United Way of Central Oklahoma

Social Service Needs Assessment

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Executive Summary

The United Way of Central Oklahoma (UWCO) sought out the opportunity to investigate the needs of the social service agencies in Central Oklahoma through the University of Oklahoma’s Center of Applied Research for Nonprofit Organizations.

Methods

This research was conducted in two phases. The first phase involved an in-depth survey sent to Executive Directors and Program Directors of faith-based and non faith-based nonprofit organizations throughout Central Oklahoma. The second phase was a series of focus groups consisting entirely of Executive Directors, further examining themes and trends that arose from the survey.

Response Rate

The survey received 155 responses. Note that this number represents those who agreed to take the survey; not all who agreed completed the entire survey as no single question was required to progress in the survey. Response rates per question are noted in the graphs. Of those who responded, 51% (74) were Executive Directors, 46% (67) were Program Directors, and 3% (4) were Church Leaders. Five focus groups were conducted, one group dedicated to faith-based leaders. Among the five focus groups, 31 Executive Directors participated. Of those, 16% (5) were directors of faith-based organizations.

Results

The survey results showed there was an increase of client demand, financial constraints and a common concern that public transportation, housing and basic needs are the main obstacles their clients face. In regards to increasing client demands, 48% (40) of those responding reported that their client demand “increased modestly” in the past 6 months. Of those responding, 47%
(34) reported that the single biggest challenge was the higher number of clients. Further, 52% (45) reported that the mission or focus of their organizations changed to meet changing client demands. Of those responding, 42% (36) reported that they expanded the geographic area served by their organization. Regarding staff turnover and Executive Director burn out, 32% (16) reported that they have experienced staff turnover in the last three years due to client demand. Only 13% (11) reported that they were considering leaving their job in the next year.

*Focus group* responses from (non faith-based) Executive Directors showed three common themes: 1) Demand for services has increased, but not necessarily in numbers. Demand for more/broader services from essentially the same number of clientele was a common concern among the directors. 2) There is a strong need for the UWCO to be a “convening organization” for the partner agencies. This means taking a stronger organizing role for assisting the needs of the partner agencies with tasks like group buy-ins for things such as office supplies, technology help, strategic planning and health insurance. 3) For the UWCO to serve as a community organizing role and as an advocate for the issues that pertain to, or are being addressed by, the partner agencies. With their available resources and public standing, UWCO is in a position to help disseminate information to the public and help raise awareness for the pressing issues (or policies) affecting Central Oklahoma. Faith-based organizations reported their desire to have UWCO provide more up-to-date resources so they can adequately refer their clients to the appropriate partner agencies. All focus groups noted the long-term effects the 2013 tornado season had on their organizations, and the struggles to prepare for the upcoming storm season.
**Introduction:**

United Way of Central Oklahoma (UWCO) is a fundraising organization that provides assistance to its 60 partner agencies. UWCO’s mission is to improve the health, safety, education and economic well-being of individual families in need in central Oklahoma by connecting community resources with responsive and accountable health and human services agencies. UWCO wanted to better understand the needs of the social service agencies throughout central Oklahoma. To accomplish this goal, UWCO contracted with the University of Oklahoma’s Center of Applied Research for Nonprofit Organizations to survey central Oklahoma’s nonprofits.

**Statement of problem:**

The UWCO wanted to understand the challenges and needs of social service agencies in central Oklahoma.

**Statement of purpose:**

This study seeks to evaluate the needs of, and challenges faced by, social service agencies in central Oklahoma. Understanding these challenges and needs can enable recommendations to be made to the UWCO for the most effective use of allocations.

**Methods:**

The methods for this research were both qualitative and quantitative in design and analysis. First, a survey was created to gauge the various needs and challenges faced by social service agencies in central Oklahoma. Questions for this survey were created and approved by a committee. The survey was distributed electronically. Second, five focus groups were
administered with Executive Directors and Program Directors (in non-faith based and faith-based organizations) to further explore themes that arose in the survey results.
Response Rate:

Total number of responses, N=155

Note that this number represents those who agreed to take the survey; not all who agreed completed the entire survey as no single question was required to progress in the survey. Response rates per question are noted in the graphs.

Position:

Executive Director:  74 (51%)
Program Supervisor:  67 (46%)
Church Leader:  4 (3%)

The following pages include graphical representations of participants’ responses to the questionnaire. The questionnaire is presented in Appendix A.
GENERAL

The following graphs represent the responses centered on general organizational questions about the participating agencies.
Graph 1

Since 2011 has your Organization Redirected or Refocused its Program Area/Mission due to Changing Client Demands?

