

REFERRAL BEHAVIOR OF PUBLIC FUNDED  
FAMILY SERVING ORGANIZATIONS IN  
TULSA AND BARTLESVILLE,  
OKLAHOMA

By

NEVADA CAROLENE MARTIN WOOD

Bachelor of Science

Oklahoma State University

Stillwater, Oklahoma

1961

Submitted to the Faculty of the Graduate College  
of the Oklahoma State University  
in partial fulfillment of the requirements  
for the Degree of  
MASTER OF SCIENCE  
May, 1986

Thesis  
1986  
W877r  
cop. 2



REFERRAL BEHAVIOR OF PUBLIC FUNDED  
FAMILY SERVING ORGANIZATIONS IN  
TULSA AND BARTLESVILLE,  
OKLAHOMA

Thesis Approved:

*Reuben M. Hirschlein*  
Thesis Adviser

*Elaine Jorgensen*

*Lynda Harriman*

*Norman D. Durham*  
Dean of Graduate College

1251304 1

## ACKNOWLEDGMENTS

I would like to express my grateful appreciation to my major adviser, Dr. Beulah Hirschlein for her guidance, encouragement, and assistance throughout this study. Because of her encouragement this study is a reality. Appreciation is also extended to Dr. Elaine Jorgenson and Dr. Lynda Harriman for serving on my research committee. Their interest, support, and encouragement is much appreciated.

Other Cooperative Extension staff have provided valuable support, interest, and encouragement. I am especially appreciative to Mr. Jimmie Sallee, former N. E. District Extension Director and Ms. Suellen Scott, N. E. District Extension Home Economist. Special thanks go to Mr. Ronnie George, N. E. District Extension Director (my former county extension director), the Washington County Cooperative Extension staff, and Washington County Extension Homemaker members for providing much encouragement during the busiest time of completing this study.

I am also grateful to the Oklahoma Extension Homemakers Council and to Mrs. Lois Demond for providing scholarships that were very beneficial to me throughout this research project.

My greatest appreciation and love is extended to my family. To my mother and father, Oleda and W. A. (Buck) Martin, thanks for your encouragement, and for instilling in me the desire to fulfill such a goal. To my husband, Jim, and children, Tim and Sarah, for their love,

and patience throughout this study. It is only because of their help and encouragement that this goal has become a reality for me.

Acknowledgment is also given to Kay Porter for accurately typing the final copy of this study, and the directors and others in the responding organizations for being willing to share their knowledge and expertise with others.

## TABLE OF CONTENTS

Chapter	Page
I. THE RESEARCH PROBLEM. . . . .	1
Introduction . . . . .	1
Statement of the Problem . . . . .	1
Purpose of the Study . . . . .	2
Hypotheses . . . . .	3
Assumptions. . . . .	4
Limitations. . . . .	4
Definition of Terms. . . . .	4
Summary. . . . .	5
II. REVIEW OF LITERATURE. . . . .	6
Introduction . . . . .	6
Interagency Collaboration. . . . .	6
Coordination . . . . .	8
Cooperation. . . . .	10
Information and Referral Services. . . . .	14
Summary. . . . .	15
III. METHODS AND PROCEDURES. . . . .	17
Introduction . . . . .	17
Method of Research . . . . .	17
Population . . . . .	18
Instrumentation. . . . .	20
Content Validity . . . . .	21
Collection of the Data . . . . .	21
Analysis of the Data . . . . .	22
Summary. . . . .	22
IV. ANALYSIS OF THE DATA. . . . .	24
Introduction . . . . .	24
Description of Responding Organizations. . . . .	24
Barriers and Facilitators to Making and Receiving Referrals. . . . .	42
Results Related to Hypotheses Tested . . . . .	49
Summary. . . . .	59

Chapter	Page
V. RECOMMENDATIONS AND CONCLUSIONS. . . . .	61
Introduction. . . . .	61
Major Findings. . . . .	61
Conclusions . . . . .	67
Recommendations . . . . .	70
Summary . . . . .	72
REFERENCES. . . . .	75
APPENDIX. . . . .	77

## LIST OF TABLES

Table	Page
I. Descriptive Characteristics of the Responding Organizations. . . . .	26
II. Chronological History of Agencies. . . . .	30
III. Agency Affiliations. . . . .	32
IV. Sources of Agency Funding. . . . .	33
V. Missions of Agencies . . . . .	35
VI. Years Agencies Served Under Present Mission. . . . .	36
VII. Referrals to Similar and Dissimilar Agencies . . . . .	37
VIII. Years Agency Provided Referral Services. . . . .	38
IX. Weekly Referrals Made and Received . . . . .	39
X. Types of Organizations to Which Referrals Were Made. . .	40
XI. Primary Group Served by Agencies . . . . .	41
XII. Job Titles of Respondents. . . . .	42
XIII. Mean Value of Items Considered to be Barriers Facilitators to Making and Receiving Referrals . . . .	43
XIV. Comparison of Rank for Barriers and Facilitators in Making and Receiving Referrals . . . . .	44
XV. Most Serious Barrier and Greatest Facilitator to Making Referrals as Listed by the Respondents When Given Limited Choice . . . . .	46
XVI. Most Serious Barrier and Greatest Facilitator to Receiving Referrals as Listed by the Respondents When Given Limited Choice. . . . .	48



Table	Page
XVII. Results of Chi-Square Tests of the Association Between Referrals to Similar Organizations and Affiliation With a State or National Organization. . . . .	50
XVIII. Results of Chi-Square Tests of the Association Between Referrals to Agencies Offering Services Unlike their Own and Affiliation with A State or National Organization . . . . .	51
XIX. Chi-Square Tests of the Association Between Referrals Made to Similar and Dissimilar Organizations and Affiliation with a Community Service Council . . . . .	51
XX. Results of Chi-Square Tests of the Association of Referrals Made to Similar and Dissimilar Organizations and the Size of the Community. . . . .	52
XXI. Results of the Chi-Square Tests of the Association Between Referrals Made and the Source of Funding . . . . .	54
XXII. Results of the Chi-Square Tests of the Association Between Referrals Received and the Source of Funding . . . . .	54
XXIII. Chi-Square Tests of the Association Between Referrals Made and Received and Coalition Membership . . . . .	55
XXIV. Chi-Square Results of the Association of Referrals Made and the Agency's Mission. . . . .	56
XXV. Chi-Square Results of the Association of Referrals Received and the Agency's Mission. . . . .	57
XXVI. Chi-Square Results of the Association Between Referrals Made and Received and Perceived Uniqueness of the Organization. . . . .	58
XXVII. Results of Chi-Square Tests of Number of Years Agency Director Served in Present Position and Number of Referrals Made and Received. . . . .	59
XVIII. Summary of Findings Regarding Hypotheses. . . . .	66

## CHAPTER I

### THE RESEARCH PROBLEM

#### Introduction

Declining fiscal resources, increasing competition for existing resources and growing demand for evidence of productivity and efficiency is a problem for basically all public funded family serving organizations today. Researchers (Gleich, 1976, and Sullins, 1980) indicated cooperation and interagency collaboration may be an answer to this problem.

#### Statement of the Problem

During times of diminishing resources it is particularly hard for family serving organizations to meet the needs of their clients. When agencies in the community build on each other's strength this task becomes easier. One approach to interagency cooperation that agencies probably use is a system of referral. For an Extension Home Economist based in a county office, referrals are a part of everyday business. It is important to make the best use of this resource. Rossi, Gilmartin, and Dayton (1982) reported that referrals are the easiest to implement and the easiest to improve.

Families can be served better by community organizations that are aware of each other, nonduplicatory or unique in the services they provide to the community and are willing to refer families to other

organizations. Sullins (1980) stated that if organizations are to maximize the benefits from the use of limited resources collaboration is a must.

According to Gleich (1976) agencies who effectively deliver social services "require the coordinated efforts of community agencies" (p. 1). Public funded family serving organizations may not be working together as much as they can. Directors and/or staff of these organizations may not be aware of services available from other organizations and therefore are not able to direct clients to these agencies.

Warren (1981) reported "people rarely use a professional service without first being referred to it or recommended to use it by someone else" (p. 139). Specific factors associated with the referral behavior of public funded family serving organizations are not well known.

#### Purpose of the Study

The purpose of this study was to determine what factors are associated with the referral behaviors of public funded family serving organizations in Bartlesville and Tulsa, Oklahoma. The specific objective of this study was to determine if referral behavior of public funded family organizations is associated with the following variable:

1. Affiliation with a larger organization
2. Affiliation with a community service council
3. Size of community
4. Source of funding
5. Coalition membership
6. Present mission of the organization

7. Perceived uniqueness of the organizational role
8. Stability of organizational leadership (number of years director served in present role).

### Hypotheses

The following hypotheses guided the development of this study:

1. There will be no significant difference in the referral behavior of public funded family serving organizations associated with affiliation with a larger organization.
2. There will be no significant difference in the referral behavior of public funded family serving organizations associated with affiliation with a community service council.
3. There will be no significant difference in the referral behavior of public funded family serving organizations associated with size of the community.
4. There will be no significant difference in the referral behavior of public funded family serving organizations associated with source of funding.
5. There will be no significant difference in the referral behavior of public funded family serving organizations associated with coalition membership.
6. There will be no significant difference in the referral behavior of public funded family serving organizations associated with the present mission of the organization.
7. There will be no significant difference in the referral behavior of public funded family serving organizations associated with the perceived uniqueness of the organizational role.

8. There will be no significant difference in the referral behavior of public funded family serving organizations associated with stability of the organizational leadership.

#### Assumptions

The following assumptions existed for this study:

1. The person completing the survey will be knowledgeable of the agency's referral behavior.
2. The public funded agency serving organization exhibits some type of referral behavior.

#### Limitations

The results of this study were limited to the opinions of the director of the public funded family serving organization contacted or to the opinions of the person named by the director to complete the survey. A further limitation of the study was that it depended upon the cooperation of the survey respondents.

This study was also limited to a census of public funded family serving organizations in Tulsa and Bartlesville, Oklahoma

#### Definition of Terms

The following words and/or terms are defined for the purpose of this particular study:

1. Community Service Council - A centralized source of information about social services with counseling limited to advice on which ones are the most appropriate to the situation (Aiken, Dewer, Di Tomaso, Hage and Geitz, 1975).

2. Community Referral Organization - A group of agencies who have joined together for the expressed purposes of enhancing the referral behavior of the agency members.

3. Community Service Organization - An agency (organization) whose purpose is to provide services for persons residing in a specific geographic area (community).

4. Family Serving Organization - An organization whose services directly affect the quality of life for the family either financially, socially, or psychologically.

5. Interorganizational Network - When a number of organizations engage in recurrent extensive interactions with each other for the referral of clients (Benson, Kunce, Thompson, and Allen, 1973).

6. Linking Mechanism - An exchange relationship that facilitates the coordination of two or more organizations (Lauffer, 1978).

7. Referral - The process by which a client is directed to another provider for services (Lauffer, 1978).

8. Referral Behavior - Informing clients about services available in other agencies.

#### Summary

This chapter has presented the problem, objectives, hypotheses, assumptions, limitations, and definition of terms relevant to this study. Chapter II will review current literature relevant to this study. Chapter III will discuss the method of study, population, sample, and instruments. Chapter IV will present the findings and analysis of the data. Chapter V will summarize the study, draw conclusions, and make recommendations based on the study.

## CHAPTER II

### REVIEW OF LITERATURE

#### Introduction

A review of the literature revealed no investigations specifically dealing with characteristics associated with the referral behavior of public funded family serving organizations. Gleich (1976) analyzed the interaction between selected families and various organizations within a community service network. Zimmerman (1977) examined the relationship between information and referral services data in social planning.

Vincent (1973) directed his research toward a handbook for counselors and counselor aids on the use of referral services and community agencies. Glaskiewicz and Shatin (1981) studied how extraorganizational loyalties, commitments, and the personal networks of those in executive positions affect the formation of cooperative relations among organizations.

Because of the sparseness of research related to referral behavior this chapter will focus on interagency collaboration, coordination, cooperation, and information and referral services.

#### Interagency Collaboration

It has been documented (Cook & Cookingham, 1980) that collaboration, coordination, and cooperation are the terms most often associated

with discussion of interagency actions. Lauffer (1978) refers to them as "linking mechanisms" (p. 187).

