

Launching the Birth through Eight Strategy for Tulsa

Highlights and Lessons Learned from the First Year

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Joy Sotolongo, Kate Steber, Margaret Soli, Gayane Arturovna Baziyants, Tracy Gebhart, and Lauren Supplee

Birth through Eight Strategy for Tulsa

The Birth through Eight Strategy for Tulsa (BEST) is a comprehensive, multicomponent initiative that focuses on child development and family engagement in the early years to help break the cycle of intergenerational poverty. Spearheaded by the George Kaiser Family Foundation (GKFF) in July 2017, BEST works with a wide network of public, non-profit, and philanthropic organizations to achieve four goals over a ten-year period. The purpose of this brief is to document the first year of implementation for BEST and is based on an ongoing implementation study conducted by Child Trends which includes interviews with GKFF staff and stakeholders involved with BEST.



BEST partners will collectively work to achieve four goals. Their combined efforts will seek to increase the percentage of children who are:

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

BEST's Theory of Change (Figure 1) shows how the initiative uses a multi-component approach to reaching these goals. BEST increases access to high-quality direct programs and services, connects families to services, and uses several strategies to improve conditions for success, such as building an integrated data ecosystem and establishing a shared leadership structure.

Figure 1. BEST Theory of Change

Theory of Change and Approach



1. Increase Access to Quality Direct Programs and Services

Preconception and Prenatal

Encourage planned pregnancies through pre-pregnancy education and access to resources. Improve access to prenatal care and services to facilitate a healthy birth and positive parenting after birth.

Birth through Age 3

Nurture healthy cognitive and social-emotional development by promoting positive parenting practices at home, effective navigation among services and access to quality child care.

Age 4 to Age 8

Improve student proficiency in literacy, math and social-emotional skills through leadership and teaching partnerships with the school district and increased access to personalized tutoring and out-of-school learning.



2. Connect Families to Desired Programs and Services

Provide individualized, ongoing navigation support to help families meet their needs.



3. Improve Conditions for Success

- **Strengthen Key Partner Organizations:**
Invest in the human capital, collaborative and technical capabilities of select partners to reinforce alignment and impact.
- **Reinforce Direct Service through Public Awareness:**
Create and disseminate simple and easily shared messages to raise public awareness about research-informed, self-initiated actions around planned pregnancy, positive parenting and social support services.
- **Advocate for a More Supportive Public Policy Environment:**
Champion increased public sector support for policies that support low-income families.
- **Build an Integrated Data Ecosystem:**
Use shared data to facilitate client referral and provide information aiding coordination of services and supports across the strategy.
- **Establish and Execute a Shared Leadership Structure:**
Use a multi-organization leadership structure to drive action and increase attainment of shared community goals.

