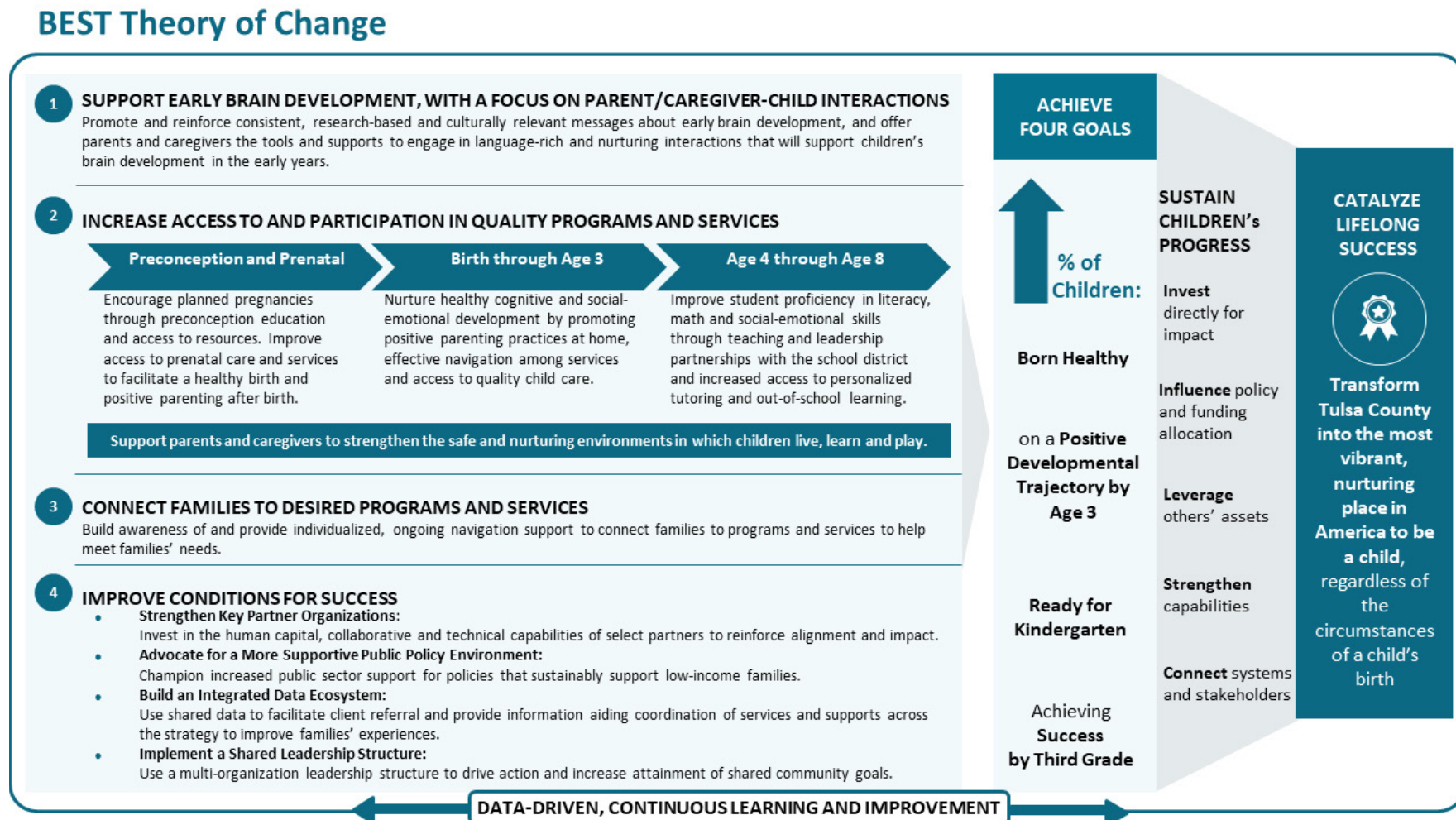
Connect families to desired programs and services. ConnectFirst is a BEST strategy that advances the goal of connecting families to community resources and building awareness about early brain development. Representatives from the Tulsa Health Department, Parent Child Center of Tulsa, University of Oklahoma School of Community Medicine, and GKFF provided shared leadership for ConnectFirst. These organizations also provided oversight of seven services (e.g., hospital visits for mothers of newborns, home visiting, and developmental support for families in pediatric clinics) that worked in coordination with other nonprofit and public organizations to link pregnant and parenting families to services in the community.