According to Cook & Cookingham (1980), collaboration is the most difficult form of interagency action to be realized. Eyster (1975) concurred that interagency collaboration is not a simple matter. Researchers agreed (Cook & Cookingham, 1980; Lauffer, 1978; Eyster, 1975; and Sullins, 1980) that collaboration is long term and valuable. It does not appear on its own. It requires careful planning and continual effort on the part of the agencies involved.

The advantages of collaboration have been documented. Sullins (1980) refers to collaboration between and among community agencies as the salvation for those community services and programs whose survival is threatened. Research has shown (Eyster, 1975; Cook & Cookingham, 1980; and Sullins, 1980) other advantages for collaboration include avoidance and elimination of duplication of services, time and effort, maximum benefits from limited resources, increased services offered and people served, and increased visibility.

There are also barriers or obstructions to effective interagency collaboration. Sullins (1980) categorized them as attitudinal, organizational and financial. Eyster (1975) cited differences in organizational structures as an obstruction to collaboration.

Sullins (1980) classified barriers to collaboration as attitudinal, organizational, and financial. Attitudinal barriers include the feeling that there is no need to work together as long as resources are plentiful. Another attitudinal barrier might be distrust and a concern that the involvement of persons outside of the organization might limit the organization in fulfilling its own mission. Organizational barriers



include differences in calendars, distance between agencies, and different clientele, tradition, and a resistance to change. Financial barriers basically relate to the agency's accountability of services, auditing, personnel salary scales and equitable determination of cost per services rendered. Sullins (1980) further states that financial benefits to collaboration are just as prevalent as the barriers.

Aiken, Dewer, Di Tomaso, Hage, and Geitz (1975) reported that for a fully integrated service delivery system four collaboration elements are essential. They are programs and services, resources, clients, and information.

#### Coordination

Coordination as defined by Goodisman and Groinberg (1979) is activity among organizations (or subunits of organizations) beyond the basic functioning of any single organization. Cook and Cookingham (1980) described coordination as a "more formally structured" (p. 3) interagency activity.

Interagency coordination is happening. Goodisman and Groinberg (1979) found that on the average about 75 percent of clientele seen by a local agency came by way of referrals from another agency. Goodisman and Groinberg (1979) also reported that more coordination was indicated by local programs than among federal or state programs.

Denton (1975) reported barriers (to coordination) arise from past unsuccessful experiences, but there is real support for interagency coordination of community and human resource development. Denton (1975) stated that mounting budget problems for agencies may compel them to coordinate in order to be cost effective.

Benson, Kunce, Thompson, and Allen (1973) listed three variables that affect interorganizational relationships. These variables are domain consensus (service methods and goals), interorganizational evaluation (attitudes toward other organizations), and work interaction (coordination). Benson, et al. (1973) focused their study upon an interagency network of four public agencies in Missouri. Each of the four agencies was involved in some way with manpower services to the disadvantaged. They analyzed the work coordination at the level of client services between the four agencies.

According to Lauffer (1978), coordination involves costs such as the loss of autonomy, expenditure of manpower and other resources, and pressure to respond to new expectations or new service demands. Because of these costs, coordination among community agencies has been a strong desire, but not a great reality.

Lauffer (1978) further stated that not only is more effective coordination desirable but is possible. He cited the establishment and maintenance of interorganizational linking mechanisms at the operational level as the key to feasible coordination.

Lauffer (1978) described more than 30 operational level linking mechanisms. He categorized them as administrative and programmatic. Administrative linkages include fiscal, management, or supportive linkages. Programmatic linkages are those involving the use of centralized services or service integration. Agency personnel linkages are categorized both as administrative and programmatic.

Lauffer (1978) cited referral as a programmatic linkage. Lauffer reported "referral is a process by which a client is directed to another provider for service" (p. 201). Referrals may vary from the

intake worker informing a client of where and how to go about getting a service, to the intake worker contacting the service provider for the client to facilitate entry by relaying information, making an appointment or changing the procedures by which a client may enter such services.

Lauffer (1978) listed two factors that inhibit linkages between service providers. They are the fear of loss of autonomy and the fear of exposure to outside examination. A further inhibitor could be time. Lauffer (1978) said, "most linking mechanisms are not quick to prove themselves. Comfortable working relationships are not easy to achieve" (p. 214). Continued attention and support is necessary to protect the gains made and to make possible further progress.

#### Cooperation

Rossi et al. (1982) described the common link of interagency cooperation as "people from two or more agencies working together to improve services to clients" (p. 2). There are advantages to interagency cooperation. Those advantages cited by Rossi et al. (1982) include the following:

1. Improved staff effectiveness
2. Improved public image
3. Improved accessibility for clients
4. Reduced fragmentation of services
5. Greater efficiency (pp. 12-13).

Staff effectiveness is improved because of the new staff skills, knowledge, equipment, facilities, and services that may be available to clients because of the agency's participation in interagency

coordination or cooperation.

Public image is improved because people like administrators who take responsibility for initiating such things as cooperation between agencies, improving efficiency, reduction of duplication of efforts for the benefits of needy clients. Improved accessibility for clients result when clients learn more about the services of the cooperating agencies. Each agency and client stand to benefit.

Reduced fragmentation of services takes place with interagency cooperation because interagency cooperation allows the client with multiple needs to be treated as a whole person rather than searching for each agency that can help.

Greater efficiency results because interagency cooperation can help an agency deliver more services for the same amount of money or the same services for less money. This is accomplished through reduction of duplication, improving cost-benefit ratios and economics of scale. The advantages of interagency cooperation are real and meaningful to both clients and agencies.

One can always find reasons for not doing something. Cooperation is no exception. Rossi et al. (1982) also identified five obstacles that most frequently cause agencies to "go it alone". They are as follows:

1. Crisis operation
2. Inflexibility
3. Turfsmanship
4. Bureaucracy
5. Politics (pp. 38-40).

Crisis operation refers to the number one priority administrators have to keep their heads above water during the time of shrinking budgets, staff cutbacks, and increased community needs. While it is an understandable priority it contributes to an unwillingness to consider alternatives such as cooperation or coordination that might break the crisis operation cycle.

Inflexibility refers to the fact that some agencies' rules and established operating procedures tolerate little or no deviance from standard procedures. A willingness to adapt to others procedures is a requirement of coordination. For some agencies flexibility may be difficult.

Turfsmanship refers to some administrators that think that additional "turf" is necessary to insure the survival of their agency. This belief can cause them (administrators) to extend their service delivery approaches to other agencies' clientele in the hope of expanding operations. Rossi et al. (1982) said "turfsmanship is the result of competitiveness, which is often counterproductive--especially for clients" (p. 39).

Bureaucracy refers to the fact that bureaucratic red tape often requires a lot of time. That is well known. Rossi et al. (1982) stated that the time required to have decisions approved at higher administrative levels may prohibit joint efforts among agencies. They further stated that this problem can be "particularly troublesome" for agencies with multiple levels of bureaucracy such as district, state, and federal and those agencies with authoritative decision-making structures.

Politics is somewhat related to bureaucracy. The more free the

agency is of bureaucracy, then the more subject it may be to priorities imposed by federal, state, and local political issues. Joint efforts are hampered when these priorities and competing political interests conflict.

If you are attempting to foster interagency coordination the next logical question is how do you deal with the obstacles. According to Rossi et al. (1982) there are a variety of ways of dealing with these obstacles. They discussed four ways of dealing with obstacles to interagency coordination. They are as follows:

1. Recognize their existence. If you are aware of the obstacles and why they exist you can prepare yourself for dealing with them.
2. Focus attention on the overriding objective. Find ways to show the turfists and bureaucrats that services can be improved. Illustrate ways efficiency can be improved to the crisis ridden administrator or issue-conscious local politician. Having a better way is a powerful weapon.
3. Identify key allies in your struggle. Start with agency administrators. Also remember that policy bodies and advisory boards are often associated with public and private agencies. These people can be among the most powerful and strategically useful constituents for coordination efforts. Since these people will eventually have to approve whatever interagency proposals are advanced, involve them early in the most constructive way possible to the coordination effort.
4. Make use of reward structures. Create some special award to foster coordination efforts. 'One of the fastest, easiest, and least expensive way of fostering new behavior is by creatively rewarding it. Make reward structure work for interagency coordination rather than against it.' (pp. 40-41).

According to Rossi et al. (1982) "obstacles will be encountered as they are met in any attempt to promote changes" (p. 41). However, they need not prevent change, if handled creatively. Just as any worthwhile venture requires meeting a number of challenges so does

achieving interagency cooperation or coordination.

#### Information and Referral Services

Long (1973) stated "information and referral services are symptomatic of the complexity of the present mode for delivering human services" (p. 50). Information and referral centers undertake a variety of activities. Long (1973) observed these activities included but are not limited to the following:

- a. Develop and update files about community human service resources.
- b. Provide formal referrals to service agencies.
- c. Provide telephone information and resources.
- d. Follow up with clients and agencies to determine if service was obtained.
- e. Provide case advocacy if the service was not obtained and client still wanted it (p. 50).

Other agencies are also undertaking these activities so it becomes a problem to identify what is uniquely an information and referral service or agency.

Zimmerman (1977) referred to an information and referral service as "an access and linking service" (p. 2). She further stated its primary function is to provide information to people about services offered by its organization and those of other organizations within the larger social service system of which it is a part. It may link or refer people to these services if their problems or characteristics are consistent with conditions established for program service provisions.

Follow-up may also be an activity of the information and referral service. According to Zimmerman (1977) follow-up information would be

obtained to determine the appropriateness and effectiveness of the information and referral services received as well as barriers persons may have experienced in seeking and receiving services relating to their inquiry.

Demone and Long (1974) stated information and referral should be the connecting link in the caregiving chain. They raise such questions as "who is being served", "who made the referral", and "to what agencies are people being referred" (p. 130).

According to Demone and Long (1974) a referral takes many forms. The determining factors of the kind of referral include the referring agency's policy, the motivation of the client, referring agency and caregiver, the urgency of the problem and the ability of the caregiver to cope with the problem. The referral process may range from the caregiver suggesting a specific agency to the client, to the caregiver actually taking the client to the place where the service will be provided.

#### Summary

A review of the literature revealed no investigation specifically dealing with characteristics associated with the referral behavior of public funded family serving organizations. Because of this sparseness, this chapter has focused on interagency collaboration, coordination, cooperation, and information and referral services.

Collaboration, coordination, and cooperation are the terms most often associated with discussions of interagency action of which referrals would be a part. The advantages of interagency action include improved staff effectiveness, improved public image, improved



accessibility for clients, reduced fragmentation of services and greater efficiency. Another advantage is increased visibility for the agencies.

Barriers arise from past unsuccessful experiences, but there is real support from interagency action of community and human resource development. The most frequently referred to barriers are attitudinal, organizational, and financial. Specifically, these barriers could include inflexibility, bureaucracy, and politics.

Ways of dealing with the barriers include first of all to recognize that they exist. Then, focus attention on the overriding objectives, identify key allies and make use of reward structures.

Lauffer (1978) cites referral as one of the linking mechanisms that is a key to feasible coordination between agencies. Demone and Long (1974) cite information and referral as the connecting link in the caregiving chain. The referral process may range from the caregiver suggesting a specific agency to the client, to the caregiver actually taking the client to the place where the service will be provided.

## CHAPTER III

### METHODS AND PROCEDURES

#### Introduction

The purpose of this study was to determine if affiliation with a larger organization, affiliation with a community service council, size of the community, source of funding, coalition membership, present mission of the organization, perceived uniqueness of organizational role and stability of the organizational leadership were associated with the referral behaviors of selected public funded family serving organizations in the cities of Tulsa and Bartlesville, Oklahoma. In order to achieve this purpose the following steps were followed: (1) selection of the research method; (2) selection of the population and sample; (3) development and administration of the research instrument; and (4) analysis of the data.

#### Method of Research

Survey research was the method chosen for this study. According to Compton and Hall (1972) and Alexander (1979) survey research is the method commonly used for obtaining opinions and describing current practices or beliefs. Because this study dealt with the relationship of variables and the testing of hypotheses, survey research was the method chosen.

## Population

The population chosen for this study was public funded family serving organizations in the cities of Tulsa and Bartlesville, Oklahoma. While a statewide sampling would have been a more preferred research design this sampling method was not used due to complexities of implementation. The cities of Bartlesville and Tulsa were convenient to the researcher because of their location in the northeast quadrant of the state. Further, well developed directories for the two cities were available. Directories were not available for most cities in Oklahoma.

