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AN EFFECTIVENESS STUDY OF THE GREAT FALLS
INFORMATION AND REFERRAL SERVICE
DURING THE PERIOD FEBRUARY, 1969
TO MARCH, 1970

by

Warren A. Moore


B.S., Oregon State University, 1961

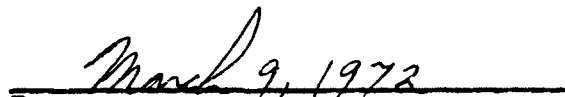
Presented in Partial Fulfillment of the
Requirements for the Degree
Master of Business Administration

UNIVERSITY OF MONTANA

1972


Chairman of Committee


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ACKNOWLEDGEMENTS

Several persons have been of immeasurable help in the preparation of this paper. Mr. Arthur P. Kussman, who was the original Great Falls Information and Referral Service Administrator, gave freely of his time and all available information necessary to the basic study. Mr. Beverly Higgenbotham prepared the computer program used to tabulate the data obtained from the evaluation questionnaire. Mrs. Beverly Javornik, clerk-steno of the Information and Referral Service, was of great service in preparing the list of individual clients served and in providing data from the files of the Service. Finally, Dr. Bernard Bowlen was of significant assistance in the preparation of the evaluation questionnaire and the final compilation and evaluation of the data. Without the assistance of these persons the study would not have been possible.

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CHAPTER I

BACKGROUND AND DEVELOPMENT OF THE SERVICE

Introduction

The purpose of this study was to determine the relative effectiveness of the Great Falls Information and Referral Service (I & R) during the period February, 1969 to March, 1970. This study has been undertaken at the request of the Information and Referral Service, an agency organized by the State Department of Health to provide information to anyone needing data relative to a mentally or physically-handicapping condition. The I & R requested that a sample be taken from persons whom it had helped to determine the areas of assistance which merited continuance or improvement. This paper constitutes an in-depth study of the various facets of the Service and an appraisal of its effectiveness.

The I & R was established April 1, 1968 in Great Falls, Montana, by the State Department of Health. Originally the purpose of the I & R was to provide a regional agency to which persons could appeal for information relative to handicapped children. Since its inception it has been expanded to include information relative to health,

education, personal and family adjustment, group activities, leisure, employment and financial difficulties, legal aid, and vocational training. See Appendix I.

The I & R provides no direct assistance, but rather refers those persons to the appropriate agency which may have facilities to provide direct assistance. Mr. Arthur F. Kussman, past administrator of the I & R, has provided an evaluation questionnaire which asked for information which he felt would be useful to the improvement of the Service. For the purpose of an objective evaluation of the I & R, a more direct approach and more pertinent questions were asked without losing the opportunity of obtaining the information which the I & R desired. The similarities may be noted by comparing the two questionnaires, Appendixes II and III.

The results from each question of the survey were correlated with each other to provide data by type of service rendered. This type of correlation reflects the over-all effectiveness of the I & R and particularly in rather well-defined areas.

Objectives of the Program

The Information and Referral Service was established to provide a regional information referral center in Great Falls, Montana, for handicapped children to demonstrate its

feasibility in serving a large, predominantly rural area. The project objectives were as follows: (a) to counsel parents of handicapped children concerning the needs of the child for short and long term service and the proper sources of service;¹ (b) to effect better utilization of scarce professional persons within the region by more accurate referral; (c) to investigate and catalog all sources pertinent to handicapped children in Great Falls and the counties of the region; (d) to make available to professionals and agencies information relative to sources of service for handicapped children; (e) to identify needs for service not presently existing in the region; (f) to encourage the development of new types of service needed in the region; and (g) education of the public and professionals concerning the need for maximum efficiency in the use of the several sources of service in the region.

Discussion of the Need for
Service Implementation

The population distribution of the State of Montana is characterized by a few scattered urban centers surrounded by vast areas which are sparsely populated. The region served by the I & R Center is roughly a triangular area in the central portion of the state. Its base, approximately

¹"Source of service" is a term coined by the I & R to identify various agencies or individuals who could be of service.

320 miles in length, lies along the Canadian border, its side lies along the Continental Divide, and the apex of the triangle lies at the northern border of Madison County, Montana. The population of the region according to the 1963 Census estimate, and thought to be the same now, was 218,000, almost one-third of the population of the state.

Great Falls, the principal city of the region, is centrally located and is the hub of North Central Montana. It is a trade, medical, and educational center. While some services which would benefit handicapped children were available in Great Falls, it was apparent that these were not always used to the best advantage by either parents or professionals. In some cases the available services were poorly understood by those trying to help handicapped children. In some instances lack of knowledge as to where to start to seek help for a handicapped child stood in the way of early and effective care.

The patient and the parents living in the more remote parts of the region had to contend with the factor of distance. While the obstacle of distance cannot be completely overcome in Montana, at least the knowledge and use of services which may exist in other areas as in Great Falls could be helpful. In some cases services which may not be available in Montana are sought outside the state in centers such as Minneapolis and Seattle.

Interest in better use of existing facilities and provision of presently unavailable facilities has been growing in Montana. Many deficiencies in services available to the mentally retarded were uncovered by a Mental Retardation survey² which was completed in the state. A committee was founded to act upon the findings of that survey in this area. The committee concluded that it would be better to consider the whole area of service to handicapped children rather than to focus on one handicapping condition alone. In view of the fact that the mentally retarded may have multiple handicaps, it was considered logical to extend the area of concern to include all handicapping conditions. The I & R Center was regarded by the committee as a means to discover what additional services in the referral area were needed while it was fulfilling its role with handicapped children.

The Basic Operation of the Service

The initial effort was directed toward preparing a complete file of all sources of services for handicapped children throughout the region. Contact was made with official and voluntary agencies and professional organizations

²Montana Mental Retardation Planning Committee, New Hope for Montana's Mentally Retarded (State Board of Health, December, 1965).

know to have programs or activities related to the needs of handicapped children or their parents. The object of those contacts was threefold:

1. To acquaint the agency with the purpose of the I & R Center and to relate the I & R's function to that of the agency.
2. To obtain from the agency a detailed statement of its program elements pertinent to the handicapped child. The statement included, in addition to what was being done, all other matters which were needed to facilitate accurate referral.
3. To obtain from agencies known to be providing service information about other groups or individuals who could provide some element of service to the handicapped child.