- Yes: 52%
- No: 48%

When asked if their agencies had redirected its focus or its mission due to client demands, 48% (41) said no while 52% (45) said yes.
When asked if their agencies had expanded the geographic area of their services, 42% (36) said “yes” while 58% (49) said “no.”
When asked which group of the population their agency primarily serves, 26% (21) responded children, 5% (4) responded teenagers, 43% (35) responded adults and 10% (8) responded seniors. Of those responding, 17% (14) chose other. Open-ended responses from those included: all of the above, families, birth-to-death, households and single mothers with children.
When asked if their clients have difficulties with transportation to/from their offices for services, 13% (11) responded *always*, 33% (27) responded *frequently*, 28% (23) responded *sometimes*, 12% (10) responded *rarely* and 14% (12) responded *never.*
When asked if their agency looks for opportunities to partner with other nonprofit organizations in central Oklahoma to improve/increase services provided, 57% (48) responded *always*, 32% (27) responded *frequently*, 11% (9) responded *sometimes*, 0% (0) responded *rarely* and 0% (0) responded *never*.
It is Important for our Board Members to Fully Engage Fundraising Efforts

When asked if it is important for their board members to fully engage fundraising efforts so that the agency can remain financially healthy, 75% (63) responded always, 11% (9) responded frequently, 10% (8) responded sometimes, 2% (2) responded rarely and 2% (2) responded never.
When asked how they felt when they thought about the remainder of the current year, 12% (10) responded extremely concerned, 34% (29) responded more concerned than usual, 37% (32) responded somewhat concerned, and 17% (15) responded more optimistic than normal.
When asked if they had taken any of the following steps in the past 12 months, 8% (5) responded reduced the level of activity across all programs, 27% (17) responded scaled back or eliminated a subset of programs to free up resources, 66% (42) responded redesigned programs to achieve outcomes in a less costly manner.
Graph 9 & 10

Please Select the Top 3 Classifications that Best Describe your Organization

- Advocacy: 5
- Community Involvement: 9
- Education: 17
- Environment: 1
- Health General: 6
- Health Mental: 11
- Health Specific: 5

- Human Services-Prevention: 3
- HS-Employment: 4
- HS-Nutrition: 6
- HS-Housing: 9
- HS-Disaster Relief: 2
- HS-Recreation: 1
- HS-Youth Development: 12
CLIENT DEMANDS

The following graphs represent the responses centered on the client demands on the participating agencies.
When asked how the demand for their organization’s services changed during the last six months*, 0% (0) responded decreased greatly, 2% (2) responded decreased modestly, 16% (13) responded stayed about the same, 48% (40) responded increased modestly and 34% (28) responded increased greatly.

*last six months in 2012
When asked what their organization was experiencing compared to last year, 44% (62) responded higher number of clients, 24% (34) responded longer client wait time to receive services, 18% (26) responded fewer volunteers, and 13% (19) responded reduced revenue through fee-for-service programs.
When asked which of the following was the single most challenging factor, 47% (34) responded *higher number of clients*, 24% (17) responded *longer client wait time to receive services*, 19% (14) responded *fewer volunteers*, and 10% (7) responded *reduced revenue through fee-for-service programs*. 
The following four graphs asks participants to rate the extent to which they feel the following items are likely to change for their organization in the coming year.

Graph 14

Higher Number of Clients

When asked how likely it is that higher client demands would change in the next year, 10% (8) responded extremely unlikely, 5% (4) responded unlikely, 13% (11) responded neutral, 33% (27) responded likely and 40% (33) responded extremely likely.
When asked how likely longer client wait-time to receive services would change in the next year, 11% (9) responded extremely unlikely, 12% (10) responded unlikely, 22% (18) responded neutral, 36% (29) responded likely and 19% (15) responded extremely likely.
When asked how likely it is that having fewer volunteers would change in the next year, 10% (8) responded *extremely unlikely*, 29% (20) responded *unlikely*, 34% (26) responded *neutral*, 21% (16) responded *likely* and 6% (5) responded *extremely likely*. 
When asked how likely having reduced revenue through fee-for-service programs would change in the next year, 12% (9) responded extremely unlikely, 19% (14) responded unlikely, 34% (25) responded neutral, 26% (19) responded likely and 9% (7) responded extremely likely.
Graph 18

For the remainder of 2013, Will you Need to Increase or Decrease The Amount of Service Provided per Client?