While the two communities (Tulsa and Bartlesville) are similar in many ways, there are some areas of uniqueness. For example, Tulsa is a community of 910,000, approximately 26 times the size of Bartlesville. Another area of uniqueness is the economic characteristics of residents. Tulsa citizens represent a wider range of socio-economic conditions than do Bartlesville residents.

The two communities are similar in that both are characterized by a high level of educational attainment, a high percentage of professional employment, and a high degree of civic pride. Further, both communities have a long history of involvement in the petroleum industry.

Hasenfeld and English's (1974) definition of a human service organization was adapted to form the definition of public funded family serving organizations in this study. The adapted definition as follows: public funded family serving organizations are organizations whose primary function is to define or alter a persons' behavior, attributes and/or quality of life. Family serving organizations are differentiated

from other organizations by the following characteristics:

1. Their inputs of raw materials are persons with specific attributes that affect the family, and their production outputs are persons processed or changed in a manner that affects the family.

2. The organizations' general mandate is that of service, intended to maintain and improve the general well-being or quality of life and functioning of people within families.

3. Funding for these organizations is from public monies, that is they receive funds from government agencies (as directed by law), government grants, or public fund raising activities such as the United Fund/United Way.

Specifically the population chosen for this study was 60 public funded family serving organizations in the city of Tulsa, Oklahoma and 32 public funded family serving organizations in the city of Bartlesville, Oklahoma.

This group actually comprised a census of eligible organizations. The Tulsa organizations were identified by using the Directory of Community and Agency Services in Greater Tulsa (1982). The directory is compiled and published by the Community Service Council of Tulsa, Oklahoma (A United Way Agency). The Bartlesville organizations were identified by using the Directory of Community Resources on Handicapping Conditions and Related Services (1983). The directory was compiled by the Mayors Committee on Employment of the Handicapped, Bartlesville, Oklahoma.

The criteria used for determining the sample organizations included in the population were as follows:

1. The organization was listed in one of the directories described above.
2. The organization provided a service affecting families.
3. The organization was funded by public monies such as government funds from federal, state, county or city revenues, government grants, or public fund raising efforts such as the United Fund/United Way.

### Instrumentation

The instrument developed by the researcher for use in this study consisted of 42 questions. The questionnaire was divided into two sections. The first section asked information questions about the organization. Most of the questions were close-end or restricted. Some questions also allowed an open-end response to allow the respondent to more accurately describe the organization.

The second section of the instrument asked questions about opinions of the respondents concerning barriers to or facilitators of referral behavior. Four open-end questions were included in this section to more accurately determine specific barriers and facilitators to making or receiving referrals to and from other agencies.

Items utilized in the listing of possible barriers and constraints were gleaned from the review of literature and from the collective experience of the researcher, her academic advisers, and other professionals who were consulted during the instrument development phase of the study. A copy of the instrument may be found in the Appendix.

## Content Validity

The questionnaire was developed by the researcher under the supervision of her major adviser who holds an advanced degree in Home Economics Education and Community Services at Oklahoma State University. In addition, the questionnaire was given to two other judges who hold advanced degrees and are on the faculty of the College of Home Economics and Community Services at Oklahoma State University. All three judges rated the items on the questionnaire in terms of the following:

1. Does the questionnaire measure characteristics of referral behavior?
2. Are the questions clear?
3. Are the questions specific?
4. Are the instructions appropriate for the questionnaire?

Any suggestions made by the panel of judges were included in the instrument used for the study. In addition Dr. William D. Warde, Associate Professor of Statistics at Oklahoma State University and Mr. Bob Lyalls of the Tulsa, Oklahoma Referral and Information Services reviewed the questionnaire. Their suggestions were also included in the questionnaire.

## Collection of the Data

The data were collected in January, 1985. An introductory letter, a stamped return envelope and the questionnaire were mailed to directors of public funded family serving organizations in Tulsa and Bartlesville, Oklahoma. The questionnaires were coded for follow-up procedures as necessary to collect the data. Different issues of stamps were used on

the return envelopes to designate if the respondent represented a Tulsa organization or a Bartlesville organization. Respondents completed the questionnaire and returned it in the preaddressed envelope provided by the researcher.

#### Analysis of the Data

Responses to the questionnaire were precoded for computer analysis. Tabulations were made at the Oklahoma State University Computer Center. Percentages and frequencies were used to analyze the data obtained from the questionnaire. Also chi-square analysis was used to determine the relationship between referral behavior and the following:

1. Affiliation with a larger organization
2. Affiliation with a community service council
3. Size of community
4. Source of funding
5. Coalition membership
6. Present mission of the organization
7. Perceived uniqueness of the organizational role
8. Stability of the organizational leadership.

The Statistical Analysis System (SAS) computer program was utilized for data analysis.

#### Summary

A 42-item questionnaire was used to determine referral behavior of public funded family serving organizations in Tulsa and Bartlesville, Oklahoma. Sixty organizations in Tulsa and 32 organizations in Bartlesville were asked to respond to the questionnaire. The responses

were reported in both frequency and percentage formats. Further, chi-square analysis was used to determine the association of referral behavior with selected demographic variables.



## CHAPTER IV

### ANALYSIS OF THE DATA

#### Introduction

The purpose of this study was to determine if referral behavior of public funded family serving organizations was associated with affiliation with a larger organization, affiliation with a community service council, size of the community, source of funding, coalition membership present mission of the organization, perceived uniqueness of the organizational role and stability of the organizational leadership. A closed-end or restricted questionnaire containing 42 questions was mailed to the directors of 92 public funded family serving organizations in Tulsa and Bartlesville, Oklahoma.

#### Description of Responding Organizations

Seventy-three public funded family serving organizations (79 percent of those surveyed) responded. Forty-seven of these organizations were located in Tulsa, 26 were located in Bartlesville. The participation by communities was 78 percent and 91 percent respectively.

These organizations appeared to be stable organizations in the community. More than 57 percent (42) of the organizations had been in existence for 21 or more years. Almost 66 percent (48) had been located at the present business site for six years or more. In more

than 52 percent (38) of the organizations the director had served in that position for six years or more.

The family serving organizations were more frequently affiliated with state or national organizations than local organizations. Thirty-eight, or 52 percent, were affiliated with a state organization. More than 64 percent, or 47 agencies, were members of a national organization. Thirty-two, or almost 44 percent, were members of a community service organization. Twenty, 27 percent, reported they were members of a community referral organization. Nine, 12 percent, were members of a coalition. Only three respondents, four percent, reported membership in an international organization.

All of these agencies received funding from public sources. In most cases funds came from more than one source. More than 61 percent, 45 agencies, received government money either from statutory or discretionary sources. More than half, 52 percent, received funding from the United Fund or United Way. Twenty-nine agencies, or almost 40 percent, of the respondents reported receiving funds from agency fund raising efforts and cash and in-kind donations. Forty-five percent, or 33 agencies, charged a fee for their services and 16, or nearly 22 percent, of the agencies charged a membership fee. Eighteen, 25 percent, received funding from corporate foundations. Four agencies reported funding from trust funds and churches.

The majority of the agencies reported multiple missions. The reader will note that the 12 possible responses to the question, "What is the mission of your agency" on the survey questionnaire were organized into six categories for analysis (See Table I). More than 50 percent of the agencies were involved in education and self-help/

emotional support/counseling. More than 80 percent, 59 agencies, listed the mission of their agency as education. Self-help/emotional support/counseling was listed as the mission of 48, or nearly 66 percent, of the agencies. Thirty-three, or 45 percent, reported direct services as the mission of their agency. Nearly 40 percent, 29 agencies, said that the mission of their agency was social/recreational. Transfer of payments accounted for the mission of 19 percent or 14 of the agencies. Only four agencies or five percent reported advocacy as their mission. More than half, or 53 percent, of the agencies reported serving under their present mission for 21 years or more.

TABLE I  
DESCRIPTIVE CHARACTERISTICS OF THE RESPONDING  
ORGANIZATIONS (N=73)<sup>1</sup>

Characteristics	Classification	Frequency	Percent
Years in Existence	2 Years or Less	1	1.37
	3-5 Years	8	10.96
	6-10 Years	8	10.96
	11-15 Years	7	9.59
	16-20 Years	7	9.59
	21 or More Years	42	57.53
Years at Present Site	2 Years or Less	10	13.70
	3-5 Years	15	20.55
	6 Years or More	48	65.75
Years Director in Present Position	2 Years or Less	14	19.18
	3-5 Years	21	28.77
	6 Years or More	38	52.05
Agency's Affiliation	State Organization	38	52.05
	National Organization	47	64.38
	Community Service Organization	32	43.84
	Community Referral Organization	20	27.40
	Coalition	9	12.33
	International Organization	3	4.11

(table continues)

TABLE I (Continued)

Characteristics	Classification	Frequency	Percent
Agency's Funding	United Fund/United Way	38	52.05
	Agency Fund Raising/Cash & In Kind Contributions	29	39.73
	Government Funds (Statutory & Discretionary)	45	61.64
	Membership Fees	16	21.92
	Fees for Services	33	45.21
	Corporate Foundations	18	24.66
	Trust Funds and Churches	4	5.48
Mission of Agency	Education	59	80.82
	Direct Services	33	45.21
	Advocacy	4	5.48
	Self-help/Emotional Support/ Counseling	48	65.75
	Social/Recreational	29	39.73
	Transfer of Payments	14	19.18
Years Under Present Mission	2 Years or Less	2	2.74
	3-5 Years	10	13.70
	6-10 Years	10	13.70
	11-15 Years	6	8.22
	16-20 Years	6	8.22
	21 or More Years	39	53.43
Other Agencies in Community That Offer Similar Services	Yes	43	58.90
	No	30	41.10
Agencies Referring to Similar Agencies	Yes	40	71.43
	No	16	28.57
Years Agencies Provided Referral Services	2 Years or Less	1	1.52
	3-5 Years	11	16.67
	6-10 Years	11	16.67
	11-15 Years	7	10.61
	16-20 Years	5	7.58
	21 or More Years	31	46.97

(table continues)

TABLE I (Continued)

Characteristics	Classification	Frequency	Percent
Average Number of Referrals Made Per Week	0	2	3.03
	1-5	25	37.88
	6-10	11	16.67
	11-15	7	10.61
	16-20	2	3.03
	21 or More	19	28.79
Type of Agencies Referred to	Education	47	64.38
	Direct Services	43	58.90
	Advocacy	7	9.59
	Self-help/Emotional Support/ Counseling	48	67.12
Agencies Receiving Referrals From Other Agencies	Yes	64	94.12
	No	4	5.88
Average Number of Referrals Received Per Week	0	4	5.97
	1-5	28	41.79
	6-10	14	20.90
	11-15	6	8.96
	16-20	0	.00
	21 or More	15	22.39
Primary Group Served By Agencies Surveyed	Children	22	30.14
	Youth	10	13.70
	Adults	25	34.25
	Young Families	1	1.37
	Elderly	2	2.74
	Families in General	13	17.81

<sup>1</sup>Not all participants responded to every item.

Almost all of the respondents (94 percent) reported referring clients to other agencies. Only four respondents, or less than six percent, reported making no referrals. Forty-three, or 53 percent, of the

respondents reported that other agencies in the community offered services similar to theirs. Nearly 72 percent, or 40, of these agencies said they referred clients to those agencies offering services similar to themselves.

Forty-seven percent, or 31 agencies, had provided referral services for 21 or more years. More than 50 percent had provided referral services for three to 20 years.

Sixty-six percent, or 43 of the respondents, made an average of one to 20 referrals per week. The type of agencies respondents referred to fell into four main categories. The reader will note that the 12 possible responses to the question about types of agencies referred to were organized into six categories for analysis. Nearly 69 percent, or 51 agencies, said they referred to agencies providing transfer of payment services. Sixty-seven percent, or 47 agencies, referred to educational organizations. Almost 59 percent, or 43 agencies, referred to organizations providing direct services.

Ninety-four percent, or 64 agencies, reported receiving referrals from other agencies. Almost sixty-three percent, or 42, of the responding agencies, reported receiving from one to 10 referrals per week from other agencies.

The primary group served by the reporting agencies included the following: adults-34 percent, or 25 agencies; children-30 percent, or 22 agencies; youth-13 percent, or 10 agencies; families in general-nearly 18 percent, or 13 agencies. One agency reported young families as their primary audience. Two reported the elderly as a primary audience.

A detailed description of family serving organizations in Tulsa and

Bartlesville may be found in Table I.