A central file of information relative to all providers of service was compiled and maintained current. The location, means of access, and type of information the file contained was explained to professionals, agencies, and groups which related to the handicapped. The program then called for a serious effort to be made to insure wide dissemination of knowledge of the I & R Center within the region so that all who might even be remotely concerned with handicapped children would know of it. It was anticipated that the information gathering phase would involve the

I & R staff for the first six to twelve months of the project. Referral services would begin toward the end of the first year, 1968, as progress allowed. It was anticipated that requests for referral of patients for sources of service would come from schools, welfare departments, courts, professionals such as family physicians, lawyers, nurses, and clergy, and from parents of patients. In some cases these requests for referral would not be specific enough as first presented to allow for accurate referral to be made. Such requests would initially be evaluated by a Public Health Nurse (PHN)/Social Worker team of the Center which would work with family physicians or other professionals and the parents of the patient to effect an accurate referral. This, of course, necessitated some travel throughout the region. It was foreseen that decisions concerning accurate referral would be difficult. There would be times when the PHN/Social Worker team would not be able to decide as to the proper referral to make.

Misguided referrals, of course, would benefit no one. Therefore, in order to be as accurate as possible, and in order to best utilize the scarce professional personnel in the region, the I & R Center provided team consultation for different cases. Consultant services of a pediatrician, orthopedic physician, psychiatrist, psychologist, or other professional personnel needed were arranged for by the

I & R Center. These professional persons together with the I & R Center personnel constituted a team which studied the referral needs of individual puzzling cases.

The primary interpretation was not that a complete diagnostic study would be provided by the Center. The intent of the Service was to make referrals as speedily and as accurately as was possible. One of the initial objectives of the Service was to provide an accurate record for requests for referrals which came to the Center. It was deemed necessary to identify those gaps in service through the inability to refer certain types of requests.

An Extract of the Program

Staff Requirements

The I & R Center functions under the general supervision of an advisory board. The Director of the City/County Health Department in Great Falls serves as Project Director and as a consultant to the board. In this capacity he is available to give general guidance to the I & R Center staff. The present director of the City/County Health Department is John A. Googins, M.D., M.P.H. Doctor Googins has served in this capacity since 1964.

The initial staff in the I & R Center was an administrator, a public health nurse, a social worker, and a clerk-stenographer. Initial prerequisites for the staff

were as follows:

The administrator of the Center will be an individual who has had training or experience in administration. It is desired that the administrator have some knowledge of the problems and needs of handicapped children, be aware of the general sources of service within a community, and that he have a sincere desire to help parents of handicapped children to locate the type of assistance needed. The administrator will work under the direction of the City/County Health Department and the advisory board. He will direct and coordinate preparation and maintenance of the file of sources of service, screen requests for referral and make the proper disposition of them, coordinate activities of other staff members, and direct the necessary affairs of the Center as it relates to the State Board of Health. He will be responsible for public relations functions of the Center and for explaining needs for additional services to the public. The Public Health Nurse will be a PHN 2. She will become known to the Public Health Nurses throughout the region and will serve as a source for them. It is expected that she will be active in case findings. She will counsel with parents relative to sources available and will be a liason between the family and the source of service. A social worker will be on the Center staff. The staff member will act as a consultant to professionals in cases where personal, social, or economic factors may have a bearing on the patient's condition or the parent's inability to provide the care needed to assure that his child reaches his maximum potential. She will assist in determining financial ability of the various sources of service. Consultation to the professional staff of the Center will be available from the State Board of Health. The clerk-stenographer will be of the Clerk-Steno II level. In addition to performing the normal office functions she will be competent to deal with queries that come to the Center in the absence of the other personnel of the staff.³

³Great Falls Information and Referral Service, Narrative Presentation of Project Plan, 1968.

The Location and Reason for
Site Selection

It was not anticipated that the I & R would be visited by parents or patients to any significant degree, therefore, the initial location was a four-room office on Tenth Avenue South, Great Falls. Subsequently, the I & R took more modest quarters at the Great Falls Easter Seal Rehabilitation Center, due to a reduction in funds from the State Department of Health.

Discussion of the Methods the Service Utilizes
to Determine Project Effectiveness

It was anticipated that the Center staff would develop evaluation procedures. The following type of information was to be gathered and used for evaluation purposes:

1. Number of requests for referral by
 - a. time period
 - b. category of individual or agency making request
 - c. geographic source of request
2. Information relative to case finding activity
 - a. age of patients
 - b. location of patients
 - c. type of handicap
 - d. newly discovered case or old case
 - e. how case was brought to contact with the I & R Center

3. Information relative to source of service
 - a. number of referrals received by type of agency
 - b. distance traveled by recipient to sources of service
 - c. cross-referrals between agencies concerning patients brought to service by the I & R Center
 - d. new services for handicapped added both to existing agencies and by newly created agencies in the region
4. Information relative to staff activities of an educational or promotional nature
 - a. extent of distribution of information concerning I & R Center
 - b. number of requests for staff services to promote interest in service for the handicapped child
 - c. number of persons exposed directly to educational or promotional activities of the staff
5. Periodic sampling to obtain opinions as to whether or not the I & R Center is fulfilling a useful function.

Originally it was determined that these persons would be sought from parents of handicapped children, physicians, and others.

The purpose of the study was to determine from the basis of a sample if those to whom the I & R had provided information felt that the help received was a useful service.

was used to obtain and evaluate those opinions will be described in detail in Chapter II.

CHAPTER II

METHODOLOGY OF DETERMINING SERVICE EFFECTIVENESS

Fundamentals of the Survey Development

In response to the request of the Information and Referral Service, it was first decided to study the background, the nature of the I & R Service, and what it had done to improve the condition of the individuals it proposed to help.