Improve conditions for success. In addition to increasing access to programs and services, BEST focuses on creating conditions for success at a systems level by providing necessary supports to achieve the initiative's goals. These supports included:

- **Strengthen key partner organizations.** Two organizations, ImpactTulsa and Tulsa Public Schools, worked collectively with GKFF to support BEST’s approach to continuous learning and improvement. Other partners contributing to this component included direct service partners that offered guidance on approaches to implementing this component and management experts who provided professional development.
- **Advocate for a more supportive public policy environment.** GKFF worked with partners to understand and advance policies that support positive outcomes for young children. The Foundation builds awareness about BEST and these policies among public officials at all levels.
- **Build an integrated data ecosystem.** Two organizations, MyHealth and Asemio, in collaboration with GKFF, brought together representatives from seven direct service partner organizations, three community organizations, and one additional organization providing backbone functions to build the Community Holistic Integrated Linked Data System (CHILD).
- **Implement a shared leadership structure.** GKFF’s leadership, program officers, and the GKFF BEST Management Team (composed of five staff members) provided overall oversight and support for BEST. Together, they partnered with two organizations—ImpactTulsa and Tulsa Public Schools—that provided backbone functions for BEST, such as convening partners for joint problem solving of issues critical to achieving BEST goals. The shared leadership approach also included an advisory committee, led by GKFF’s BEST Managing Director, composed of BEST direct service partners, partners serving backbone functions, community liaisons, and representatives from local government, nonprofit, and grassroots organizations, to inform the initiative’s overall decisions and ongoing planning.



Figure 1. BEST Theory of Change



Source: George Kaiser Family Foundation

Implementation Steps and Lessons Learned

The implementation study examined BEST strategies that were new to Tulsa. Specifically, the study focused on understanding three components of BEST's Theory of Change. These included BEST's efforts to:

- increase families' access to and participation in quality programs and services,
- connect families to desired programs and services,
- and improve conditions for success.

Within the improve conditions for success component, the implementation study specifically examined efforts to build an integrated data ecosystem and implement a shared leadership structure. This section summarizes the key implementation steps and the associated lessons learned for these components and sub-components in BEST's first two years.

Increase access to and participation in quality programs and services.

As a place-based initiative, BEST includes a few universal programs that reach a broad population from all income levels, such as Bright Beginnings' postpartum visiting, as well as a wide range of targeted services, such as Children First's home visiting for first-time parents who live in or near poverty. In Year 2, through investments in existing, new, and expanded programs and services, BEST partners provided services to an estimated 16,448 children along the birth to age 8 continuum who live in or near poverty.