A chronological history of the agencies is presented in Table II. This history reflects the stability of the organizations participating in the study. Ninety-six percent of the Bartlesville respondents and 82 percent of the Tulsa respondents had been in existence for six years or more. Eighty-seven percent of the organizations in both communities had been in existence for six or more years. None of the Bartlesville organizations had been in existence for less than three years. Two percent of the Tulsa organizations had been in existence two years or less. Three percent of the Bartlesville agencies and 14 percent of the Tulsa agencies had been in existence for three to five years.

TABLE II  
CHRONOLOGICAL HISTORY OF AGENCIES

Item	Bartlesville N=26 Percent	Tulsa N=47 Percent	Both N=73 Percent
<u>Years in Existence</u>			
2 Years or less	.00	2.13	1.37
3-5 Years	3.85	14.89	10.96
6 or More Years	96.15	82.98	87.67
<u>Years Located at Present Site</u>			
2 Years or Less	7.96	17.02	13.70
3-5 Years	19.23	21.28	20.55
6 or More Years	73.08	61.70	65.75
<u>Years Director Has Served in Present Position</u>			
2 Years or Less	15.38	21.28	19.18
3-5 Years	23.08	31.91	28.77
6 or More Years	61.54	46.81	52.05

The stability of the agencies is also shown by the length of time they have been located at their present address. Seven percent of the Bartlesville organizations were located at their present site for two years or less. Seventy-three percent of the agencies in Bartlesville and 61 percent of the Tulsa agencies were at their present location for six years or more. Combined, more than 65 percent of the agencies were located at their present site six or more years compared to a little more than 13 percent of the agencies being located at their present site for two years or less.

The number of years that the director of the organization had served in his/her present position was also interpreted as a factor in stability of the organizations. Sixty-one percent of the Bartlesville directors and 46 percent of the Tulsa directors had served in their present positions for six years or more. Fifteen percent of the Bartlesville directors and 21 percent of the Tulsa directors had served two years or less in their present positions. The tenure of the Bartlesville directors is noteworthy in that Bartlesville is considered by many to be a mobile community.

Agency affiliation information is reported in Table III. Sixty-one percent of the Bartlesville agencies were affiliated with a state organization as compared to 46 percent of the Tulsa agencies. National organization affiliation was reversed. Seventy-two percent of the Tulsa agencies were affiliated with a national organization as compared to 50 percent in Bartlesville. Seventeen percent of the Tulsa agencies were members of a coalition as compared to four percent in Bartlesville. None of the Bartlesville agencies reported being a member of an international organization compared to six percent of the Tulsa agencies who



voluntarily provided information about membership in an international organization in space provided for "other" organizational affiliations.

TABLE III  
AGENCY AFFILIATIONS<sup>1</sup>

Variable	Bartlesville N=26 Percent	Tulsa N=47 Percent	Both N=73 Percent
State Organization	61.54	46.81	52.05
National Organization	50.00	72.34	64.38
Community Service Organization	38.46	46.81	43.84
Community Referral Organization	26.92	27.66	27.40
Coalition	3.85	17.02	12.33
International Organization	.00	6.38	4.11

<sup>1</sup>Multiple responses were accepted, therefore column totals exceed 100 percent.

Community referral organization affiliation was almost the same in both communities. Almost 27 percent of the Bartlesville agencies reported being a member of a community referral organization. A little more than 27 percent of the Tulsa agencies were members of a community referral organization. Thirty-eight percent of the Bartlesville agencies were members of a community service organization compared to 47 percent in Tulsa.

Table IV shows the sources of funding for the agencies. The percentage of the Bartlesville and Tulsa agencies receiving government funds was almost the same. In Bartlesville, 61.54 percent of the agencies reported funding from government sources. In Tulsa 61.70 percent of the agencies received funding from the government.

TABLE IV  
SOURCES OF AGENCY FUNDING

Source of Funding	Bartlesville N=26 Percent	Tulsa N=47 Percent	Both N=73 Percent
United Fund/United Way	42.31	57.45	52.05
Agency Fund Raising Projects <sup>1</sup>	26.92	46.81	39.73
Government Funds	61.54	61.70	61.64
Membership Fees	19.23	23.40	21.92
Fees for Services	38.46	48.94	45.21
Corporate Foundations	19.23	27.66	24.66
Trust Funds and Churches	11.54	2.13	5.48

<sup>1</sup>Sources also included in this category were cash and in-kind contributions.

More of the Tulsa agencies received money from the United Fund/United Way. In Tulsa 57 percent of the agencies received funding from the United Way compared to 42 percent of the Bartlesville agencies.

Agency fund raising projects were reported as a funding source more often by the Tulsa agencies than by the Bartlesville agencies. Forty-seven percent of the Tulsa respondents said they conducted agency fund raising projects compared to 27 percent in Bartlesville.

Tulsa agencies also outnumbered Bartlesville agencies when they responded to the question about fees as a source of funding. Twenty-three percent of the Tulsa agencies charged a membership fee. Nineteen percent of the Bartlesville agencies reported receiving funds from membership fees.

Fees for services were more often charged by agencies in Tulsa than in Bartlesville. Almost 49 percent of the Tulsa agencies indicated they charged a fee for services while 38 percent of the Bartlesville agencies responded fees for services as a source of funding.

Corporate foundations contributed to more agencies in Tulsa than in Bartlesville. Twenty-eight percent of the Tulsa agencies received corporate foundation money compared to 19 percent in Bartlesville.

More Bartlesville agencies than Tulsa agencies reported receiving financial aid from trust funds and churches. Eleven and one-half percent of the Bartlesville agencies received support from trust funds and churches compared to two percent in Tulsa.

The respondents were asked about the mission of their agencies and the number of years they had served under this mission. The responses to the mission of the agencies were grouped into six categories to facilitate analysis of the data. They were as follows: education, direct services, advocacy, self-help, social, and transfer of payments. A detailed account of the missions of the agencies is presented in Table V.

TABLE V  
MISSIONS OF AGENCIES

Mission	Bartlesville N=26 Percent	Tulsa N=47 Percent	Both N=73 Percent
Education <sup>1</sup>	80.77	80.85	80.82
Direct Services <sup>2</sup>	34.62	51.06	45.21
Advocacy <sup>3</sup>	0.00	8.51	5.48
Self-help <sup>4</sup>	73.08	61.70	65.75
Social/Recreational <sup>5</sup>	38.46	40.43	39.73
Transfer of Payments <sup>6</sup>	26.92	14.89	19.18

<sup>1</sup>Included in this category were Training, Research, Prevention, and Information and Referrals.

<sup>2</sup>Included in this category were Disaster Relief, Child Care, Medical and Health, Employment Services and Intervention.

<sup>3</sup>Included in this category were Conservation and Environmental Care.

<sup>4</sup>Included in this category were Emotional Support and Counseling.

<sup>5</sup>Included in this category were Social Interaction and Religious.

<sup>6</sup>Included in this category were Welfare Assistance, Housing, Social Security Benefits, and Veteran's Benefits.

Most of the respondents said their agency served under multiple missions. Education was listed as a mission by 80 percent of the agencies in both Bartlesville and Tulsa. Seventy-three percent of the Bartlesville group and 61 percent of the Tulsa group reported self-help

as a mission. Direct service was listed as a mission of 34 percent of the Bartlesville agencies and 51 percent of the Tulsa agencies. Less than half (34 percent in Bartlesville and 40 percent in Tulsa) of the organizations reported social/recreational as a mission. Almost twice as many of the Bartlesville agencies (26.92 percent) reported transfer of payment as a mission, compared to the Tulsa agencies (14.98 percent). None of the Bartlesville respondents reported advocacy as a mission and only eight percent of the Tulsa group said advocacy was a mission.

Another indication of the stability of the organizations responding to the survey is shown by the number of years they had served under their present mission (See Table VI). More than half (Bartlesville, 57 percent and Tulsa, 51 percent) had served under their present mission 21 years or more. A very small percent (almost four percent in Bartlesville and two percent in Tulsa) had served under their present mission two years or less. Most of the agencies had served under their present mission six or more years.

TABLE VI  
YEARS AGENCIES SERVED UNDER PRESENT MISSION

Years	Bartlesville N=26 Percent	Tulsa N=47 Percent	Both N=73 Percent
2 Years or Less	3.85	2.13	2.74
3-5 Years	3.85	19.15	13.70
6-10 Years	15.38	12.77	13.70
11-15 Years	3.85	10.64	8.22
16-20 Years	15.38	4.26	8.22

The investigator was interested in knowing if there were other agencies in the communities offering services similar to those participating in the study and if those participating agencies were referring clients to the similar agencies. The participating agencies were also asked if they were referring to agencies other than those similar to themselves. A little more than half (57 percent in Bartlesville and 59 percent in Tulsa) of the respondents said there were other agencies in the community offering services similar to their own. Sixty-six percent of the Bartlesville agencies and 73 percent of the Tulsa agencies said they were referring clients to those agencies. Almost all (92 percent in Bartlesville and 95 percent in Tulsa) reported referring clients to dissimilar agencies (See Table VII).

TABLE VII  
REFERRALS TO SIMILAR AND DISSIMILAR AGENCIES<sup>1</sup>

Variable	Bartlesville Percent	Tulsa Percent	Both Percent
Referring Clients to Similar Agencies	66.67 (N=18)	73.68 (N=38)	71.43 (N=56)
Referring to Dissimilar Agency	92.00 (N=25)	95.56 (N=45)	94.29 (N=70)

<sup>1</sup>Not all respondents answered every item. The number of respondents varied from 56 to 73 for the questions reported above.

Referring clients to other agencies was not a new behavior for those agencies responding to the questionnaire. More than half of the Bartlesville agencies (56 percent) had provided referral service for 21 years or more. Forty-two percent of the Tulsa agencies had provided referrals for the same number of years. When the responses for providing referral services for six to 20 years are combined there is almost the same percentage for the agencies in both communities. In Bartlesville the percentage is 34.79 for this period of time. In Tulsa it is 34.88 percent. The number of years agencies provided referral services is shown in Table VIII.

TABLE VIII  
YEARS AGENCY PROVIDED REFERRAL SERVICES

Years	Bartlesville N=23 Percent	Tulsa N=43 Percent	Both N=66 Percent
2 Years or Less	0.00	2.33	1.52
3-5 Years	8.70	20.93	16.67
6-10 Years	21.74	13.95	16.67
11-15 Years	4.35	13.95	10.61
16-20 Years	8.70	6.98	7.58
21 Years or More	56.52	41.86	46.97

A detailed comparison of the referrals made and received weekly by the Tulsa and Bartlesville organizations is shown in Table IX. Fifty-four percent of the Bartlesville agencies were making from one to five referrals per week. They were receiving about the same number of referrals. Fifty-six percent reported receiving one to five referrals weekly. In Tulsa 42 percent of the agencies were making 21 or more referrals per week. Eight percent of the Bartlesville agencies said they made no referrals.

TABLE IX  
WEEKLY REFERRALS MADE AND RECEIVED

Number of Referrals	<u>Referrals Made</u>		<u>Referrals Received</u>	
	Bartlesville N=24 Percent	Tulsa N=42 Percent	Bartlesville N=25 Percent	Tulsa N=42 Percent
0	8.33	0.00	4.00	7.14
1-5	54.17	28.57	56.00	33.33
6-10	16.67	7.14	8.00	9.52
16-20	.00	4.76	0.00	.00
21 or More	4.17	42.86	8.00	30.95



The agencies were asked to respond to what type of organizations they usually made referrals. Bartlesville agencies made 80 percent of their referrals to organizations dealing with transfer of payments. Seventy-four percent of the Tulsa agencies referred to self-help organizations. The number of referrals to educational organizations were nearly the same for both cities. Sixty-five percent of the Bartlesville participants referred to educational agencies. Sixty-three percent of the Tulsa agencies made referrals to educational groups. Forty-two percent of the referrals in Bartlesville and 68 percent of the referrals in Tulsa were made to direct service organizations. Sixty-three percent of the referrals made in Tulsa were made to agencies dealing with transfer of payment. In Bartlesville almost 81 percent of the referrals were made to agencies dealing with transfer of payment. Table X shows the results in more detail concerning the types of referrals made by the responding agencies. The reader will note that the 12 possible responses to the question on the survey instrument concerning the types of organizations to which referrals were made have been organized into six categories for analysis.