The Information and Referral Service statistical summary, February, 1969 through March, 1970, was used as a basis for determining those areas of service which would be studied (Appendix III). As can be seen from the exhibit, there were 1,059 initial contacts during the period composed of 648 telephone contacts, 342 office visits, and 60 pieces of correspondence. It is significant to note that contrary to the original expectation and plan prior to the inception of the I & R there would not be a significant number of individuals visiting the I & R Center, nearly one-third of the total contacts were a result of office visits. Corroboratory to that fact is that the source of inquiry "self" numbered 333 individuals.

The age span of the 1,059 individuals served is as listed in Appendix IV. There appears to be no significance to the numbers which are found in the various age brackets with the exception of that portion which falls into the unknown category. Since the age bracket of more than one-third of those served is unknown some difficulty with the information gathering capability of the Service with respect to accurately determining specific referral needs is indicated.

The I & R has to a large extent adopted requirements for information and referral in areas other than those for which it was originally established by the State Department of Health. Areas of economic need, education, personal and family adjustment, recreation and leisure, volunteer services, and miscellaneous other areas have been included. See Appendix I. The expansion of services in those areas is a natural outgrowth of the basic referral procedure. Areas other than health may be an integral portion of the handicapping condition and merit information in addition to that provided for the basic problem. The location of the initial contact or source of inquiry is shown in the last portion of the statistical summary chart. Cascade County had the bulk of initial contacts, however, this was not unexpected due to the population differential of Cascade County compared to the rest of the region.

The I & R made disposition on 1,311 different services needed. This did not correspond to the initial contacts due to the fact that more than one need may have been required in individual cases. In other words, the individual may have associated needs in addition to the main problem. The significant item under disposition was that service was not provided in 113 cases. This amounts to nearly 10 per cent of the total initial contacts.

The Service devised a method of card records which were maintained on each individual case and annotated with the information that has been depicted on the statistical summary as well as other information pertinent to any particular case. It was from these cards that the list of individuals who would be polled was prepared.

The evaluation questionnaire and the information sought from the various questions is analyzed in this section. It was mentioned above that the I & R provided a questionnaire which was felt might yield biased opinions as to the type of service provided. To give the Service both those items desired and to determine the true effectiveness of the service provided, the evaluation questionnaire shown in Appendix II was developed. The questionnaire which was used was intended to be straightforward, concise yet simple so that it could be answered by individuals who might not be

able to understand the various ramifications of the questionnaire. The basic yes or no type of response, wording which is uncluttered, simple and not lengthy was used.

A Discussion of Each of the Survey Questions

In question number one, "Did your request result in securing the help that was actually needed?" yes or no, the purpose was to get at the very crux of individuals' feelings about the effectiveness of the I & R. It was felt that this question would cause the individual responding to decide immediately as to whether or not he had actually been effectively helped by the Service. Question eight was used as a cross-check of the questionnaire and this relationship will be discussed below in greater detail.

"If the needed help was not provided, would you want the I & R to locate other sources of help for your problem?" Question two again gives an inkling as to whether or not the interviewee had actually received the type of effective service for which the I & R was originally designed. If he felt that he had not been helped and did not wish the I & R to locate other sources of help it might indicate some lack of confidence in the effectiveness of the Service to provide help.

Question three: "Did you contact other agencies before contacting the I & R?" The response to this question was quite significant to the I & R because if it were the first agency to be contacted and did provide help it becomes important to the understanding of the effectiveness of the Service. Likewise, if the individuals did contact other agencies before contacting the I & R and then subsequently received adequate help from the Service it may prove the ability of the Service to provide satisfactory information.

Question four follows the outline of question three: "If you did contact other agencies, did you feel that I & R was more effective in providing the correct information for you?" In this question the determination of the Service's effectiveness is being reverified. It is logical to assume that if question one were answered positively by someone who had contacted other agencies first, then that individual should also answer question four affirmatively.

Question five does not determine the effectiveness of providing a source to which the various individuals might apply but rather whether the sources which have been determined to be fundamental references for the Service are providing the type of satisfactory answers to the problems of those people to whom they were referred.

The answers obtained to question six indicate what may be an acceptable means of reaching respondents to best describe the Service, to publicize it, and to appeal to those individuals who should know that the I & R exists. It can be seen that the answers listed such individuals as friends, relatives, the telephone book, public groups, and professionals such as doctors, lawyers, and others. Of course, doctors within the area should be intimately familiar with the function of the I & R since the I & R was basically designed to provide help to the medically handicapped. The answer, "other", was listed to allow some option other than those listed.

The area of help in which the respondents felt that information was desired was sought in question seven. On the card file that the I & R maintained the area of help that the Service felt was being requested was listed. A comparison was then made to determine if the staff was correctly assessing individuals' needs and requirements for service. This determination was fundamental to the referral process.

Question eight, as was mentioned above, was included as a cross-check of the questionnaire. If question one were answered positively it was anticipated that question eight would also be answered positively. If it were not answered the same as question one the entire questionnaire

regardless of content, was discarded. Only in those cases where the answers to questions one and eight matched was the questionnaire considered valid. This was modified to the extent that if one or the other of those two questions were not answered, the questionnaire was not eliminated. This procedure did prove to be an effective means of discriminating those questionnaires which were invalid. In the analysis of the questionnaires which were invalidated, it was found that when questions one and eight did not compare that the individuals had not answered any of the other questions, that they had added other information which was completely extraneous to the intent of the question being asked, or that they had made comments which were not considered worthy of discussion within the purview of this paper.

Question nine was included at the request of the I & R to provide an idea of how the individuals felt with respect to the severity of the problems they brought to the Service. It was placed in the questionnaire to determine whether or not the respondents felt they really did have a problem. It would be of serious consequences if a high percentage of answers stated that there was no problem and it was just a matter of curiosity that caused them to contact the I & R.

Question ten asked how well respondents felt they

were helped by the I & R. The I & R believed this would give a better indication of how the individual felt about the manner in which the I & R handled his particular problem. This question was not used as any type of cross-check to service effectiveness but only as a guide to determine where they felt the I & R fell in their own opinion.