When asked if, for the remainder of 2013, the agency would need to increase or decrease services, 0% (0) responded decrease significantly, 11% (9) responded decrease slightly, 43% (35) responded remain about the same, 29% (24) responded increase slightly and 17% (14) responded increase significantly.
When asked to what extent the community is prepared to meet the demands of the future, 0% (0) responded to a very great extent, 20% (17) responded to a great extent, 59% (50) responded to some extent, 19% (16) responded to a very little extent and 2% (2) responded not at all.
OPEN-ENDED CLIENT DEMAND QUESTIONS

*Reported verbatim*

List up to three new types of services being requested by clients

- After school programs in new sites
- Academic enrichment
- College prep
- Disaster relief
- 2. Help with utilities
- 3. Transportation
- Jail alternative programs for new populations
- Additional supports to child welfare involved clientele
- Structured housing and transportation (coordination)
- Case Management, Respite and Person Centered Care
- After normal hours, Resource Center
- Offering pre-K classes adding older grades to our school
- Income assistance
- More assistance with housing needs
  - I.e. utility, rent
- We have 24 programs so we cover most of our communities' needs.
  - We see increased needs in Mental Health Services
  - Home Visitation
  - Childhood development services
- Increased demand for health care services
- More financial assistance
- Anti-bullying curriculum
- STEM
- Housing, housing and housing.
- Programming in public housing sites
- Programming for at-risk teens in detention centers
- Programming to at-risk public schools
- Healthcare/Affordable Care Act enrollment assistance
- Longer need for weekly counseling
- Expanded layers of trauma
- Increased need for individual therapy
- Emergency dental care
- More transportation
- Additional school-age programs
- Rigorous early childhood education
- Additional availability within our program
- Cribs (safe sleeping environments)
- Transportation to areas not presently served with transportation
- Saturday transportation to service center new facility in outlying areas nearer their homes
- Rent Payment Assistance
- Utility Assistance
- Mental Health Resources
- Services specifically for LGBT victims of domestic violence or sexual assault
- New services have not been requested, however the number of clients has increased
- Not new types but more demand with less resources and staff turnover
- Assessments
- Nothing new. Increase demand in current program
- Diabetic eye exams
- More support for free pharmaceuticals, cancer care
- In-School program support, increased support to volunteers, additional program financial assistance
- Emergency needs assistance: food and transportation (not bus passes as many clients do not live close to bus routes)
- Support groups
- Assistance getting vehicle out of impound
• We only provide one service. Providing beds and bedding, kitchen tables and chairs for families in need.
• We are a mobile dental program and, as a result, we constantly survey patients to see what additional needs might exist. 1. More days of service in a given area. 2. Full denture availability.
• More requests for Therapy Dogs in reading programs and conference type meetings. 2. More requests for Service Dogs for mental health disabilities.
• Help with ACA
• more staff
• expansion to Tulsa, telehealth services, expansion of speech program
• referrals to specialists (we provide health services)
• Expansion of service to provide co-payments for insurance Payment for shipment of donated goods
• parent engagement resources for first second and third grade students
• Assistance with Home Owners Association issues; Assistance with organizing very low income, low capacity neighborhoods; More one-on-one time needed by neighborhood leaders.
• Emergency assistance for utilities, housing, etc Help finding a job Quality parenting education
• Local resources for dental care or referrals to clinics/providers; help in accessing dental insurance if they qualify for medicaid/medicare; dentures/partials or oral surgery
• Pay for service Work on mobile homes Increasing our financial regulations for client acceptance
• Assistance paying utility bills
• Rental assistance, housing, food
• transportation help
• transportation support
• Behavior Services Social Skills Group Parent Trainings
• home for children-help in sex education-unplanned pregnancy
• tubal ligation
• Assistance with health insurance More complex health needs
• food, nutrition education
• 1.Scholarships for additional programs 2. Support Groups for caregivers of Alzheimer and cancer patients. 3.Anger management groups
• Housing, housing, and housing.
• Financial Health Care Food
• home based services, services outside of our general service area
• housing assistance for veterans, rent and utility assistance, transportation assistance.
• counseling, job search, food
• Rental Assistance, Utility Assistance, Mental Health Services,
• They are not new, rent assistance, utility assistance,transporation assistance
• assistance with furniture assistance with car repairs
• Dental Dental Dental
• Kindergarten Program Early Education Services Afterschool care
• GED support, job training for higher paying jobs, transportation assistance
• Needing more food more often due to food stamps cuts
• Bicycles
• Mental health issues, helping keeping their home

You told us your organization has redirected or refocused its programs due to changing client demands. Please elaborate: what specific changes have you made?