Achieve
Four Goals

↑
% Children
Achieving
Success by Third
Grade

↑
% Children
Ready for
Kindergarten

↑
% on a Positive
Developmental
Trajectory by
age 3

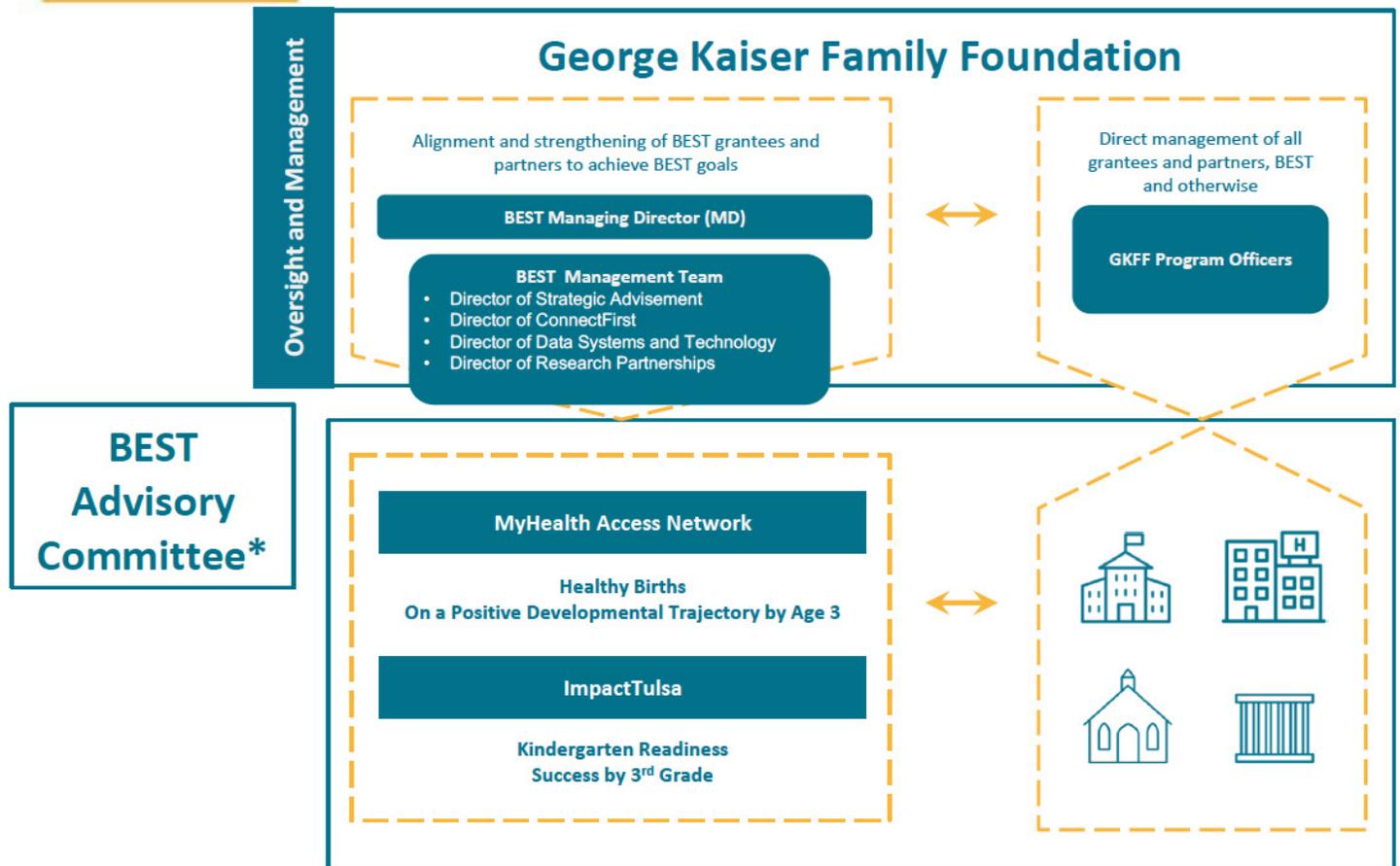
↑
% Healthy
Births

BEST partners with dozens of organizations to carry out key activities. The following is a brief summary of partners supporting each component of the Theory of Change:

- 1. Increase access to quality direct programs and services.** A network of 19 organizations provides 26 direct programs and services across the preconception through age 8 continuum. These organizations include public and nonprofit entities that deliver health, education, criminal justice, and social services. To support increased access to services, BEST aims to fill in service gaps by offering new or expanded services, in addition to improving referrals to existing services.
- 2. Connect families to desired programs and services.** Representatives from one public agency, one nonprofit organization, and one philanthropic foundation are co-located to advance their shared goal of connecting families to community resources and building awareness of how families can support their child's development. These organizations work together to offer personalized service navigation supports for pregnant women.
- 3. Improve conditions for success:**
 - **Strengthen key partner organizations.** Three organizations collectively work to support BEST's approach to continuous learning and improvement. Two nonprofit organizations, MyHealth Access Network (MyHealth) and ImpactTulsa, along with GKFF, lead this component. MyHealth and ImpactTulsa are intermediary organizations that help Tulsa community organizations more effectively use data.
 - **Build an integrated data ecosystem.** Two organizations collaborate with GKFF to bring together several direct service providers to build the Community Holistic Integrated Linked Data System (CHILD). Along with GKFF, MyHealth and Asemio, a technology company with experience building and implementing community data systems, lead this component.
 - **Establish and execute a shared leadership structure.** GKFF, MyHealth, and ImpactTulsa serve backbone functions and lead different aspects of BEST. Several other partners participate in advisory and other governance structures to inform decisions and ongoing planning. BEST's shared leadership structure is shown in Figure 2.