Question eleven was included in the survey strictly at the request of the I & R. It can be noticed that it corresponds exactly with question five of the original questionnaire. See Appendixes II and IV. The only modification which was made was to delete the answer "other" and add "I don't feel the I & R needs improvement."

Question twelve again has determined how effectively respondents felt their problem was handled. In this case it was asked if they had another problem would they contact the I & R again for information.

Question thirteen was placed in the questionnaire at the request of the I & R. Information which may be of some use to the Service through those comments has been obtained.

It may be seen from the questionnaire that the primary questions which will determine the actual effectiveness of the I & R are those answered in questions one, two, eight, and twelve. It was mentioned above that

questions three and four relate to one another. It was also mentioned that where questions one and eight did not match with respect to the answers received that the questionnaire was discarded.

Procedure Used to Mail the Questionnaire
and Determine Identity of Respondents

The success of a survey of this type lies in part in the number of replies which are received from the questionnaire as it was sent out. The first mailing of the questionnaire was on November 6, 1970. Results of the first mailing in terms of gross numbers returned were excellent. The questionnaire was mailed to one hundred seventy persons. As was mentioned above, this was the total number of names and addresses that the I & R could provide. The undeliverable returns numbered eighteen and a positive response was received from sixty-four. The following data depict the results of that first mailing:

170 QUESTIONNAIRES

<u>Result</u>	<u>Number</u>	<u>Percentage</u>
Undeliverable	18	10.58
Answered Questionnaire	64	37.64
Did not reply	<u>88</u>	<u>51.78</u>
Total	170	100.00

Although the 37.64 per cent who answered the original questionnaire was an acceptable percentage return, it is more significant to look at the 152 questionnaires which could have been answered; that is, the 170 sent out less the eighteen which were returned as undeliverable. Data for those 152 questionnaires are as follows:

152 QUESTIONNAIRES

<u>Result</u>	<u>Number</u>	<u>Percentage</u>
Answered	64	42.1
Did not reply	<u>88</u>	<u>57.9</u>
Total	152	100.0

The second mailing to the eighty-eight persons who did not answer the first questionnaire took place on December 4, 1970. The results of that mailing were as follows:

88 QUESTIONNAIRES

<u>Result</u>	<u>Number</u>	<u>Total Number</u>	<u>Total Percentage</u>
Answered	15	79	51.9
Not answered	<u>73</u>	<u>73</u>	<u>48.1</u>
Total	88	152	100.0

The first questionnaire was mailed under the cover letter, Appendix V, dated November 1, 1970. The second took place using the cover letter dated December 1, 1970

as shown in Appendix VI. The only difference between the two letters was the wording that they had previously been appealed to and had not returned the completed questionnaire requested.

Throughout the study of the I & R it was of primary concern to maintain the confidential status of the information received from the individuals who had been served by the I & R. There of course had been no mention of individuals' names, dates of service, and location of individuals except in composite statistical terms. For the purpose of analysis, however, it was necessary to know the identity of those who returned the questionnaire. To accomplish that, a return address coding system was developed. The code consisted of a number, a letter, and another number, i.e., 11B4. The first number identified a format from Table I, name line (Appendix VII). The letter identified a format from Table II, street address line. The final number identified format from Table III, city, state, and zip code lines. There were eleven name formats, four street address formats, and four city, state, and zip code formats. An example of a complete address using the code 11B4 was as follows:

W. A. Moore	(See Table I, code 11)
1908 11th SW	(See Table II, code B)
Gt Falls Mont	(See Table III, code 4)

To verify the identity of each individual answering the questionnaire it was imperative that each line of the address be typed exactly as it appeared in the table of coded information as identified by the code attached to each individual's name. The use of this coding system provided for 176 different complete addresses. The survey was sent to 170 individuals. By using the coding system described it was possible to readily identify those individuals who answered the questionnaire on each mailing.

Utilization of Questionnaire Results

The population considered consisted of 1,059 individuals, however, as only 170 names and addresses could be provided by the I & R, a sample population consisting of those 170 persons was used for sampling purposes. A questionnaire was sent to each of the 170 persons who could be identified by name and address and since no discrimination was made between persons of any particular age group, type of problem, or from any particular area of the region, the sample population was assumed to be a simple random sample for evaluation purposes.

Of the seventy-nine answered questionnaires received there were ten rejected. Each of these was rejected on the basis of incompatible answers to questions one and eight. The actual tabulation of the data accumulated was accomplished

through the use of a computer. The tabulation provided a cross-comparison of the answer to each question to each answer to all other questions. The totals of answers is as shown in Appendix VIII. It may be noted that the number 69, which is the number of accepted questionnaires, predominates. However, in the case of question four there were 70 answers, question six--71, question seven--117, and question eleven--73 total answers. The reason for the differences in these numbers of answers is strictly due to the possibility of multiple answers to those particular questions. For example, in question seven, which had the largest total, the answer "health" and "economic need" both could have been answered and still have been entirely acceptable with respect to the validity of the questionnaire.

Three basic tasks were accomplished by the computer analysis. Invalid questionnaires were rejected, the gross number of answers to each question was compiled and the data comparison of the answer to each question was made. That last step in the analysis cycle was to compare the answers to the various questions with each other answer in each questionnaire. For example, question one was not answered by eight of the sample population. It was answered affirmatively by forty and negatively by twenty-one of the sample population. In the case of those who answered question one "yes," a comparison was made to determine how that

individual answered all other questions, two through twelve. These data were then compiled and it was revealed that of those forty persons who answered "yes" to question one that, as indicated by their response to question ten, twenty-seven felt their problem was handled excellently, ten felt it was good, three considered it average, and none felt it was poor. The same steps were taken for each answer within the questionnaire.

CHAPTER III

RESULTS AND THEIR EVALUATION

A Discussion of Each Question and the Significance of Results

The information obtained from the questionnaire data was summarized by analysis of each question as follows:

Question One: "Did your request to the I & R result in securing the help that was actually needed?"