• We are and have been changing to a more person centered center, which requires more training for staff, outreach work, extended hours and much more a resourceful center to help direct people with needed services.
• We were trying to be too many things to too many people and were stretch too thin to do anything really well. We narrowed our focus to our core client base and put resources there to have maximum impact. As we fix problems there, it will I create and strengthen revenue streams so we can widen our target. We are looking more strategically at ROI to remain healthy.
• In 2012 we began a community-wide collaborative effort to house chronically homeless, medically vulnerable, un-sheltered people. While that new program has been wildly successful (179 housed in 8 months) it has stretched our resources both financial and staff.
• Our organization just finished a three year strategic plan (with input from partner agencies/our volunteers/community partners/board) that is allowing us to focus on program delivery. This means that we may have to say 'no' to requests for outside programming or initatives outside the focus areas. With a small staff covering a lot of territory, it is the only way we can provide high quality service.
• Expanding transportation areas to take to doctor and grocery visits
• We have added an accredited kindergarten program.
• Increased transportation efforts, changed operationally efforts at different sites. Increased program development
• Promoted awareness of our online database to help redirect phone traffic to self efficient navigating through the website.
• Trying to make a deeper change rather than just provide surface items.
• group programs together to better meet needs
• We have expanded our services into surrounding counties.
• We are offering our program in different ways.
• We began a quarterly women's clinic, in collaboration to begin a Cardiovascular clinic,seeking not only to provide free bulk medications, but have our employees go into the free clinics and sign patients up for prescription assistance, also educating clinics on how to go through the prescription assistance process. We merged with another referral program and have been awarded the Ok County Community Health Network administrators. we now collaborate with Project Woman for a portion of the patient mammography services to extend our ability to serve those patients.
• There are changes happening in many of the communities we serve in the way of demographics. We have a rising hispanic population that is underserved by our
organization. Additionally, the nature of our clients continuously changes and therefore their expectations and satisfaction with our services change.

- We simplified and stopped carrying so much so it wouldn't cost us as much to supply families with what was needed.
- In previous years, the mobile dental program focused solely on children. Two years ago, we moved into adult treatment, specifically women who are leaving prison and who reside in an in-patient drug/alcohol treatment center. This allows us to focus on a specific group for which dental care is critical (especially dentures) if they are to have an opportunity for a productive, post-incarceration life.
- In an attempt to grow the United Methodist Church in Oklahoma, we are having to redirect resources into starting new faith communities across the state which will limit our funding ability for other ministries.
- We are expanding service to other parts of the city because of the growing need to serve more youth.
- Initiated voice therapy in OKC and Tulsa in January 2012...changed everything
- We have adjusted or added community initiatives to meet changing needs, such as our disAbility coalition and our early grade reading work.
- Decreased family support program, increased community technical assistance program.
- Increased in # of children coming into care of DHS.
- We have added more workshops specifically for the Home Owners Association clients as they serve a huge population, need assistance and we have no funders that will help us serve this population.
- Just prior to 2011, our program saw mostly children. Now we are about 50/50 split (from our 2012 data). We are also increasing efforts in dental education and prevention, and encouraging patients more than ever to see if they or their family does qualify for SoonerCare benefits and how they can access those.
- Disaster Recovery efforts have changed our requirements for clients to apply. We have become more lenient to include more people affected by storms.
- I guess my answer could be seen as somewhat misleading - we have updated our mission statement to better reflect the services we currently offer.
- We experienced a dramatic loss of client from 2011-2012. In an effort to increase our participation numbers, we have opened our clinic to 1 Saturday a month.
- Discontinued program/services
- We saw more of a demand for services for children with behavior issues.
- We serve more in our mother and child program
- More individuals with chronic health conditions means we must look at more long-term programming rather than one-time programming.
- We have increased the group time due to the request of our participants. No longer are the groups 8 weeks but ongoing. Families may attend groups for as long as they feel the need.
- We have initiated a housing program using the Housing First model for chronically homeless, medically vulnerable, un-sheltered people.
- In process of program changes.
- All specialists are now certified Healthcare Navigators in response to new legislation and caller requests for resources and information.
• More focus on the higher demand for dental and after hours services and adding pharmacy to on-site services to reduce travel time
• have increased accessibility
• taken on emotional and spiritual care for those affected by the May storms
• As I stated before, we are working on this new bicycle ministry. The main thrust is to take used bicycles in, repair them, and get them out through partner agencies so that people can obtain and keep employment. Call me (Rev. John Malget) at 405-525-6551 if you wish to know more.
• Getting more organized, joining together with other churches,

Have you noticed an increase in services sought by a particular subset of the population you serve? If yes, please describe the type of service and group requesting.