Lessons learned

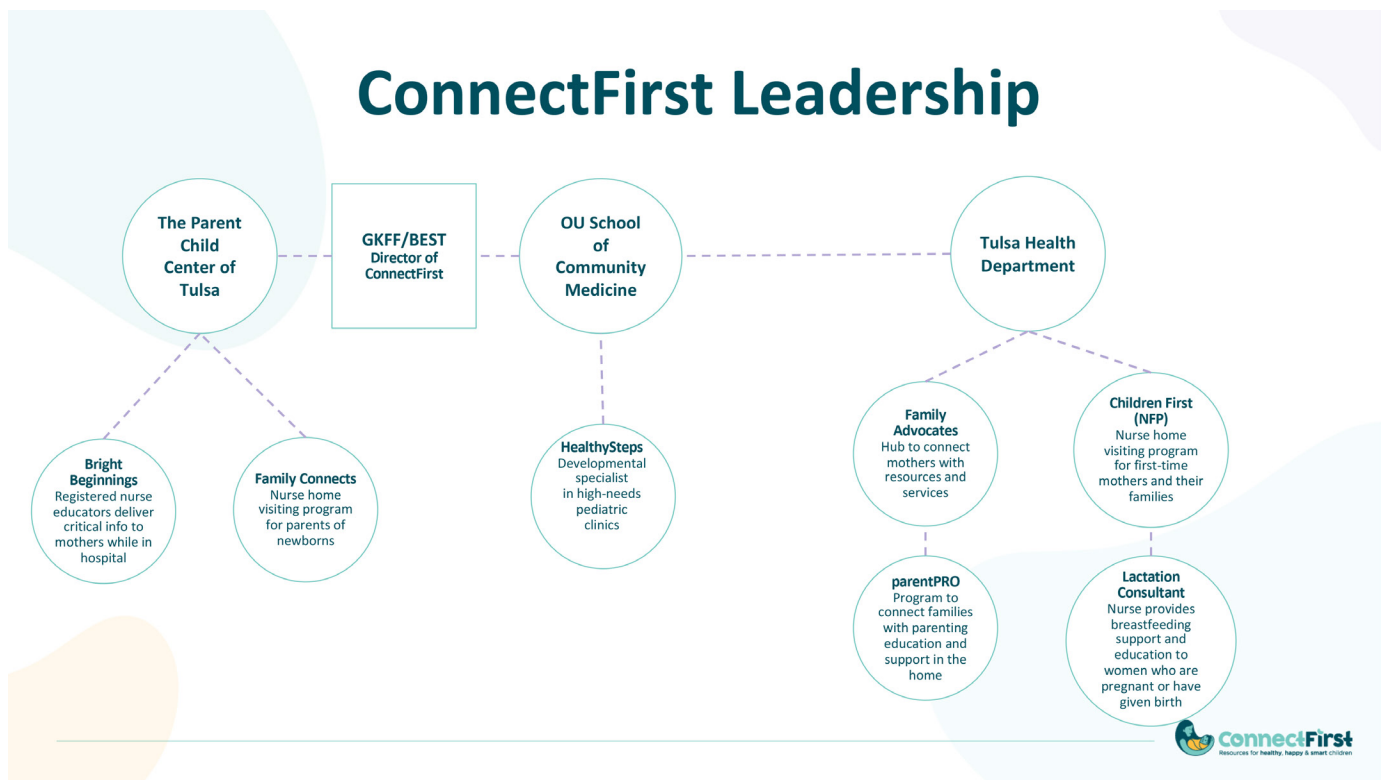
To support their focus on disrupting the cycle of intergenerational poverty, GKFF examined service reach and other community indicators (e.g., presence of direct service partners in neighborhoods with high concentrations of child poverty) to determine how to most effectively increase access to and participation in services for children living in or near poverty. Through discussions with community partners, GKFF plans to adopt a neighborhood focus for the initiative's next phase. The neighborhood focus will complement the continued scaling up of programs and services throughout Tulsa County. GKFF collaborated with the Tulsa Housing Authority, a local partner experienced in community engagement and neighborhood revitalization in the first selected neighborhood, to kick off this work. Together, they intend to work with residents and direct service providers to co-construct solutions that bring programs and services to children and families. GKFF plans to use lessons learned from initial work in the first focus neighborhood to identify additional focus neighborhoods in the future.

Connect families to desired programs and services.

After engaging in a collaborative design process in Year 1, GKFF launched ConnectFirst, BEST's hallmark strategy to provide a coordinated system of supports so families can access the services that meet their unique needs. ConnectFirst is operated by a partnership of four organizations that deliver seven programs that make up the umbrella of ConnectFirst services. Leaders from these four organizations comprise a leadership team that governs ConnectFirst (see Figure 2). In BEST's

first two years, ConnectFirst focused its services on families from the prenatal phase through a child’s first birthday. In this early phase of development and implementation, ConnectFirst focused on using family advocates, who reached out to all expectant mothers enrolled in Medicaid (referred to in Oklahoma as SoonerCare). During Year 2, more than 1,750 expectant mothers spoke with a family advocate, and 44 percent were referred to services in the community, such as prenatal care or help finding a car seat. To support families with newborns and children under age 1, ConnectFirst’s umbrella organizations offered services to families through postpartum hospital visits, home visits, and lactation consultation. GKFF began partnering with the Tulsa Housing Authority to connect family advocates to residents in three housing developments. Next, GKFF plans to integrate family advocate services into existing community settings, such as OB/GYN offices. In the initiative’s later years, ConnectFirst will further expand to include families of children up to third grade.