Nearly 60 per cent of those answering the questionnaire indicated they were helped by the I & R. Of the twenty-one persons who felt they were not helped, thirteen indicated by their answer to question two that they still would desire the services of the I & R. This indicated a confidence factor of about 76 per cent when the positive responses to questions one and two are summed. The comparison of results to questions one and seven indicated the I & R had reached the persons for whom it was designed. Of the forty answering question one affirmatively, nineteen replied in question seven that their problem was in fact a health problem. Twenty-one answered question number one negatively and twelve of those indicated that their problem

was a health problem. Therefore, thirty-one of the sixty-one answering question one had a health problem and of the thirty-four persons who indicated by their response to question seven that they had a health problem, nineteen, or in excess of 50 per cent, felt they were helped by the I & R.

Question Two: "If the needed help was not provided, would you want the I & R to locate other sources of help for your problem?"

As in the first question, nearly 60 per cent of the answers to this question were positive. This indicated that those persons served by the I & R had confidence in the ability of the Service to locate the desired help.

Question Three: "Did you contact other agencies before contacting the I & R?"

Answers to this question were nearly equally divided between yes and no. This tended to indicate that the publicity program which had been conducted had gained the attention of those persons who needed or knew of persons who needed the services of the I & R. The utilization of newspaper articles, radio and television, and presentation of informational material at public meetings effectively accomplishes the purpose of publicizing the I & R Service.

Question Four: "If you contacted other agencies first, do you feel the I & R was more effective in providing the

correct information to you?"

Of those persons who contacted other agencies before contacting the I & R, seventeen felt the Service was more effective, but sixteen felt it was not more effective. Of the seventeen who felt it was more effective, fourteen answered question one affirmatively, that is, they did receive the needed help. It was interesting to note that of the sixteen who felt the Service was less effective, four answered question one "yes" they received the needed help. The answers to this question when coupled with the responses to question one indicated the Service was effective in providing satisfactory information to the majority of those it served.

Question Five: "Did the agency or individual the I & R referred you to provide a satisfactory answer to the problem?"

Thirty-five of those answering the questionnaire felt the referred agency did give the correct answer to their problem. Seventeen felt they did not get a satisfactory answer to the problem, however, only twelve of those persons indicated they did not ultimately get the needed help. This indicated that the Service was accomplishing its primary goal of providing satisfactory information. Another seventeen did not answer the question indicating a non-sampling error. To preclude this type of error the

answer, "was not referred to another agency or individual," could have been included in the questionnaire. This assumption is borne out by the fact that nine, or more than half of those not answering question five, answered question three "no" they had not first contacted other agencies.

Question Six: "How did you first learn there is an I & R?"

Eleven persons were referred by relatives, ten through public groups, and sixteen from professional sources. The significant number of twenty-five persons who answered "other" was unexplainable and indicated other sources could have been included in the survey.

Question Seven: "Which of the following would you describe as the area of help in which you desired information?"

Nearly 50 per cent answered that they needed help in the area of health and an additional one-third indicated the related problems of economic need, education, and personal and family adjustment. The primary objective of the Service, providing information to persons with health-related problems, had been reached.

Question Eight: "Was the information you received from the I & R correct for your particular problem?"

Question eight is a reverification and cross-check of question one. The response to the question compares exactly to question one except that three individuals did

not answer the question who did answer the first question.

Question Nine: "How serious do you feel your problem was or is?"

This question was included at the request of the I & R staff and cannot be considered entirely valid due to the relative opinion value which each person may attach to the various levels of seriousness. However, of the fifty-one persons who answered either "very serious" or "serious", thirty-three answered question one "yes" they did receive the required information.

Question Ten: "How well do you feel the problem was handled by the I & R?"

Eighty-five per cent of those responding felt their problems were satisfactorily handled. The 15 per cent who felt their problem was not well handled also answered questions one and eight indicating they did not receive an answer to their problem. Apparently the staff of the I & R has handled most of the individual cases well.

Question Eleven: "The I & R could be improved by...."

This question was also included at the request of the I & R. No significant data can be obtained from the answers received. Only 40 per cent felt the I & R did not need improvement, but 33 per cent did not answer the question. Therefore, no valid conclusion can be drawn from the data.

Question Twelve: "If you had another problem, would you contact the I & R again for information?"

Fifty-five, or 80 per cent, of those responding answered they would contact the I & R again for information. This significant number indicates that regardless of whether or not they received the needed help, the vast majority feel the Service is an important source of information.

The Statistical Test of Results Significance

Any evaluation of the significance attached to percentages of the various question responses would be relatively subjective due to the nature of the service being provided. If the survey had revealed only a small percentage of those counseled were helped instead of the 60 per cent rate of success which was indicated, it would be naive to assume the Service had been ineffective. For example, if a handicapped person were helped by the I & R and this aid resulted in that person making a greater contribution to society, it would be difficult to assess either objectively or quantitatively the ultimate value of the aid the I & R had provided. On the other hand, the indication from the data obtained is that 60 per cent of those served were in fact adequately helped and objective values of that percentage can be tested to determine its significance as it relates to the total population.

The hypothesis that a 60 per cent affirmative response to question one was significant was tested using a hypothesis test of proportions.⁴ The null hypothesis test assuming the response received followed a binomial distribution was indicated.

The non-rejected response of the sample population, sixty-nine individuals, is considered representative of the total population of 1,059. "Statistical theory tells us that no matter what the nature of the population or the size of the simple random sample, the mean of the probability distribution of the sample mean will equal the mean of the population."⁵ The hypothesis tested was that the results of questionnaire are accurate. Since the probability has been determined to be greater than 95 per cent that the hypothesis is correct, the survey is assumed to be valid for the entire population served by the I & R.

The Information Gathering Problem

During the evaluation period, there was a significant problem in the information gathering process of the I & R. Of the 1,059 contacts made by the Service, only 170

⁴Kyohei Sasaki, Statistics for Modern Business Decision Making (Wadsworth Publishing Company, 1968), p. 169.

⁵John Neter and William Wasserman, Fundamental Statistics for Business and Economics (New York: Allyn and Bacon, Inc., 1956), p. 286.