Figure 2. BEST Shared Leadership and Governance Structure

Shared Leadership and Governance Structure



Year 1 Progress Highlights

Increase access to quality direct services and programs

Through GKFF’s investments in existing, expanded, and new programs, BEST provided services to an estimated 14,437^a unique children along the birth through age 8 continuum who live in or near poverty. These services included postpartum hospital visits, home visiting, early care and education, literacy support through medical providers and community groups, and academic supports through Tulsa Public Schools.

^a Child Trends estimated the unduplicated number of children served by excluding service counts where duplication was likely (e.g., where it was possible a child received services from multiple programs), such as counts where multiple programs were offered at the same grade level in the same school. In those instances, Child Trends used the largest number of children served at the grade level and conservatively assumed these children received all programs offered.

GKFF exceeded its Year 1 goal of serving 5,000 children. Based on 2016 data,^b 43,622 children under age 9 live in or near poverty in Tulsa. An estimated 33 percent^c of Tulsa's children under age 9 who live in or near poverty received at least one BEST service. GKFF expects that BEST services will reach a larger percentage of children living in or near poverty as the initiative continues to develop, especially by reaching children on the older end of the developmental continuum in the initiative's later years.

In addition to providing direct services to children, BEST partners offered services for individuals of childbearing age, expectant mothers, and families. For example:

- Nearly 6,000 teens received evidence-based sex education, and about 900 women of childbearing age received contraceptive counseling.
- More than 350 families received home visiting services.
- More than 180 mothers involved in the criminal justice system received supports.
- More than 100 teen parents and their children received dual-generation supports.



Connect families to desired programs and services

As GKFF expands services for children under age 9 who live in or near poverty, it is important that families know about and are able to access desired services that support their child's development. GKFF made considerable progress on this critical BEST component in Year 1. To build a system of service-navigation supports (e.g., services that refer and connect families to needed programs and services in the community), 11 community partners completed an eight-month collaborative design process that resulted in the creation of ConnectFirst. During this initial planning process, GKFF focused on families on the earlier end of the developmental continuum—that is, during the prenatal and post-partum periods.

ConnectFirst connects families to needed programs and services. A team of family advocates employed by the Tulsa Health Department calls pregnant woman in Tulsa who recently enrolled in Medicaid (known as SoonerCare in Oklahoma) to assess their needs and refer them to appropriate resources. They also continue to check in throughout their pregnancy. Because program partners were intimately involved in its design, ConnectFirst uses a formal protocol to integrate its services with other programs that also link families to community resources, such as home visiting programs.

To promote ongoing collaboration and coordination for ConnectFirst, leaders and staff from three organizations and five programs are co-located in a shared office space. These organizations include the Tulsa Health Department, which offers home visiting for pregnant and parenting families, along with navigation supports; the Parent Child Center of Tulsa, a nonprofit agency that offers post-partum support; and GKFF, which provides general oversight for this strategy and employs the ConnectFirst director. Leaders from these organizations comprise a shared leadership team for ConnectFirst that meets regularly to address issues that surface through their joint efforts to link families to services. Implementation of ConnectFirst began on June 12, 2018; from June 12 through June 30, 2018, ConnectFirst family advocates attempted to contact 333 pregnant women, successfully reached 130 of these women, and referred 49 to community services.

^b Derived from 2012–2016 American Community Survey (ACS) 5-year estimates. The ACS data reports poverty status for age categories of (1) under 6 years, and (2) 6–11 years. To determine the number of children less than 9 years old, Child Trends combined the number of children under 6 with a proportion of children in the 6–11 years category. This method assumes equal population distribution among ages represented in the 6–11 years category.