Figure 2. ConnectFirst Leadership and Programs



Source: George Kaiser Family Foundation

Lessons learned

A co-located team facilitated ConnectFirst’s collaborative approach. ConnectFirst’s systemic approach involved building a collaborative network of programs. Some ConnectFirst partners were operating before BEST (e.g., Bright Beginnings postpartum hospital visits and Children First home visiting) and some were new (e.g., Tulsa Health Department family advocates and Family Connects home visiting). Under ConnectFirst, these programs were housed in a new, co-located space to foster service integration. The implementation study found that this strategy was effective, particularly for the ConnectFirst leadership team. Leadership team partners reported that regular

meetings increased opportunities to share successes and troubleshoot problems effectively, which was pivotal to their success in guiding the multi-program service structure.

Family advocates helped connect expectant mothers to needed services. The study found that incorporating family advocates to reach out to expectant mothers was effective in increasing referrals to two home visiting programs in ConnectFirst's network of programs. Additionally, after identifying breastfeeding support as a need for ConnectFirst families, ConnectFirst added a lactation consultant. ConnectFirst partners viewed this as a valuable lesson learned in being responsive to families' needs.

Continued role clarity is needed. As might be expected with early implementation of a new approach, the study found that continued attention was needed to clearly define roles, particularly for family advocates. As ConnectFirst moved from design to implementation, family advocates continued to learn about the specific needs of expectant mothers. In some cases, it became evident that expectant mothers needed more intensive case management services beyond the scope of ConnectFirst. This led to partners reporting a lack of clarity related to the family advocate role. They were not clear whether the family advocate role was limited to service referral or included broader case management duties.



Find more opportunities for front-line staff to collaborate. The study also found that while increased communication and collaboration was an early success of ConnectFirst, ongoing attention was needed to give front-line staff more opportunities to collaborate to help them understand each program's services and feel less siloed.

Need for branding and marketing of ConnectFirst services. Lastly, partners described experiences where families and other service providers were confused about the difference between ConnectFirst and the various associated programs. While the ConnectFirst team has made progress with developing a branding and marketing strategy, there is still a need to explicitly define each program's role in ConnectFirst and disseminate this information to clarify and market its services.

Improve conditions for success.

Build an integrated data ecosystem.

To provide data that will support BEST's collaborative approach and intention to make sure families receive the services they desire, the initiative includes efforts to build a customized integrated data system, the Community Holistic Integrated Linked Data System (CHILD). Work to develop the system was accomplished in two stages. The first stage focused on developing a proof of concept of the system to test whether integrating data across a sample of BEST direct service organizations was possible. The proof of concept was successful in identifying service overlap and validating the

opportunity for CHILD’s continued development. This stage also included initial work on defining a governance structure as well as early work on understanding data privacy and sharing standards for the ecosystem. In the second stage, GKFF engaged a subset of BEST direct service partners to participate in CHILD’s early development. These partners became members of CHILD’s governance committee, where they adopted a charter and bylaws and gathered parental feedback on a draft universal consent form. They also selected three possible use cases, such as learning about the unique number of children served across CHILD direct service partners. The possible use cases will help the governance committee envision how the system could be used, the types of steps needed to build the system, and implications for different uses (e.g., types of permissions needed from families and service organizations). Details from these possible use cases will be used to inform the system’s continued development.