HYPOTHESIS TEST OF QUESTION ONE

$n = 61$	Results: 40 positive answers
$p = \frac{1}{2}$	21 negative answers
$q = \frac{1}{2}$	8 did not answer

Hypotheses: $H_0 : p = \frac{1}{2}$

$H_1 : p > \frac{1}{2}$

Hypotheses: $H_0 : u = 30.5$

$H_1 : u > 30.5$

Decision Rule: 5 per cent critical region of upper tail

Critical value of $z = 1.65$

Computed value of $z : z =$

$$\frac{40 - \frac{1}{2} - u}{\sigma} = \frac{40 - \frac{1}{2} - 30.5}{3.91} = 2.302$$

$$\text{where } u = np = 61 \times \frac{1}{2} = 30.5$$

$$\text{and standard deviation } \sigma = \sqrt{npq} = \sqrt{61 \times \frac{1}{2} \times \frac{1}{2}} = \sqrt{15.25} = 3.91$$

Comparison of critical value of z with z' :

Both are positive and $z' = 2.302$ is greater than $z = 1.65$, therefore, the hypothesis H_0 is not plausible and H_1 is accepted.

names and addresses were made available by the I & R and only 152 of those could be considered valid information sources as eighteen questionnaires were returned as undeliverable by the post office. This figure of 152 amounts to approximately 14.4 per cent of the total contacts. The I & R should re-evaluate its information gathering procedure to obtain a higher percentage of valid information on its clients. Continuing follow-up of individual case problems should be considered an integral portion of the I & R Service as lack of valid case data impairs the capability of the I & R to monitor case progress and to determine areas of additional required information. The problem of information gathering is especially evident when it is noted that 342 of the initial contacts resulted from office visits by those desiring service.

The Problem of Office Space

The large number of office visits, 342, also indicates a preliminary fallacious assumption that office visits would be minimal. Nearly 33 per cent of the initial contacts of the Service resulted from office visitation by patients, parents, and others. I & R staff personnel are aware of the high percentage of personal visits to the Center, however, facility requirements should be re-evaluated to provide for proper accommodations of persons visiting the Center.

CHAPTER IV

CONCLUSION

The determination of the true value of the services provided by the Great Falls Information and Referral Service can be made only through the subjective evaluation of its accomplishments. On the other hand, it becomes necessary to place some significance on the apparent results of the Service to lend credence to that subjective evaluation. At the request of the I & R, the Service was evaluated objectively and quantitatively through the compilation of the opinions of the persons whom the I & R has served. The fundamental determination of service effectiveness, therefore, was related to the opinions of the individuals served as to whether or not they felt they had received help for the problem for which they had appealed to the I & R.

The nature of the clientele served by the I & R dictated a questionnaire which was uncomplicated yet explicit enough to allow for a valid determination of service effectiveness. It has been determined through the evaluation of the data resulting from the questionnaire response that the I & R has reached persons with health related problems. From that standpoint, the I & R has

achieved its primary purpose of providing information judged to be useful to persons within the geographical region with health related problems. It was mentioned above that questions one, two, eight, and twelve were the primary questions devised to determine quantitatively the service effectiveness. The positive response to those four questions indicates that I & R was providing an effective service.

Although the service which was provided by the I & R was effective, two basic problems exist which detract from the over-all performance of the Center. First, the preliminary assumption by the I & R that the office visitations would be minimal was in error as nearly one-third of the contacts made by the Center resulted from office visits. As a result of that condition, space requirements and location should be re-evaluated to assure appropriate accommodations are available for individual case work and counseling. Second, the information gathering phase of the Service should be improved. Only about 14 per cent of the initial contacts made during the evaluation period could be accurately identified by specific addresses. That condition indicated a primary weakness of the Service in so far as its ability to adequately follow-up individual case problems which should be an integral portion of their service.

The over-all effectiveness of the I & R revealed that the Center has provided effective service during the

evaluation period, February, 1969 to March, 1970. The sample population of 6.5 per cent of the total population served is deemed sufficient to validate the results of the questionnaire. Although there were minor non-sampling errors in the questionnaire they were not of significant impact to invalidate the over-all results of the sample survey. The Great Falls Information and Referral Service, therefore, can be termed an effective and useful service to that portion of the community for which their services are relevant.

APPENDIXES

APPENDIX I

INFORMATION AND REFERRAL SERVICE
1812 10th Avenue South
Great Falls, Montana 59401
761-7261

This service is to give information and make referrals to sources of help. It is for persons of all ages, anyone who needs assistance with a problem, whether the problem relates to health, education, personal and family adjustment, group activities and leisure, or even employment and financial difficulties.

The service has the responsibility to give the information needed or to try to locate it. If a particular need involves getting help from an agency or other source of service in Montana or out of the state, every attempt is made to locate what is needed.

The effort was initiated by a number of local people representing health services, education, youth services, and various volunteer agencies. Acting as a steering committee this group applied for funding through the Montana State Department of Health to the U.S. Public Health Service. Funds were granted for a special project to get the effort started.

The original objectives have been followed with expansion of service to include adults seven months after the service started. The original objectives were:

1. To investigate and catalogue all sources of service pertinent to handicapped children in Great Falls, the surrounding sixteen counties being served, and throughout the State.
2. To counsel parents of handicapped children concerning needs of the child for short and long term services and the proper source of service.
3. To make available to professionals and agencies information relative to all sources of services.

4. To contribute to better utilization of scarce professional persons in the region by more accurate referral.
5. To contribute to the education of the public and professionals concerning the need for maximum efficient use of sources of service, in the region and the State.
6. To identify needs for services presently not existing in the region.
7. To stimulate the creation of needed sources of service in the region.

The first year of the project was spent in securing needed staff and in documenting all sources of service. The plan from the beginning was not to supplant any existing sources of service. As envisioned it has developed into a support and a resource for existing services.

The change, as of February 1, 1969, to include service to adults as well as to children, made it possible to serve more people. At the same time, the service was enlarged to include other than those problems closely related to handicapping conditions. For example, questions relating to vocational training, legal aid, children with learning difficulties, and other areas mentioned earlier. These changes took place after a review of the work of the first seven months' accomplishments by the staff, the Project Director, and the Members of the Advisory Board.