TABLE X  
TYPES OF ORGANIZATIONS TO WHICH REFERRALS WERE MADE

Type of Organization	Bartlesville N=26 Percent	Tulsa N=47 Percent	Both N=73 Percent
Education	65.38	63.83	64.38
Direct Services	42.31	68.09	58.90
Advocacy	0.00	14.89	9.59
Self-help	53.85	74.47	67.12
Social/Recreational	19.23	46.81	36.89
Transfer of Payment	80.77	63.83	69.86

The primary groups served by the participating agencies included children, youth, adults, young families, families in general, and the elderly. Thirty-one percent of the Bartlesville agencies and 36 percent of the Tulsa agencies reported adults were their primary audience. Thirty-four percent of the Tulsa agencies and 23 percent of the Bartlesville agencies said their primary audience was children. In Bartlesville 19 percent of the agencies reported families in general as their primary group served compared to 17 percent in Tulsa for the same audience. Nineteen percent of the agencies in Bartlesville and 11 percent of the agencies in Tulsa said youth were their primary audience. When the agencies serving youth and children were combined they accounted for 52 percent of the agencies in Bartlesville and 45 percent of the agencies in Tulsa. The percentage of the agencies in both communities serving young families and the elderly was very small. Table XI shows the primary audiences served.

TABLE XI  
PRIMARY GROUP SERVED BY AGENCIES

Group Served	Bartlesville N=26 Percent	Tulsa N=47 Percent	Both N=73 Percent
Children (birth - 12 years)	23.08	34.04	30.14
Youth (13 - 18 years)	19.23	10.64	13.70
Adults (19 - 64 years)	30.76	36.17	34.24
Young Families	3.85	0.00	1.37
Families in General	19.23	17.02	17.81
Elderly (over 65 years)	3.85	2.13	2.74
<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

The questionnaire was mailed to the director of the participating organizations. Seventy-nine percent of the questionnaires were completed by the directors. The remaining 21 percent were routed to another employee of the organization for completion. Table XII indicates the job title of the person completing the questionnaire in each of the committees surveyed.

TABLE XII  
JOB TITLES OF RESPONDENTS

Job Title	Bartlesville N=26 Percent	Tulsa N=47 Percent	Both N=73 Percent
Agency Director	69.23	85.11	79.45
Agency Assistant Director	3.85	4.11	5.48
Secretary	3.85	4.26	4.11
Other <sup>1</sup>	19.24	2.13	8.22
Respondent Not Identified	3.85	2.13	2.74
Total	100.02 <sup>2</sup>	100.00	100.00

<sup>1</sup>Other respondents listed included Counselors, Senior Interviewer, Community Health Worker, and Program Specialist.

<sup>2</sup>Because of rounding, totals may not equal 100.00.

### Barriers and Facilitators to Making and Receiving Referrals

The respondents were asked to use a dichotomous scale (-4 to +4)

to rate 10 items as a barrier, facilitator or neither a barrier nor a facilitator to making and receiving referrals. For ease in handling, their responses were converted from a dichotomous scale to a positive scale ranging from +1 for the greatest barrier to +8 for the greatest facilitator. The mean for these items are shown in Table XIII. Thus, the lower the mean the more respondents viewed it as a barrier.

TABLE XIII  
MEAN VALUE OF ITEMS CONSIDERED TO BE BARRIERS AND  
FACILITATORS TO MAKING AND RECEIVING REFERRALS<sup>1</sup>

Item	Making Referrals Mean	Receiving Referrals Mean
Location of Agency	2.12	3.33
Source of Funding	1.46	2.43
Rapport With Other Agency Head	5.23	5.40
Government Regulations	1.70	1.66
Personnel Expertise My Agency	5.20	5.40
Referral Documentation System My Agency	2.90	2.61
Referral Follow-up Procedure	2.15	2.26
Image of Agency Receiving Referral	4.07	5.47
Interagency Networking Process	4.80	4.27
Personnel Expertise of Other Agency	4.55	3.83

<sup>1</sup>Not all participants responded to these items. Responses varied from 63-72. Range = 1-8.

The respondents were asked to assess the strengths of the items on the dichotomous scale. The mean score of each of these items were also arranged in rank order. The results of the comparison of rank for barriers and facilitators to making and receiving referrals is shown in Table XIV.

TABLE XIV  
COMPARISON OF RANK FOR BARRIERS AND FACILITATORS  
IN MAKING AND RECEIVING REFERRALS

Item	Making Referrals Rank	Receiving Referrals Rank
Location of Agency	8	6
Source of Funding	10	8
Rapport With Other Agency Head	1	2 <sup>1</sup>
Government Regulations	9	10
Personnel Expertise My Agency	2	2 <sup>1</sup>
Referral Documentation System in My Agency	6	7
Referral Follow-up Procedure	7	9
Image of Agency Receiving Referral	5	1
Interagency Networking Process	3	4
Personnel Expertise of Other Agency	4	5

<sup>1</sup>Tied with another item for second rank.

As perceived by the participants of this survey the three highest facilitators to making referrals were rapport with other agency head, personnel expertise of my agency and interagency networking process. The three lowest ranking facilitators (greatest barrier) to making referrals as perceived by these respondents were source of funding, government regulations, and location of agency.

The three highest perceived facilitators to receiving referrals were image of agency receiving referrals, rapport with other agency head, and personnel expertise of my agency. The three lowest ranking facilitators (greatest barrier) to receiving referrals were government regulations, referral follow-up procedure, and source of funding.

All items were very similarly ranked for both making and receiving referrals with the exception of two items. The image of the agency receiving the referral was rated as a strong facilitator for receiving referrals than for making referrals. Referral follow-up procedures were ranked as a stronger barrier when receiving referrals than for making referrals.

In order to check on the consistency of the respondents assessment of barriers and facilitators to making and receiving referrals respondents were asked to indicate the one item considered to be the most serious barrier to making referrals to other agencies and the one item considered to be the greatest strength (facilitator) in encouraging referrals to other organizations. They were also asked the same thing concerning receiving referrals from other organizations. The data concerning barriers and facilitators to making referrals to other organizations when respondents were given only one choice is presented in Table XV.

TABLE XV  
 MOST SERIOUS BARRIER AND GREATEST FACILITATOR TO MAKING  
 REFERRALS AS LISTED BY THE RESPONDENTS  
 WHEN GIVEN LIMITED CHOICE

Item	Barrier		Facilitator	
	Percent	Ranking	Percent	Ranking
Location of Agency	9.62	4	3.51	6
Source of Funding	17.31	2	1.75	8
Rapport With Other Agency Head	1.92	9	19.30	2
Government Regulations	30.77	1	.00	10
Personnel Expertise My Agency	7.69	5 <sup>1</sup>	19.30	2 <sup>1</sup>
Referral Documentation System My Agency	5.77	7	5.26	7
Referral Follow-up Procedure	.00	10	1.75	8 <sup>1</sup>
Image of Agency Receiving Referral	3.85	8	10.53	4 <sup>1</sup>
Interagency Networking Process	15.38	3	28.07	1
Personnel Expertise of Other Agency	<u>7.69</u>	5 <sup>1</sup>	<u>10.53</u>	4 <sup>1</sup>
Total	100.00		100.00	

<sup>1</sup>Tied with another item for rank.

When respondents were limited to selecting only one item as the most serious barrier to making referrals to organizations they selected government regulations. Also rated high as barriers were source of funding, interagency networking process, and location of agency. This is in close agreement to the selections chosen when the respondents

were asked to assess the strengths of the items on the dichotomous scale.

When respondents were limited to selecting only one item as the greatest strength (facilitator) to encouraging referrals to other organizations they selected interagency networking process. Also rated high as strengths to encouraging referrals to other agencies were rapport with other agency head, personnel expertise of my agency, and image of agency receiving referral. Again this was in close agreement to the selections chosen when the respondents were asked to assess the strengths of the items on the dichotomous scale.

The respondents were also asked to indicate the one item considered to be the most serious barrier to them receiving referrals from other organizations and the one item considered to be the greatest strength (facilitator) to them receiving referrals from other organizations. Detailed results are shown in Table XVI.

When the respondents were given the task of naming the one item they considered to be the greatest barrier to them receiving referrals from other agencies they chose location of my agency. Other items ranking high as barriers were personnel expertise of other agency, government regulations and source of funding. When the participants were asked to assess the strengths of the items as barriers to receiving referrals from other organizations on the dichotomous scale they also selected location of my agency, source of funding, and government regulations. The rank order was not the same, but they were the three greatest barriers to receiving referrals from other agencies. Personnel expertise of other agency was rated as a less serious barrier on the dichotomous scale.



TABLE XVI  
 MOST SERIOUS BARRIER AND GREATEST FACILITATOR TO RECEIVING  
 REFERRALS AS LISTED BY THE RESPONDENTS  
 WHEN GIVEN LIMITED CHOICE

Item	Barrier		Facilitator	
	Percent	Ranking	Percent	Ranking
Location of My Agency	53.73	1	21.43	2
Source of Funding	7.46	4	2.86	7 <sup>1</sup>
Rapport With Other Agency Head	0.00	9 <sup>1</sup>	4.29	5 <sup>1</sup>
Government Regulations	10.45	3	1.43	10
Personnel Expertise My Agency	4.48	5 <sup>1</sup>	12.86	4
Referral Documentation System My Agency	1.49	8	4.29	5 <sup>1</sup>
Referral Follow-up Procedure	.00	9 <sup>1</sup>	2.86	7 <sup>1</sup>
Image of Agency Receiving Referral	4.48	5 <sup>1</sup>	32.86	1
Interagency Networking Process	4.48	5 <sup>1</sup>	14.29	3
Personnel Expertise of Other Agency	<u>13.43</u>	2	<u>2.86</u>	7 <sup>1</sup>
Total	100.00		100.03 <sup>2</sup>	

<sup>1</sup>Tied with other item for rank.

<sup>2</sup>Because of rounding, total may not equal 100 percent.

When asked to select the one item considered to be the greatest strength (facilitator) to encouraging referrals from other agencies the respondents were consistent in selecting the image of the agency receiving the referral. Their number one choice in both the

dichotomous scale and the forced choice situation was image of agency receiving referral. Other items considered to be strengths to encouraging referrals were location of my agency, interagency networking process and personnel expertise of my agency. These items were not ranked the same in each situation. Personnel expertise was ranked in close agreement in both the dichotomous and forced choice situation. Location of my agency and interagency networking process were less similarly ranked.

Results indicated that respondents viewed the top facilitators related to making referrals in a different way than they viewed the top facilitators in receiving referrals. For example, they said that image of the agency receiving the referral was the top strength in encouraging referrals from other organizations. However, when making referrals, they reported rapport with other agency head as the most important facilitator.

#### Results Related to Hypotheses Tested

Eight null hypotheses were established to guide this study. This section relates to the testing of those hypotheses. Chi-square tests were conducted to test the association of referral behavior and selected variables. The probability level of less than or equal to .05 was established as the criterion for rejecting a null hypothesis. Each hypothesis will be discussed separately in this section.

Hypothesis 1 stated that there will be no significant differences in the referral behavior of public funded family serving organizations associated with the affiliation with a larger agency. The researcher was interested in determining if an affiliation with a larger agency

such as a state or national organization made a difference in the referral behavior of community based agencies. Table XVII indicates that no significant differences were found in referral behavior (referrals made and received) that could be associated with affiliation with a larger agency.

TABLE XVII

RESULTS OF CHI-SQUARE TESTS OF THE ASSOCIATION BETWEEN  
REFERRALS TO SIMILAR ORGANIZATIONS AND AFFILIATION  
WITH A STATE OR NATIONAL ORGANIZATION

Affiliation	Chi-square Value	Degree of Freedom	Probability
State Organization	2.326	1	0.1272
National Organization	1.427	1	0.2322

Referrals to agencies that offered services unlike their own was also investigated. Table XVIII indicates that again no significant differences were found. Thus, Hypothesis 1 was not rejected.

Hypothesis 2 stated that there will be no significant differences in the referral behavior of public funded family serving organizations that is associated with the affiliation with a community service council. Agencies were asked about referrals to agencies similar to their own as well as referrals to any other agencies. Table XIX shows

the results of the chi-square test of the association between referrals made to similar and dissimilar organizations and affiliation with a community service council. Table XIX indicates that no significant differences were found that could be associated with affiliation with a community service council. Therefore, Hypothesis 2 was not rejected.