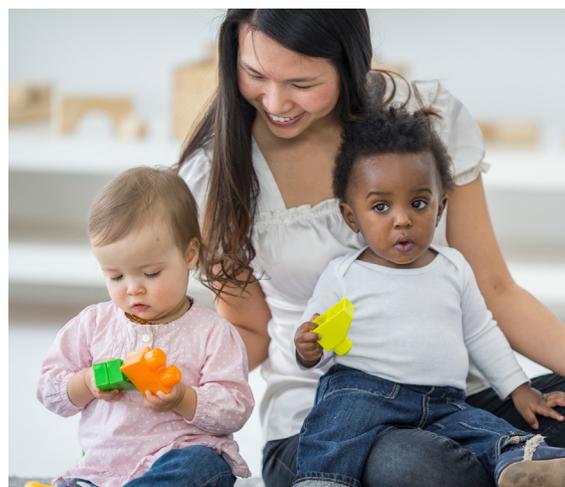
^c Estimate includes number of children who received BEST direct services as a proportion of Tulsa child population living in or near poverty (14,437/43,622).

In Year 2, GKFF will continue to serve families through ConnectFirst and use feedback from clients and service providers to adjust implementation as needed. ConnectFirst plans to include Healthy Steps, a pediatric-based zero to age 3 intervention, in ConnectFirst leadership team discussions. ConnectFirst also intends to share research-based messages about the importance of early brain development and how parents and caregivers can support their child's development.

Improve conditions for success

Strengthen key partner organizations

In Year 1, BEST partners, including those providing direct programs and services and those serving backbone functions, completed a self-assessment where they rated their organizations on a set of practices shown to be effective for implementing evidence-based programs.^d While BEST partners reported adopting most of the effective implementation practices, they also identified the need for support on several items that pertained to staff selection, such as succession planning for staff turnover or training on best practices for hiring and interviewing. Some partners identified other areas for support, such as access to data for monitoring program quality, performance management, and professional development for cultural and linguistic practices.



GKFF is using findings from the self-assessment to plan strategies to strengthen partner organizations in Year 2. To support BEST's emphasis on continuous learning and improvement, GKFF and the two organizations serving backbone functions, ImpactTulsa and MyHealth, partnered with the Center for Public Research and Leadership (CPRL) to select the Evolutionary Learning Framework^e as a continuous learning and improvement model for BEST's collaborative efforts. One reason for selecting this model is that it fits well with BEST's diverse service sectors (education, health, social service, and criminal justice). GKFF, ImpactTulsa, and MyHealth introduced the framework to all BEST program partners and provided more intensive training for a subset of these partners. GKFF plans to offer this intensive training to a broader group of partners in Year 2.

Build an integrated data system

To support the creation of a network of services and supports for children and families, BEST will develop the Community Holistic Integrated Linked Data (CHILD) System. When completed, CHILD will provide a way to link data across service providers to better serve the BEST target population. GKFF and two partners, MyHealth and Asemio, are taking a multi-stage approach to developing CHILD. The first stage, a proof of concept that examined the extent of service overlap for four early childhood programs, was completed in Year 1. The proof of concept demonstrated the possibility of integrating data from four programs and provided examples of where children received services from multiple programs. Work on the second stage of CHILD began toward the end of Year 1. Tasks

^d Chinman, M., Hunter, S. B., Ebener, P., Paddock, S. M., Stillman, L., Imm, P., & Wandersman, A. (2008). The getting to outcomes demonstration and evaluation: an illustration of the prevention support system. *American Journal of Community Psychology*, 41(3-4), 206-224; National Implementation Research Network. (n.d.). *Implementation Drivers*. Retrieved from <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>; Michigan State University. (n.d.). *The ABLe Change Framework*. Retrieved from <http://ablechange.msu.edu/>

^e 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>

included working with program partners to develop a governance committee to provide oversight for the CHILD system's development and implementation, and initial work on the system's technical architecture. In addition to launching the inaugural CHILD system, other goals for Year 2 include developing a framework for managing client consent, establishing partner data-sharing agreements, and defining a roadmap for the future vision of CHILD.

Establish and execute a shared leadership structure

GKFF has adopted a hybrid shared leadership structure to guide BEST's integrated, collaborative approach. Several backbone functions typically found in collective impact initiatives^f are shared by three organizations: GKFF, MyHealth, and ImpactTulsa. GKFF is building on its existing partnerships with programs that have included seeding individual programs and managing grantees. With BEST, GKFF is focused on coordinating and aligning partners around shared goals, strengthening partner organizations, and evaluating the initiative's overall success. To carry out these new tasks, GKFF hired six staff for the BEST GKFF management team, which is led by BEST's managing director.