While based in Great Falls from its beginning, the facility has served an area of sixteen counties in north central Montana. A new pamphlet describing the services outlines the counties. It also lists the volunteer representatives, in most instances one for each county. The volunteer county representative accepts requests from the people of his or her particular county, or the persons may take requests directly to the office in Great Falls.

Full time staff for this service consists of four persons--an administrator, a public health social worker, a public health nurse, and a clerk-stenographer. The staff functions under the guidance of an Advisory Board, representing the sixteen county area. The over-all project director is Dr. John A. Googins. He has this responsibility in addition to his regular duties as director of the City-County Health Department for Cascade County and the City of Great Falls.

Examples of the Type of Requests Handled by
the Information and Referral Service

The Supervisor of Special Education for the school system referred the father of a Junior High School boy to the Information and Referral Service for selection of a special school for his son to attend during the summer months. The boy had a type of physical and mental handicap. He had been making excellent progress in school with the help of special education. It was thought, however, that he might regress during the summer without further special help. A small private school which would serve the child's special need was located through the file of resources at the Information and Referral Service.

The parents of a twenty year old girl asked if there might be help available for their daughter in the way of training, so she could earn her own living. Due to mental retardation, and lack of satisfactory progress in school, the child had never attended school beyond the lower elementary grades. Now the family felt that with training and evaluation their daughter might be able to learn enough to earn her own living and be a happier and better adjusted person. The services of a "sheltered workshop" would have provided the needed training and evaluation to determine whether this young person might be able to secure and maintain employment in some limited area. She then would have been able to work in the protected environment of a sheltered workshop. No such opportunity exists in the Great Falls area at this time, so such a referral could not be made. However, some effort is going forward to establish one. It is hoped that the services of a sheltered workshop will become available in the area to serve needs such as this one. She was referred to Vocational Rehabilitation for their specialized services.

A letter received at the Information and Referral Service office indicated that the writer, at age eighty, wished to change her location and individual mode of living to that of a nursing home. She requested a list of such facilities which would come within her limited financial means. Such a list was prepared from the resource files at the Information and Referral Service and sent to her.

The parents of an adolescent diabetic boy (age twelve) called to ask about a camp which he might attend. The boy's doctor recommended a camping experience with other diabetics to help him learn that others have the

same difficulty and have learned to live with it. The experience would help him gain needed independence and so would be of great benefit to both the boy and his parents. A four-week camp designed for such a purpose was located in a near-by state. The boy's parents had experienced large financial outlays, for medical care for this son during the past year as well as two other children in the family. They were unable to afford the camp scholarship fee of \$180.00. A referral was made to local volunteer health and welfare agency, who assumed the cost of the scholarship to the extent of \$90.00. The camp director was then contacted. He was able to absorb the other half of the fee, enabling the youngster to have this needed camp experience.

APPENDIX II

INFORMATION AND REFERRAL SERVICE (I & R)

EVALUATION QUESTIONNAIRE

Mark the answer to each question with a check mark in the space provided.

1. Did your request to the I & R result in securing the help that was actually needed?
 Yes
 No
2. If the needed help was not provided, would you want the I & R to locate other sources of help for your problem?
 Yes
 No
3. Did you contact other agencies before contacting the I & R?
 Yes
 No
4. If you contacted other agencies first, do you feel the I & R was more effective in providing the correct information to you?
 Yes
 No
 Did not contact other agencies
5. Did the agency or individual the I & R referred you to provide a satisfactory answer to the problem?
 Yes
 No

6. How did you first learn that there is an I & R?
- Friend
 - Relative
 - Telephone book
 - Public group
 - Professional--Doctor, Lawyer, etc.
 - Other
7. Which of the following would you describe as the area of help in which you desired information?
- Health
 - Economic Need
 - Education
 - Personal and Family Adjustment
 - Recreation
 - Other
8. Was the information you received from the I & R correct for your particular problem?
- Yes
 - No
9. How serious do you feel your problem was or is?
- Very serious
 - Serious
 - Not serious
 - No problem, just curiosity
10. How well do you feel the problem was handled by the I & R?
- Excellent
 - Good
 - Average
 - Poor
11. The I & R could be improved by:
- More discussion and investigation by the worker.
 - More speed of handling by the worker.
 - I don't feel the I & R needs improvement.
12. If you have another problem, would you contact the I & R again for information?
- Yes
 - No

13. If you have any comments of any kind not included above, please state them. Comments which may improve the services will be especially helpful.

Thank you for taking the time and effort to help.

APPENDIX III

INFORMATION AND REFERRAL SERVICE STATISTICAL
SUMMARY FEBRUARY, 1969 THROUGH MARCH, 1970

Source: Great Falls Information and Referral
Service.

INFORMATION & REFERRAL SERVICE STATISTICAL SUMMARY Feb 69 thru Mar 70

INITIAL CONTACTS	1059
Telephone	648
Office Visit	342
Correspondence	69
SOURCE OF INQUIRY	1059
Attorney	3
Business	11
Clergy	13
Doctor	34
Educators	69
Industry	0
Interested Person	140
Nurse	49
Parent	158
Private Agency	18
Public Agency	115
Relative	85
Self	333
Unidentified	31
Union	0
AGE	1059
0-11 months	13
1-4	19
4-12	110
13-20	196
21-40	154
41-64	126
65+	78
Unknown	363

SERVICE NEEDED	1230
A. HEALTH	385
1. Med. Care, Gen.	61
2. Med. Care, Mult. Dis.	28
3. Med. Care, Spec.	52
4. Convalescent Care	8
5. Dental Care	8
6. Halfway House	5
7. Home Nursing	21
8. Institutional	3
9. Med. Soc. Sv.	18
10. Med. Sup. & Equip.	40
11. O. Therapy	1
12. Phys. Therapy	13
13. Psychotherapy	9
14. Rehabilitation	33
15. School Health Svs.	29
16. Other	56
B. ECONOMIC NEED	288
1. Debts, Loans, Budg.	17
2. Employment, Vo. Guid.	60
3. Employment, Sheltered	25
4. Fin. Asst. Emerg.	48
5. Fin. Asst. Reg.	42
6. Fin. Asst. Transp.	29
7. Other	67
C. EDUCATION	198
1. Adults	7
2. Special Ed	27
3. School Guid. Couns.	9
4. Sp. Schools, Pvt., etc.	36
5. Tutoring	10
6. Vocational Ed.	27
7. Other	82
D. PERSONAL & FAMILY ADJUST.	204
1. Adoption	6
2. Counseling	184
3. Day Care	7
4. Emerg. Child Care	4
5. Family Planning	1
6. Foster Care	7
7. Homemaker Svs.	21
8. Institutional Care	9
9. Other	65
E. RECREATION & LEISURE	38
1. Camping, etc.	11
2. Group Recreation	10
3. Other	17
F. VOLUNTEER SERVICES	33
1. Request for Vols.	4
2. Offering to Vol.	16
3. Other	13