TABLE XVIII

RESULTS OF CHI-SQUARE TESTS OF THE ASSOCIATION BETWEEN REFERRALS TO AGENCIES OFFERING SERVICES UNLIKE THEIR OWN AND AFFILIATION WITH A STATE OR NATIONAL ORGANIZATION

Affiliation	Chi-square Value	Degree of Freedom	Probability
State Organization	0.944	1	0.3313
National Organization	0.212	1	0.6451

TABLE XIX

CHI-SQUARE TESTS OF THE ASSOCIATION BETWEEN REFERRALS MADE TO SIMILAR AND DISSIMILAR ORGANIZATIONS AND AFFILIATION WITH A COMMUNITY SERVICE COUNCIL

Organizations	Chi-square Value	Degree of Freedom	Probability
Similiar Organizations	1.059	1	0.3035
Dissimilar Organizations	0.010	1	0.9209

Hypothesis 3 stated that there will be no significant differences between the referral behavior of public funded family serving organizations associated with the size of the community. Tulsa respondents represented the larger community and Bartlesville respondents represented the smaller city. The participants were asked about referrals made to agencies similar to their own as well as referrals made to any other agencies. The results of the chi-square tests between referral behavior and the size of the community indicate that no significant differences were found that could be associated with the size of the community. Thus, Hypothesis 3 was not rejected. The results of these tests are shown in Table XX.

TABLE XX

RESULTS OF CHI-SQUARE TESTS OF THE ASSOCIATION OF REFERRALS  
MADE TO SIMILAR AND DISSIMILAR ORGANIZATIONS  
AND THE SIZE OF THE COMMUNITY

Organizations	Chi-square Value	Degree of Freedom	Probability
Similar Organizations	0.295	1	0.5872
Dissimilar Organizations	0.377	1	0.5392

Hypothesis 4 stated that there will be no significant differences in the referral behavior of public funded family serving organizations associated with the source of funding since most of the agencies received funds from more than one source. The researcher was interested in knowing if the source of funding made a difference in the referral behavior (referrals made and received to and from other agencies) of public funded family serving organizations. Chi-square tests were used to determine association between referrals made and received and the source of funding. Tables XXI and XXII present the results of these tests.

Chi-square tests of the association between referrals made to both similar and dissimilar agencies and the source of funding revealed no significant differences between the number of referrals made that could be associated with the source of funding. The results of the chi-square tests of the association between referrals made and sources of funding are presented in Table XXI.

Chi-square tests of the association between referrals received and the source of funding did reveal significant differences that could be associated with the source of funding. Those agencies receiving United Fund/United Way money were receiving fewer referrals per week than agencies that did not receive United Fund/United Way allocations. Agencies receiving government funds received more referrals per week than agencies not receiving government funds. The results of the chi-square tests of the association between referrals received and the source of funding are shown in Table XXII. Based on these results, Hypothesis 4 was rejected.

TABLE XXI

RESULTS OF THE CHI-SQUARE TESTS OF THE ASSOCIATION  
BETWEEN REFERRALS MADE AND THE  
SOURCE OF FUNDING

Funding Source	Chi-square Value	Degree of Freedom	Probability
United Fund/United Way	0.077	1	0.7816
Agency Fund Raising/ Cash & In Kind Contributions	0.004	1	0.9516
Government Funds	1.839	1	0.1750
Membership Fees	0.006	1	0.9365
Fees for Services	0.101	1	0.7505
Corporate Foundations	1.476	2	0.4780

TABLE XXII

RESULTS OF THE CHI-SQUARE TESTS OF THE ASSOCIATION BETWEEN  
REFERRALS RECEIVED AND THE SOURCE OF FUNDING

Funding Source	Chi-square Value	Degree of Freedom	Probability
United Fund/United Way	6.514	1	0.0107
Agency Fund Raising/ Cash & In Kind Contributions	3.119	1	0.0774
Government Funds	4.649	1	0.0311
Membership Fees	2.646	1	0.1038
Fees for Services	1.678	1	0.1953
Corporate Foundations	1851	2	0.9890

Hypothesis 5 stated that there will be no significant difference in the referral behavior of public funded family serving organizations associated with coalition membership. Chi-square tests were conducted to determine the association between referrals made and received and coalition membership of the responding agencies. Table XXIII shows that the chi-square tests failed to support any significant association between referral behavior and coalition membership. Based on this information, Hypothesis 5 was not rejected.

TABLE XXIII

CHI-SQUARE TESTS OF THE ASSOCIATION BETWEEN REFERRALS  
MADE AND RECEIVED AND COALITION MEMBERSHIP

Referral Behavior	Chi-square Value	Degree of Freedom	Probability
Referrals Made	0.161	1	0.6883
Referrals Received	0.231	1	0.2672

Hypothesis 6 stated that there will be no significant difference in the referral behavior of public funded family serving organizations associated with the present mission of the organization. Chi-square tests were conducted to determine if the frequency of referrals made and received were associated with the mission of the organization.



Results of the chi-square tests of referrals made and the mission of the agency indicated that education, direct services, advocacy, self-help, and social/recreational missions were not significantly related to frequency of referrals made per week. Transfer of payment as a mission was significantly related to frequency of referrals made per week. Agencies reporting a mission related to transfer of payments made a larger number of referrals per week than agencies that did not report transfer of payments as an agency mission. Table XXIV shows the results of the chi-square tests of the association of referrals made and agency mission.

TABLE XXIV  
CHI-SQUARE RESULTS OF THE ASSOCIATION OF REFERRALS  
MADE AND THE AGENCY'S MISSION

Mission	Chi-square Value	Degree of Freedom	Probability
Education	0.148	1	0.7001
Direct Services	2.613	1	0.1060
Advocacy	6.801	1	0.0091 <sup>1</sup>
Social/Recreational	0.852	1	0.3559
Transfer of Payment	4.926	1	0.0265

<sup>1</sup>Since one half of the cells had expected counts of less than five, results were considered invalid.

Chi-square tests were also conducted to determine if the frequency of referrals received were associated with the mission of the organization. Table XXV shows that no significant results were found that could be associated with the referrals received and the mission of the agency. Based on these tests, Hypothesis 6 was rejected.

TABLE XXV  
CHI-SQUARE RESULTS OF THE ASSOCIATION OF REFERRALS  
RECEIVED AND THE AGENCY'S MISSION

Mission	Chi-square Value	Degree of Freedom	Probability
Education	1.678	1	0.1952
Direct Services	0.069	1	0.7923
Advocacy	0.931	1	0.3346
Self-help	2.341	1	0.1260
Social/Recreational	0.121	1	0.7283
Transfer of Payment	3.811	1	0.0509

Hypothesis 7 stated that there will be no significant difference in the referral behavior of public funded family serving organizations that is associated with the perceived uniqueness of the organizational role. Chi-square tests were used to determine if the referrals made

and received were associated with the perceived uniqueness of the organization. The organization was considered unique if the respondent said there were no other organizations in the community that offered services similar to those services provided by their organizations. No significant associations were found between the referrals made and received and the perceived uniqueness of the organization. Based on these tests, Hypothesis 7 was not rejected. Table XXVI shows the results of these tests.

TABLE XXVI

CHI-SQUARE RESULTS OF THE ASSOCIATION BETWEEN REFERRALS MADE AND RECEIVED AND PERCEIVED UNIQUENESS OF THE ORGANIZATION

Referral Behavior	Chi-square Value	Degree of Freedom	Probability
Referrals Made	0.534	1	0.4651
Referrals Received	0.110	1	0.7405

Hypothesis 8 stated that there will be no significant difference in the referral behavior of public funded family serving organizations associated with the stability of the organizational leadership. Chi-square tests were used to determine the association between the number of years the director had served in the present role and the number of

referrals made and received. No significant associations were found based on these tests. Therefore, Hypothesis 8 was not rejected. The results of the chi-square tests related to this hypothesis are shown in Table XXVII.

TABLE XXVII

RESULTS OF CHI-SQUARE TESTS OF NUMBER OF YEARS AGENCY  
DIRECTOR SERVED IN PRESENT POSITION AND  
NUMBER OF REFERRALS MADE AND RECEIVED

Referral Behavior	Chi-square Value	Degree of Freedom	Probability
Referrals Made	2.723	1	0.0989
Referrals Recieved	1.146	1	0.2844

#### Summary

Seventy-three public funded family serving organizations participated in this study concerning referral behavior. Forty-seven of the organizations were located in Tulsa, Oklahoma and 26 of the organizations were located in Bartlesville, Oklahoma. The purpose of the study was to determine if referral behavior was associated with affiliation with a larger organization, affiliation with a community service council, size of the community, source of funding, coalition membership, present

mission of the organization, perceived uniqueness of the organizational role, and stability of the organizational leadership.

The data were analyzed and response frequencies, percentages, and chi-square tests were reported. Eight hypotheses were tested. Of all the variables examined only source of funding and present mission of the agency were found to be significantly associated with referral behavior.

## CHAPTER V

### RECOMMENDATIONS AND CONCLUSIONS

#### Introduction

The purpose of this study was to determine if referral behavior of public funded family serving organizations were associated with affiliation with a larger organization, affiliation with a community service council, size of the community, source of funding, coalition membership, present mission of the organization, perceived uniqueness of the organizational role, and stability of the organizational leadership. A closed-end or restricted questionnaire containing 42 questions was mailed to the directors of 92 public funded family serving organizations in Tulsa and Bartlesville, Oklahoma. Seventy-three (79 percent) of the organizations responded. Forty-seven were located in Tulsa; 26 were located in Bartlesville.

The Statistical Analysis System (SAS) was utilized to analyze data by computer at the Oklahoma State University Computer Center. Frequencies and percentages and results of chi-square tests were reported. This chapter summarizes the major findings of the study and presents the researcher's conclusions and recommendations.

#### Major Findings

The responding agencies appeared to be stable organizations in the

communities they serve. Fifty-seven percent of the organizations had been in existence for 21 or more years. Almost 66 percent of the organizations had been located at their present site for six years or more. In 53 percent of the organizations, the director had served in that position for six years or more.

The majority of the organizations were associated with a state or national organization. Sixty-four percent were associated with a national organization. Fifty-two percent were associated with a state organization. Nearly 44 percent of the organizations were associated with a community service organization. Fewer organizations were associated with the other organizations listed on the questionnaire. Twenty-seven percent of the organizations were members of a community referral organization, 12 percent were members of a coalition, and four percent said they were members of an international organization.

Most of the organizations received funding from more than one source. Nearly 62 percent received government funds. Fifty-two percent received funds from the United Fund/United Way. Almost 40 percent of the agencies were funded by agency fund raising activities and cash and in-kind contributions. Corporate foundations provided funds to nearly 25 percent of the organizations. Trust funds and churches were listed as a source of funds by five percent of the respondents. Forty-five percent of the organizations charged a fee for their services and nearly 22 percent charged a membership fee.

The agencies were asked to identify the present mission of their organization from a prepared list of 12 alternatives. They also had the opportunity to write in a mission if their mission was not listed. The researcher later organized the data concerning the missions of the

organization into six categories to facilitate analysis. Eighty-one percent of the organizations checked education as a mission. Sixty-six percent of the respondents listed self-help/emotional support/counseling as a mission. Forty-five percent of the agencies reported a mission related to direct services. Other missions listed were: social/recreational, 40 percent; transfer of payments, 19 percent; and advocacy, five percent. Fifty-three percent of the organizations had served under their present mission for 21 years or more.

Fifty-nine percent of the respondents said that there were other agencies in the community that offered similar services to their own. Seventy-one percent of the agencies were referring to those agencies. Ninety-four percent said that they were referring to agencies unlike their own. Forty-seven percent of the agencies had provided referral services for 21 or more years. The number of referrals made per week varied. Only three percent of the agencies reported making no referrals. Thirty-eight percent of the agencies made one to five referrals per week. Twenty-nine agencies said they made 21 or more referrals per week.

The type of agencies referred to were as varied as the missions of the responding agencies. Therefore the researcher organized the data concerning the type of agencies referred to into six categories to facilitate the analysis. Seventy percent of the responding organizations referred to agencies dealing with transfer of payments, 67 percent referred to self-help agencies, 64 percent of the organizations referred clients to agencies dealing with education, 58 percent of the agencies made referrals to direct service organizations and 10 percent of the agencies made referrals to agencies involved in advocacy.



Ninety-four percent of the agencies reported receiving referrals from other organizations. Forty-two percent said they received one to five referrals per week, while 22 percent reported receiving 21 or more referrals weekly.