BEST's shared leadership approach will bring partners together to regularly review data, develop plans to improve outcomes, and reflect on the results of those efforts. Continuous learning and improvement functions are shared among GKFF and two community organizations, MyHealth and ImpactTulsa. Starting in Year 2, these two organizations will use the Evolutionary Learning framework to lead collaborative action networks of BEST partners to work together to achieve BEST goals.

Additionally, an advisory committee led by the BEST managing director brings a variety of perspectives that represent the complexity of the initiative. This committee will inform ongoing refinements and improvements to BEST and support its overall effectiveness. The advisory committee held its first meeting on June 14, 2018 and will continue to meet quarterly. In year 2, the BEST managing director will build a community liaison component within the advisory committee to ensure meaningful representation of diverse parent and caregiver perspectives.

Lessons Learned

Through interviews with partners and discussions with GKFF staff, Child Trends identified the following lessons learned in BEST's first year.

1. Allow time for collaborative input to build complex components such as ConnectFirst, CHILD, and a shared leadership structure.

While GKFF was able to meet Year 1 milestones for each component, they found that gathering meaningful partner input took more time than initially envisioned.

- Partners who participated in design processes for ConnectFirst and CHILD valued the time they spent developing these new approaches. These partners described how their participation built enthusiasm for their future roles in implementing the strategies.
- Both ConnectFirst and CHILD partners found it effective to adopt a staged approach to designing these components. Advantages of the staged approach include built-in time to gather partner input and the opportunity to draw from lessons learned when planning future stages. Partners emphasized the importance of making sure everyone involved understands the timing and expectations for involvement in future stages.

^f Kania, J. & Kramer, M. (2011). *Collective Impact*. Retrieved from https://ssir.org/articles/entry/collective_impact

- Partners also highlighted the importance of making sure that everyone understands their role throughout the collaborative planning process. Role clarification must be revisited throughout the planning process; in some cases, partners became less clear on how they would be involved in implementation as activities started to take shape in the design phase.
- ConnectFirst partners felt rushed in their work during the eight-month design process and recommended a full year as the optimal amount of time.
- The BEST managing director found it helpful to devote several months to solicit input from community leaders on effective structure and membership for the advisory committee. She met individually with prospective members prior to the first committee meeting. These meetings set the stage for members to start off their first full meeting with a deep discussion on committee values and norms, setting the stage for desired accomplishments in Year 2.

2. Find meaningful ways to involve families in planning and advisory roles.

Early on, ConnectFirst and CHILD stakeholders identified parents and caregivers as voices missing from group design meetings.

- GKFF addressed this concern by conducting a series of parent focus groups to provide feedback on a range of ConnectFirst design questions. These included traits that parents would like to see in family advocates, whom they trust for information to support their child's development, and how they prefer to be contacted.
- In Year 2, CHILD will explore ways in which to engage parent and caregiver voices. Examples of how parents and caregivers can be engaged include obtaining their input on how to effectively communicate about the system with families.
- Community leaders and other partners with experience engaging families in advisory roles led GKFF to create a community liaison position, which will be responsible for seeking meaningful and diverse parent input on BEST and bringing these perspectives to advisory committee meetings. Eventually, GKFF envisions parents and caregivers will provide direct input to advisory committee members.

3. Take time to set the stage for system-wide continuous learning and improvement.

GKFF saw value in laying the groundwork for embedding continuous learning and improvement in several ways.

- In the first year, GKFF joined ImpactTulsa and MyHealth, the two partners that will lead the collaborative action networks, to develop a vision for continuous learning and improvement and establish roles for each of the shared leadership organizations in supporting this vision.
- GKFF, ImpactTulsa, and MyHealth verified that partners shared an understanding of the Evolutionary Learning Framework before forming the collaborative action networks. They also had the opportunity to learn from a subset of partners who piloted use of the framework, which guided refinements to Year 2 plans for leading the collaborative action networks.
- Program partners self-assessed their implementation practices and identified topics of interest for technical assistance. GKFF will use self-assessment results to develop targeted continuous learning and improvement opportunities in Year 2.