G. MISCELLANEOUS	84
1. Housing	13
2. Legal Svs.	18
3. Other	53
LOCATION	1059
Blaine County	5
Broadwater	3
Cascade	786
Choteau	11
Fergus	102
Glacier	20
Hill	22
Jefferson	13
Judith Basin	6
Lewis & Clark	25
Liberty	5
Meagher	9
Phillips	17
Pondera	17
Teton	5
Toole	7
Other	6
DISPOSITION	1311
Info Given	473
R.S.	276
(resource suggest)	
R.A.	236
(referred to agency)	
CW-C	200
(casework-counseling)	
S.U.	113
(serv.unavailable)	

APPENDIX IV

I & R SERVICE

EVALUATION QUESTIONNAIRE

You requested service in _____, _____;
the service was requested for (1) (yourself) _____,
(2) (in the interest of _____); and the
request related to _____
_____.

Cross out the wrong phrase or comment.

1. The request to the I & R (did) (did not) result in my securing the help that was needed.
2. If the answer is negative, would you like us to try to locate other sources of help for your problem?
() Yes () No
3. If the answer to No. 2 is "Yes", list your
name _____
address _____
phone _____
4. Please keep in mind that the chief objective of the I & R Service is to get you to the right source of service and that another objective is to document gaps in service if such gaps exist. With that in mind, would you select the most appropriate phrase which describes how the service was given.
() Excellently handled; () Well handled;
() So, so; () Room for Improvement.

5. Comments regarding Number 4. If you checked either of the last two, would you then indicate which of the following are applicable. The service could be improved by:
- () More discussion and investigation by the worker so as to be better able to locate the right source of help
 - () More speed of handling by worker
 - () Other _____
6. If your answer to Number 4 is either of the first two, would you complete the following. The service was good because:
- () The worker handled it by getting me to the right source of service.
 - () The worker acted with reasonable speed in giving this service.
 - () Other _____
7. If you have comments of any kind not included above, please state them. We are interested especially in suggestions which may result in improved service.
- _____
- _____
- _____

Thank you for taking the time and effort to help us.

APPENDIX V

November 1, 1970

Dear

Your help is needed in securing an over-all evaluation of the work which has been done by the Information and Referral Service of the State Department of Health. Your assistance will help to improve the service to persons with problems.

This evaluation is a University of Montana graduate student project being accomplished at the expense of the student. Your honest and factual answers to the attached evaluation sheet will be considered entirely confidential.

You may sign the sheet or leave it unsigned and you may add any comments you feel necessary. A stamped and addressed envelope is enclosed for your convenience. Thank you for taking the time to complete and return the questionnaire. Your early reply will be appreciated.

Sincerely,

Warren A. Moore
Graduate Student

APPENDIX VI

December 1, 1970

Dear

A few weeks ago you received a letter and a questionnaire concerning the Information and Referral Service of the State Department of Health. If you have already returned that questionnaire, please disregard this request. If you have not completed and returned the questionnaire, please do so as your help is needed to secure an over-all evaluation of the work being done by the Information and Referral Service.

This evaluation is a University of Montana graduate student project being accomplished at the expense of the student. Your honest and factual answers to the attached evaluation sheet will be considered entirely confidential.

You may sign the sheet or leave it unsigned and you may add any comments you feel necessary. A stamped and addressed envelope is enclosed for your convenience. Thank you for taking the time to complete and return the questionnaire. Your early reply will be appreciated.

Sincerely,

Warren A. Moore
Graduate Student

APPENDIX VII

TABLE I

<u>Code</u>	<u>Format</u>
1	Mr Warren A Moore
2	Mr. Warren A. Moore
3	Mr. Warren A Moore
4	Mr Warren A. Moore
5	Mr Warren Moore
6	Mr. Warren Moore
7	Mr W. Moore
8	Mr. W. Moore
9	Warren A. Moore
10	Warren A Moore
11	W. A. Moore

TABLE II

<u>Code</u>	<u>Format</u>
A	1908 11 SW
B	1908 11th SW
C	1908 11 Street SW
D	1908 11th St SW

TABLE III

<u>Code</u>	<u>Format</u>
1	Great Falls, Montana 59401
2	Gt Falls, Montana 59401
3	Great Falls, Mont (No Zip Code)
4	Gt Falls Mont (No Zip Code)

APPENDIX VIII

TOTAL ANSWERS MATRIX

<u>Question</u>	<u>*Answer Codes</u>							<u>Total</u>
#	0	1	2	3	4	5	6	
1	8	40	21	-	-	-	-	69
2	14	42	13	-	-	-	-	69
3	4	33	32	-	-	-	-	69
4	7	17	17	29	-	-	-	70
5	17	35	17	-	-	-	-	69
6	3	11	3	1	10	17	26	71
7	2	35	19	24	16	6	15	117
8	10	40	19	-	-	-	-	69
9	8	24	27	9	1	-	-	69
10	7	31	13	8	10	-	-	69
11	22	15	6	30	-	-	-	73
12	4	55	10	-	-	-	-	69

***Answer codes:**

- 0 - not answered
- 1 - yes or first possible answer to a question
- 2 - no or second possible answer
- 3 through 6 - third through sixth answer

NOTE: The left vertical column lists the question number of the questions in the questionnaire; the horizontal column lists the possible answer codes and total answers to each question are listed in the last vertical column.

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