While the services of all the organizations surveyed affected families, they each served a primary group. Thirty-four percent listed adults as their primary audience. Thirty percent said children were their primary audience. Eighteen percent of the agencies named families in general as their audience. Youth were listed as the primary audience of 14 percent of the agencies. Three percent of the respondents said the elderly were their primary audience and one percent of the respondents listed young families as their primary audience.

The researcher was interested in the opinions of the respondents concerning barriers and facilitators to making and receiving referrals. When responding to 10 possible choices on a dichotomous scale the respondents said rapport with other agency heads, personnel expertise of my agency, and interagency networking process were the three most important facilitators to making referrals. They selected source of funding, government regulations, and location of agency as the three greatest barriers to making referrals. When forced to select only one item from the list the respondents selected interagency networking process as the greatest facilitator to making referrals. Government regulations were selected as the greatest barrier to making referrals when the respondents were given limited choice.

The three highest perceived facilitators to receiving referrals were image of agency receiving referral, personnel expertise of my agency, and rapport with other agency heads when respondents were

given choices among 10 possible items. Government regulations, referral follow-up procedure, and source of funding were selected as the three greatest barriers to making referrals when respondents were allowed to rate a group of 10 alternatives. When their choices were limited to only one item from the group they selected image of agency receiving referral as the greatest facilitator to receiving referrals and location of my agency as the greatest barrier to receiving referrals.

Eight null hypotheses were tested in this study. Chi-square tests yielded two variables that were significantly associated with referral behavior of the organization. They were as follows: (a) Source of funding was significantly associated with the referral behavior of the public funded family serving organizations surveyed. Those organizations receiving United Fund/United Way money were receiving fewer referrals per week than agencies not receiving United Fund/United Way allocations. Agencies receiving government funds received more referrals per week than agencies not receiving government funds. (b) Mission of the organizations was also significantly associated with referral behavior according to the chi-square analysis if the mission of the agency was transfer of payment. Those agencies reporting transfer of payment as a mission made a larger number of referrals per week than those agencies who did not report transfer of payment as a mission. Education, direct services, advocacy, self-help, and social/recreational missions were not significantly associated with referrals made. None of the missions were significantly associated with referrals received. A summary of the findings regarding all of the hypotheses tested may be found in Table XXVIII.

TABLE XXVIII  
SUMMARY OF FINDINGS REGARDING HYPOTHESES

Null Hypotheses	Test	Findings
1. There will be no significant difference in the referral behavior of public funded family serving organizations associated with the affiliation with a larger organization.	Chi Square	Do Not Reject
2. There will be no significant difference in the referral behavior of public funded family serving organizations associated with the affiliation with a community service council.	Chi Square	Do Not Reject
3. There will be no significant difference in the referral behavior of public funded family serving organizations associated with the size of the community.	Chi Square	Do Not Reject
4. There will be no significant difference in the referral behavior of public funded family serving organizations associated with the source of funding.	Chi Square	Reject
5. There will be no significant difference in the referral behavior of public funded family serving organizations associated with coalition membership.	Chi Square	Do Not Reject
6. There will be no significant difference in the referral behavior of public funded family serving organizations associated with the present mission of the organization.	Chi	Reject
7. There will be no significant difference in the referral behavior of public funded family serving organizations associated with the perceived uniqueness of the organizational role.	Chi Square	Do Not Reject
8. There will be no significant difference in the referral behavior of public funded family serving organizations associated with the stability of the organizational leadership (based on the number of years director served in present role).	Chi Square	Do Not Reject

## Conclusions

Source of funding and present mission of the organization were significantly associated with the referral behavior of the family serving organizations that participated in this study. Those agencies receiving funds from the United Way/United Fund were receiving fewer referrals per week than agencies not receiving funds from the United Fund/United Way. This finding may be explained by the fact that United Fund/United Way agencies are usually smaller, community based organizations that attract clients with specialized needs, thus a smaller case load than larger multipurpose organizations.

Agencies receiving government funds were making more referrals per week than agencies not receiving government funds. Again, this may be a function of case load. These agencies are usually the larger family serving organizations in the community, thus their case loads may be larger. Also many government funded programs have income eligibility requirements which prohibit some families from being served thus, increasing the need for referrals.

Agencies that reported transfer of payment as a present mission of the organization reported making more referrals per week than agencies not reporting transfer of payment as a present mission. This phenomenon is probably explained by today's economic conditions since transfer of payments included welfare assistance, housing, social security benefits, and veteran's benefits. It is also noted that the transfer of payment function is largely dependent upon government function and therefore one might expect a similar association with referrals made and received.

Further research directed toward the reasons why source of funding and present mission of the organization were significantly associated with referrals made and received would shed more light on these topics.

A very small percentage of the organizations reported serving young families and the elderly as a primary group. This may have been due to the grouping of choices in the survey instrument. There were specific age descriptions given for each primary audience alternative listed on the instrument except for young families and families in general. In relation to young families, respondents may have felt that their primary group was better described by one of the other choices associated with a specific age range. Young families is a very familiar term used by Cooperative Extension Home Economists to describe beginning families or families with young children but this may not have been a term familiar to the majority of the respondents in relation to their clients. The elderly were described as being over 65 years of age. There were also a category labeled adults (19-64 years of age). If the proportion of agencies serving young families and elderly as a primary group is as limited as this study indicates, there is reason to believe that these populations are grossly underserved. It may be that some of the agencies served a wider age range and chose to report their primary group served as adults (19-64 years of age).

The participants of this study rated a predetermined list of variables as barriers and facilitators to making and receiving referrals. They selected rapport with other agency heads, personnel expertise of my agency and interagency networking process as the three greatest facilitators to making referrals. Their choices for the three greatest facilitators to receiving referrals from other agencies were

image of my agency, rapport with other agency head and personnel expertise of my agency. When asked to narrow the choice further to the one greatest facilitator to making referrals they chose interagency networking process. The greatest facilitator to receiving referrals, according to the respondents, was image of agency making referrals.

The researcher believes that these choices were interrelated and build on each other. If an organization has a good image it is easier to network and develop a good rapport with the other agency heads. Good rapport with other agency heads and interagency networking has a positive influence on the image of the agency. Through this reciprocal relationship, agency personnel become more familiar with the resources available from the other organizations. They are in turn better able to direct clients to agencies that may meet their needs.

The three greatest barriers to making referrals selected by the respondents from a grouping of 10 alternatives were source of funding of other agency, government regulations, and location of other agency. When forced to choose the most serious barrier to making referrals to other organizations the respondents selected government regulations.

The three greatest barriers to receiving referrals selected by respondents from a list of 10 alternatives were government regulations, referral follow-up procedures, and source of funding of other agency. However, the greatest barrier to receiving referrals from other organizations was location of my agency when respondents were forced to choose the most serious barrier from the list of 10 choices.

Again, these choices may be interrelated. If the source of funding of the other agency is government funds there may be constraints on how those funds can be used. Referral follow-up procedures may

also be a function of government regulations. Further, the location of the agency may also be controlled by the source of funding and government regulations.

### Recommendations

The more an agency knows about the total array of human services in the community the better able the agency is to put clients in touch with the appropriate services when they are needed. Enlightened human service providers are able to refer families to multiple resources in the community. Service providers with a positive attitude toward referrals are more inclined to help families meet their total needs when they have a variety of resources to draw from rather than the limited resources of their agency alone.

The following recommendations are based on the thesis that a highly developed interagency referral system serves the best interest of the client community. Eight recommendations based on the findings of this study are as follows:

1. Human service providers in general, and Cooperative Extension Home Economists specifically, should make a concerted effort to become acquainted with the human service providers and the services available within the geographic area they serve. They should also make a concerted effort to acquaint the human service providers with the resources and services available from the Cooperative Extension Service.

2. Directories listing the family service organizations and a description of the services and resources they have available should be compiled and distributed in all communities if such a listing is not

already available. Bartlesville and Tulsa, Oklahoma had very good directories available. However, this may not be the case in every community or county in the state.

3. Since personnel expertise was rated as a top facilitator to both making and receiving referrals, agencies need to be sure that their employees are highly knowledgeable of the human service resources available to better serve their clients. Inservice training on such topics as networking, barriers and facilitators to making and receiving referrals and the advantages of using referrals as a tool to better serve the family during normal times as well as during a crisis period may be appropriate for some organizations.

4. Organizations should develop brochures describing their realm of services, eligibility requirements, and fees. These brochures should be distributed to other agencies and displayed in places where potential clients might have access to the information.

5. Service providers should form an organization to assist them in becoming more familiar with the total human service community. Such an organization could also be a vehicle for networking, building rapport with other agency heads, and improving the image of the family serving organizations if needed. In some communities there is already such an organization in place. When organizations are in existence Extension Home Economists and other service providers not already associated with the organization should choose to participate. Participation in an organization such as a "council on social agencies" will help Extension Home Economicst to be more visible to the total human service community as well as increasing awareness of the various services that may be available to help meet clients' needs.



6. Further research relating to the barriers and facilitators to making and receiving referrals to and from other organizations would be appropriate. This study drew on the experiences of the researcher, her academic committee, and the literature available to develop the list of items respondents rated as barriers and facilitators to making and receiving referrals. A delphi study is an alternative method that can be used to develop a similar list. A Delphi study wherein present providers of family services are asked to develop a listing of barriers and facilitators to making and receiving client referrals should be conducted.

7. Changes in the instrument are recommended for those interested in conducting closely related studies. The choices in question number six and 13 which deal with mission of agency and type of organization referred to, respectively, should be condensed to the six categories used to analyze the data (education, direct services, advocacy, self-help, social/recreational and transfer of payment). Question number 16 dealing with the primary audience could be improved with a definition for young families. Another alternative is to create a separate item that deals with type of families.

8. This study was limited to a census of the family serving organizations in two communities in the northeast quadrant of Oklahoma. A replication of the study using a more representative sample is recommended to determine if the results are applicable to other communities.

#### Summary

This chapter has presented the major findings of the study.

Included were descriptive data about the organizations that participated in the study, the respondents' opinion of the most important barriers and facilitators to making and receiving referrals to and from other organizations and a summary of the results of the chi-square tests relating to the hypotheses that guided this study.

The referral behavior of the organizations participating in this study was significantly associated with source of funding and present mission of the organization. It was the opinion of the respondents that the greatest facilitator to making referrals to other organizations is the interagency networking process. The greatest barrier to making referrals, in their opinion, was government regulations. The greatest facilitator to receiving referrals from other organizations was the image of the agency receiving the referral, according to the participants, while the greatest barrier to receiving referrals was the location of the agency receiving the referrals.

The researcher has also presented several recommendations concerning the use of this study to help organizations better meet clients' needs. These recommendations include the following: (a) human service providers should make a concerted effort to be familiar with the services available from other organizations in the community, (b) directories need to be compiled and made available to service providers in each community or county of Oklahoma where one is not available, (c) inservice training should be provided to help employees of family serving organizations become more knowledgeable of the resources available to serve their clients, (d) brochures should be developed by the family serving organizations describing themselves and they should be shared with other agencies and potential clients,

(e) service providers should form an organization for the purpose of networking, and becoming more aware of how they can work together for the good of their clients, and (f) if such an agency already exists, as it does in communities, family service providers in general and Extension Home Economists, specifically, should be participating in the organization.

The researcher also made recommendations for further research relating to family serving organizations and suggested changes in the survey instrument that was used for this study.

## REFERENCES

- Aiken, M., Dewer, R., Di Tomaso, N., Hage, J., & Geitz G. (1975). Coordinating Human Services. San Francisco: Jossey-Bass.
- Alexander, S. S. (1979). Adolescents attitude toward alcohol. Unpublished master's thesis, Oklahoma State University, Stillwater.
- Benson, J. K., Kunce, J. T., Thompson, C. A., & Allen, D. D. (1973). Coordinating Human Services: A Sociological Study of an Inter-organizational Network. (Regional Rehabilitation Research Institute, Research Series No. 6). University of Missouri-Columbia.
- Compton, N., & Hall, O. (1972). Foundations of Home Economics Research: A Human Ecology Approach. Minneapolis, MN: Burgess.
- Cook, D. L., & Cookingham, G. G. (1980). Interagency action: cooperation, coordination, collaboration. Community Education Journal, 7(2), 3-4.
- Demone, H., & Long, D. (1974). Information-referral: the nucleus of a human needs program. In Demone, H., & Harshbarger, D. A Handbook of Human Services. New York: Behavioral Publications.
- Denton, W. H. (1975). Interagency coordination: political dimensions. Community Education Journal, 5(5), 34-37.
- Eysler, G. W. (1975). Interagency collaboration . . . the keystone to community education. Community Education Journal, 5(5), 24-26, 33.
- Glasaskiewicz, J., & Shatin, D. (1981, September). Leadership and networking among human service organizations. Administration Science Quarterly, pp. 434-446.
- Gleich, C. (1976). An analysis of the interaction between selected families and various organizations within a community service network. Unpublished doctoral dissertation, University of Tennessee, Knoxville.
- Goodisman, L. D., & Groinberg, C. (1978, March). The Cure-All That Sometimes Works. (HEW National Coordination Study Draft) Washington, DC: Office of Education (DHEW), Regional Office 10. (ERIC Document Reproduction Service No. ED 201 060).