Lessons learned

The study found that CHILD governance committee members saw value in the potential of CHILD to improve service delivery, which contributed to their commitment to the work needed to develop the system. They also benefited from improved collaborative relationships with other BEST partners who participated on the committee. However, having a broad-based group of partners from diverse sectors (e.g., early education, pre-K to third grade education, health, and family support) brought both opportunities and challenges. The inclusion of diverse perspectives allowed the partners to think through which of their data needs were unique and which were shared across the sectors. A challenge emerged as governance committee members noted different ideas about CHILD’s primary purpose. Some saw the main purpose as a client coordination tool, while others saw it as a data aggregation tool to inform BEST’s progress. Partners expressed concerns about one system’s ability to meet both purposes, which is supported by the literature on data governance that suggests a focus on one common purpose is a key factor for success. Governance committee members plan to continue discussions about aspects of their shared data needs that can be used to fine-tune CHILD’s purpose in BEST’s next phase.

Implement a shared leadership structure.

GKFF uses a shared leadership approach to guide the implementation of BEST. Key elements of BEST’s shared leadership approach are presented below, along with a brief description of key implementation steps in the first two years.

Overall leadership. GKFF is responsible for overall oversight and coordination of the initiative. In collaboration with the Foundation’s program officers, the five GKFF staff members who comprise the BEST management team were responsible for working closely with partners to plan and implement the initiative.

Collaborative Action Networks. Collaborative Action Networks (CANs) bring together stakeholders from various service sectors to address a shared problem or goal. In year 2 of BEST, CANs of BEST direct service partners, organized by BEST goal area, worked together to address a shared problem that affects Tulsa’s young children. BEST’s CANs were led by ImpactTulsa, a collective impact organization with experience in leading Tulsa organizations through continuous learning and improvement processes. Tulsa Public Schools also provided leadership support for the CANs that focused on children in pre-K through third grade. In Year 1, partners received training on the Evolutionary Learning framework^a, which was used to guide the CANs’ approach. In Year 2, BEST

^a Columbia Law School Center for Public Research and Leadership. (2018). *About the Evolutionary Learning Institute*. Retrieved from <https://www.law.columbia.edu/public-research-leadership/evolutionary-learning-institute>

launched three initial CANs that addressed: (1) healthy births, (2) positive developmental trajectory by age 3 and kindergarten readiness, and (3) success by third grade. The CANs started with testing solutions for a small population to learn about strategies that have the potential to scale up. For example, the Success by Third Grade CAN examined barriers to school attendance in four schools and developed three test plans to address these barriers. One test plan involved staff training on effective ways to talk about chronic absenteeism at parent-teacher conferences. They then examined attendance data after implementing the test plans and saw improved attendance for students whose families participated in the parent-teacher conferences.

BEST advisory committee. An advisory committee brought a diverse range of perspectives that reflected BEST's multi-component approaches and intended service populations. Two committee members served as community liaisons by gathering input from parents/caregivers and sharing what they learned with the committee. Other committee members included representatives from BEST's partners who offer direct services and those who serve backbone functions, as well as Tulsa grassroots and governmental organizations.

Lessons learned

A key leadership task in the first two years was to create an understanding of BEST's complex, collaborative approach among the network of partner organizations. Findings from Child Trends' implementation study showed that partners' understanding of BEST's overarching approach and how their organization contributed to the goals increased during the first two years. They commented that GKFF's regular efforts to meet with them individually and in groups helped create this understanding. As the initiative moved from ramp-up to early implementation, partners had opportunities to participate in various components, such as on a governance committee for CHILD or in a CAN. These new strategies provided opportunities for partners to learn about each other's services and forge new connections.

As GKFF considered how to involve parents and caregivers in the advisory committee, they learned that engaging trusted community liaisons as a bridge between service organizations and families was an effective strategy. Advisory committee members pointed to this strategy as one of the committee's most important functions. When asked about BEST's overall shared leadership approach, partners noted the importance of trust, particularly with BEST leadership organizations (including GKFF, which served as both a funder and leader), in fostering authentic shared leadership. In particular, they described transparent decision-making processes and delegation of decision-making authority as key considerations for the continued development of a shared leadership approach.



Conclusion

Child Trends' examination of BEST's development during its first two years found several successes that spanned the component strategies.