- Hasenfeld, Y., & English, R. A. (Eds.). (1974). Human Service Organizations: A Book of Readings. Ann Arbor: University of Michigan Press.
- Lauffer, A. (1978). Social Planing at the Community Level. Englewood Cliffs, NJ: Prentice-Hall.
- Levine, S., & White, P. E. (1974). Exchange as a conceptual framework for the study of interorganizational relationships. In Y. Hasenfeld and R. A. English (Eds.) Human Service Organizations: A Book of Readings. Ann Arbor: University of Michigan Press.
- Long, N. (1973). Information and referral services: a short history and some recommendations. Social Service Review, pp. 47, 49-62.
- Rossi, R. J., Gilmartin, K. J., & Dayton, C. W. (1982). Agencies Working Together: A Guide to Coordination and Planning. Beverly Hills, CA: Sage Publications, Inc.
- Sullins, W. R. (1980), Interagency collaboration: a must for the 80's. Community Service Catalyst, 10(3), 26-29.
- Vinsant, K. R. (1973). The assessment and use of community agencies and referral services: a handbook for counselors and counselors aids. Unpublished doctoral dissertation, University of Northern Colorado, Greeley.
- Warren, D. I. (1981). Helping Networks: How People Cope with Problems in the Urban Community. Notre Dame, IN: Notre Dame Press.
- Zimmerman, S. L. (1977). The use of information and referral services data in social planning by county social services agencies in Minnesota. Unpublished doctoral thesis, University of Minnesota, Minneapolis.

APPENDIX

# COOPERATIVE EXTENSION SERVICE

OKLAHOMA STATE UNIVERSITY



DIVISION OF AGRICULTURE

January 2, 1985

Dear Director:

As a director of an agency, whose services benefit families, you have expertise that can be, if shared, helpful to the human service community. The attached survey request information relating to inter-agency referrals.

Will you please share your perceptions of referral behavior by completing the questionnaire. Colleagues, who pretested the questionnaire, were able to complete it in about ten minutes.

Your response will be held in the strictest confidence. The data will be used for statistical analysis only. No attempt will be made to identify respondents by name or organization. The number on the questionnaire will be used to record receipt of your response and for follow-up purposes only.

When the research is completed it will be shared at various professional meetings, through professional newsletters, news articles and professional journal articles by the researchers. All participants who desire will receive a summary of the research findings.

Please return your completed questionnaire in the self-addressed, postage paid envelope provided for you by January 15, 1985. Thank you for your help.

Best wishes for a prosperous New Year for you and your agency.

Sincerely,

Carol Wood  
Extension Home Economist  
Washington County  
P.O. Box 10  
Dewey, Ok. 74029

Dr. Beulah Hirschlein  
Professor, Home Economics and  
Community Services  
Oklahoma State University

The following definitions exist for this survey:

1. **Mission:** The reason your agency is in business. The purpose or objective of your agency.
2. **Coalition:** A union or combination of agencies into one body.
3. **State or National Organization:** Agencies/organizations united on a state or national level.
4. **Referrals:** The process by which a client of one agency is directed to another agency for services.



A Survey of  
Referral Characteristics of Public Funded  
Family Serving Organizations in  
Tulsa and Bartlesville, Oklahoma

**PART I Background Information**

**INSTRUCTIONS: PLEASE CIRCLE THE NUMBER OF YOUR RESPONSE.**

1. How long has your agency been in existence?
  1. 2 years or less
  2. 3-5 years
  3. 6-10 years
  4. 11-15 years
  5. 16-20 years
  6. 21 years or more
  
2. How long has your agency been located at the present site?
  1. 2 year or less
  2. 3-5 years
  3. 6 or more
  
3. How long have you served in your present position?
  1. 2 years or less
  2. 3-5 years
  3. 6 or more
  
4. Is your agency affiliated with any of the following? (Circle all numbers that apply.)
  1. A state organization
  2. A national organization
  3. A community service council
  4. A community referral organization
  5. A coalition
  6. Other (Please list) \_\_\_\_\_
  
5. What are the sources of funding for your agency? (Circle all numbers that apply.)
  1. United Fund/United Way
  2. Agency Fund Raising Project
  3. Government Funds-Statutory
  4. Government Funds-Discretionary
  5. Membership Fees
  6. Fees for Services
  7. Corporate Foundations
  8. Other (Please list) \_\_\_\_\_

6. What is the mission of your agency? (Circle all numbers that apply.)
1. Education
  2. Welfare assistance
  3. Recreation
  4. Disaster relief
  5. Counseling
  6. Intervention
  7. Prevention
  8. Emotional support
  9. Training
  10. Self-help
  11. Social interaction
  12. Other (Please list) \_\_\_\_\_
7. How long has your agency served under its' present mission?
1. 2 years or less
  2. 3-5 years
  3. 6-10 years
  4. 11-15 years
  5. 16-20 years
  6. 21 years or more
8. Are there other agencies in the community that offer services similar to those services provided by your agency?
1. Yes
  2. No
9. If there are other agencies in the community that offer services similar to those provided by your agency, are you referring clients to those agencies?
1. Yes
  2. No
10. Does your agency refer clients to any other agencies? (If no, skip to question #12.)
1. Yes
  2. No
11. For about how many years has your agency provided referral services?
1. 2 years or less
  2. 3-5 years
  3. 6-10 years
  4. 11-15 years
  5. 16-20 years
  6. 21 or more years
  7. Not Applicable

12. On the average, how many referrals do you make to other agencies per week?
1. 0
  2. 1-5
  3. 6-10
  4. 11-15
  5. 16-20
  6. 21 or more
13. To what types of organizations do you usually make referrals? (Circle all numbers that apply.)
1. Recreation
  2. Education
  3. Social interaction
  4. Self-help
  5. Intervention
  6. Disaster relief
  7. Training
  8. Prevention
  9. Counseling
  10. Welfare assistance
  11. Emotional support
  12. Other (Please list) \_\_\_\_\_
  13. Not Applicable
14. Do you receive referrals from other agencies? (If no, skip to question #16.)
1. Yes
  2. No
15. On the average, how many referrals do you receive from other agencies per week?
1. 0
  2. 1-5
  3. 6-10
  4. 11-15
  5. 16-20
  6. 21 or more
16. What is the primary group served by your agency? (Circle only one.)
1. Children (birth - 12 years of age)
  2. Youth (13 - 18 years of age)
  3. Adults (19 - 64 years of age)
  4. Young Families
  5. Families in general
  6. Elderly (over 65 years of age)
  7. Other (Please list) \_\_\_\_\_

**PART II Barriers or Facilitators to Making Referrals**

**INSTRUCTIONS:** On the continuum on the right, circle the number which you believe most nearly describes the extent to which the items on the left may be barriers or facilitators to you **MAKING REFERRALS** to other agencies. (-4=a definite barrier, 0=neither a barrier nor facilitator, and +4=a definite facilitator.)

	Barrier	Neither	Facilitator
17. Location of other agencies	-4 -3 -2 -1 0 +1 +2 +3 +4		
18. Source of funding of other agencies	-4 -3 -2 -1 0 +1 +2 +3 +4		
19. My rapport with other agencies head	-4 -3 -2 -1 0 +1 +2 +3 +4		
20. Government regulations	-4 -3 -2 -1 0 +1 +2 +3 +4		
21. Personnel expertise of my agency	-4 -3 -2 -1 0 +1 +2 +3 +4		
22. Referral documentation system of my agency	-4 -3 -2 -1 0 +1 +2 +3 +4		
23. Referral follow-up procedure required by my agency	-4 -3 -2 -1 0 +1 +2 +3 +4		
24. Acceptance of the other agencies image in the community	-4 -3 -2 -1 0 +1 +2 +3 +4		
25. Interagency networking process	-4 -3 -2 -1 0 +1 +2 +3 +4		
26. Personnel expertise of other agencies	-4 -3 -2 -1 0 +1 +2 +3 +4		
27. Which of the items listed above is the most serious barrier to making referrals to other organizations? (Indicate item number.) _____			
28. Which of the items listed above has the greatest strength in encouraging referrals to other organizations? (Indicate item number.) _____			

**PART III Barriers or Facilitators to Receiving Referrals**

**INSTRUCTIONS:** On the continuum on the right, circle the number which you believe most nearly describes the extent to which the items on the left may be barriers or facilitators to you RECEIVING REFERRALS from other agencies. (-4=a definite barrier, 0=neither a barrier nor facilitator, and +4=a definite facilitator.)

	Barrier			Neither	Facilitator				
29. Location of my agencies	-4	-3	-2	-1	0	+1	+2	+3	+4
30. Source of funding for my agencies	-4	-3	-2	-1	0	+1	+2	+3	+4
31. My rapport with other agencies head	-4	-3	-2	-1	0	+1	+2	+3	+4
32. Government regulations	-4	-3	-2	-1	0	+1	+2	+3	+4
33. Personnel expertise of my agency	-4	-3	-2	-1	0	+1	+2	+3	+4
34. Referral documentation system of my agency	-4	-3	-2	-1	0	+1	+2	+3	+4
35. Referral follow-up procedure required by my agency	-4	-3	-2	-1	0	+1	+2	+3	+4
36. My agency's image in the community	-4	-3	-2	-1	0	+1	+2	+3	+4
37. Interagency networking process	-4	-3	-2	-1	0	+1	+2	+3	+4
38. Personnel expertise of other agencies	-4	-3	-2	-1	0	+1	+2	+3	+4
39. Which of the items listed above is the most serious barrier to you receiving referrals from other agencies? (Indicate item number.) _____									
40. Which of the items listed above has the greatest strength in encouraging referrals from other organizations? (Indicate item number.) _____									

41. This survey form was completed by whom? (Circle one)
1. Agency director
  2. Agency assistant director
  3. Secretary
  4. Other, please list \_\_\_\_\_
42. Would you like to receive a copy of the results of this survey?  
(Circle one)
1. Yes
  2. No

THANK YOU VERY MUCH FOR YOUR PARTICIPATION.

2  
VITA

Nevada Carolene Martin Wood

Candidate for the Degree of

Master of Science

**Thesis:** REFERRAL BEHAVIOR OF PUBLIC FUNDED FAMILY SERVING ORGANIZATIONS  
IN TULSA AND BARTLESVILLE, OKLAHOMA

**Major Field:** Home Economics Education and Community Services

**Biographical:**

**Personal Data:** Born in Enterprise, Oklahoma, January 3, 1939, the daughter of William A. (Buck) and Oleda E. Martin. Married to James R. Wood, June 25, 1961 and the mother of two children, Timothy William (Tim) and Sarah Dianne.

**Education:** Graduated from Stigler High School, Stigler, Oklahoma, in May, 1956; received an Associate Degree of Science from Eastern Oklahoma A & M College in May, 1958; received Bachelor of Science degree from Oklahoma State University in May, 1961; completed requirements for the Master of Science degree at Oklahoma State University in May, 1986.

**Professional Organizations:** American Home Economics Association, National Association of Extension Home Economists, Epsilon Sigma Phi Fraternity, American Business Women Association, Washington County Council on Social Agencies, and Pilot International.

**Professional Experience:** Vocational Home Economics Teacher, Perkins High School, Perkins, Oklahoma, 1961-1964; Substitute Teacher, Garland Public Schools, Garland, Texas, 1965-1966; Substitute Teacher, Bartlesville Public Schools, Bartlesville, Oklahoma, 1966-1970; Extension Home Economist, 4-H, Washington County, Oklahoma, 1970-1972; Extension Home Economist, Washington County, Oklahoma, 1972 to present.