- 1. BEST strengthened relationships among Tulsa's diverse group of direct service organizations.** Partners that participated in various groups, such as a CAN, CHILD's governance committee, ConnectFirst's leadership team, or the BEST advisory committee, reported forging new partnerships with other Tulsa organizations. GKFF also invested in developing relationships between BEST staff and partners. BEST staff devoted time to meeting with partners individually and in groups throughout the two-year period. At times, BEST deliberately slowed the pace of the work to allow partners to fully participate in designing the strategy, including the design of ConnectFirst, CHILD, and the advisory committee. This deliberate attention to strengthening partnerships has the potential to build support across a broad array of stakeholders and lay a strong foundation for sustainability.
- 2. GKFF incorporated steps to learn directly from families during the implementation of strategies included in the study.** Through focus groups and surveys, GKFF sought input from families during the development and implementation of ConnectFirst. The Foundation sought family feedback on CHILD consent forms. The advisory committee built bridges to families through the community liaisons. Throughout the first two years, BEST leadership saw the value of engaging families and communities as partners. This is exemplified in their plans for the next phase, which include strengthening direct ties between families and the advisory committee and engaging families as co-constructors of the focus neighborhood approach.
- 3. GKFF remained flexible, which allowed for an iterative approach that was responsive to feedback.** One example is GKFF's engagement of a group of partners and subject matter experts to review and refine logic models and the theory of change, which were developed during the planning phase before the first year of implementation. Collectively, these partners helped shape the development of an outcome goal focused on children from birth to age 3 and identified critical components not explicitly included in the initial theory of change, such as BEST's focus on continuous learning and improvement.

The study also identified lessons learned that can be used to inform BEST's continued development.

- 1. As BEST moved from launch to early implementation, partners expressed a need for more clarity on roles with the various shared leadership groups, as well as more clarity about how decisions were made, including who was involved in the decision making and the rationale behind decisions.** This finding surfaced in each of the components examined—ConnectFirst, shared leadership, and CHILD.
- 2. Data collected on BEST's service reach highlighted how the initiative is using a targeted universal approach.** Examples of the universal approach can be found in the few services that reached a broad-based population of children from all income levels, such as postpartum visits for mothers of newborns and literacy supports through pediatric offices. The data also showed that while most BEST services were targeted—in that they offered supports for children living in or near poverty—these services were characterized by a mix of intensive services, such as home visiting or enrollment in pre-K education programs, and less intensive services, such as providing literacy materials in Women, Infants, and Children (WIC) clinics. While a targeted universal approach is commonly adopted for place-based initiatives such as BEST, it also

raises important considerations for BEST's next phase. Measures for BEST goals include large populations, such as all children born in Tulsa County or all kindergartners enrolled in Tulsa Public Schools. Most of these measures are driven by specific populations in greater need. Given the scale of BEST's goals, it will be important to consider whether enough of Tulsa's families who need more intensive or more targeted services are receiving the right services needed to advance BEST's goals. GKFF's planned efforts to co-develop strategies in focus neighborhoods will provide an opportunity to address this consideration in BEST's next phase.

In summary, learnings from stakeholders' experiences with BEST's early years show promise for these new, collaborative approaches. Partners developed new relationships that have the potential to improve services and advance BEST's goals. They also offered useful suggestions, such as clarifying roles, for continued improvements.

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Direct service partners: Parent Child Center of Tulsa, Tulsa Health Department, Tulsa Public Schools, Community Health Connection, Educare, Family & Children's Services, CAP Tulsa, Communities in Schools, HealthySteps, Reach Out and Read, Reading Partners, Still She Rises Tulsa, Take Control Initiative, TCI +, Teach for America.

Continuous learning and improvement partners: ImpactTulsa, Tulsa Public Schools, The Management Center, Achieve Mission, Haruv Institute for Poverty Simulation.

Advisory committee partners: ImpactTulsa, Tulsa Public Schools, MyHealth, City of Tulsa, Tulsa Dream Center, Parent Child Center of Tulsa, Community Health Connection, Reading Partners, CAP Tulsa, Tulsa Housing Authority, Tulsa Health Department, Community Liaisons.