• Yes. Increase in men needing services, extended hours and weekend care many more baby boomers.
• We serve everyone but 90% of our clients are in the surging Latino demographic. As the only large Latino based organization in the state covering the broad needs of this community, we face huge growth challenges.
• We have noticed over time that parental expectations (working with children) have increased because of their lack of resources/time to help or volunteer to provide programming.
• low income older adults
• 18
• Yes, hiring 2 case managers for low-income seniors living at home.
• The working middle class.
• An increase in women receiving domestic violence services
• Hispanic population
• yes, hispanic
• ethnic groups
• Because we rely on site partners to identify their clients for care, we have not seen that type of increase. As our staff has identified potential new areas of service, we have expanded to reach those populations.
• Parents of children with disabilities, military personnel, people with mental health disabilities, assisted living/nursing home facilities, schools.
• There's definitely an increase in the need for services for the working poor and those who were just making ends meet who are now unable to keep up with their expenses.
• aging population that are confused about how to navigate the health system
• Therapeutic foster youth
• Low income residents in high crime areas
• High risk families
• As birthrate goes up, so does the demand for our program
• Transportation support from low-to-moderate income persons age 60+
• We have seen more single parent families form the inner city requesting our services.
They are primarily interested in the mentoring and educational activities we provide, but
they are also seeking financial assistance as they lack the funds to enroll their children in our programs.

- Housing First program for chronically homeles, medically vulnerable, unsheltered people
- We have seen a significant increase in the needs for people that have more severe disabilities. many people are leaving the institutions and needing a meaningful place to go.
- Hispanic clients continue to increase as well as their need for resources
- rent, utilities and transportation always
- utility and rent assistance - has increased in all populations
- Adult uninsured and elderly
- increase in parental involvement; decrease in delinquent youth, increase in youth on medication
- Re-entry population and youth
- Ex-offenders
- those affected by the May 2013 storms
STAFF ISSUES

The following graphs represent the responses centered on the staff issues within the participating agencies.
Are You Considering Leaving Your Job in the Next 12 Months?

When asked if they are considering leaving their job in the next 12 months, 13% (11) said “yes,” 74% (62) said “no,” while 13% (11) responded “possibly, but not sure.”
In the Past 3 Years, Have you Experienced Staff Turnover Due to Increased Pressures to Serve Greater Client Demand?

When asked if they have experienced staff turnover due to client demands, 48% (24) said “yes,” 40% (20) said “no,” while 12% (6) responded “not really sure.”
When asked if they are concerned about staff safety when the staff is out in the field, 32% (26) said *always*, 11% (9) said *frequently*, 21% (17) said *sometimes*, 22% (18) said *rarely* and 15% (12) said *never*. 
FINANCES

The following graphs represent the responses centered on the financial concerns of the participating agencies.
Participants were asked:

*Roughly how many months of cash does your organization have on hand?*

Responses: N=5  
Range: 1-25 months  
Average: 5 months

Participants were asked:

*By what percentage have costs associated with providing your services increased over the past three years?*

Responses: N=47  
Range*: 0%-100%  
Average: 24.5%

*a response of “2000000” was removed as an outlier.*
When asked what the increase was attributed to, 28% was increased/expanded services, 17% was adoption of new programs/services, 45% was normal increases in operational costs, and 9% responded any other reason.
Graph 24

How Does your Budget for Next Year, Compare to Your Budget from Last Year?

When asked how next year’s budget compared to this year’s, 2% (1) responded will decrease greatly, 16% (8) responded will decrease modestly, 32% (16) responded stay about the same, 38% (19) responded increase modestly and 12% (6) responded increase greatly.
When asked which of the following financial steps had already been taken, 33% (26) responded scaling back general expenses, 6% (5) responded layoffs, 11% (9) responded reduced amount of services offered per program, 6% (5) responded eliminated programs to free up resources, 5% (4) responded hiring freeze, and 15% (12) responded freeze wages for employees, 6% (5) responded decrease staff hours and 8% (6) responded cut staff training.
OPEN-ENDED FINANCIAL QUESTIONS

Recorded Verbatim

How are you off-setting increased costs?

• Raising additional funds. Reaching out to other companies, organizations.
• New revenues.
• Workforce issues, increased cost to recruit and retain high quality personnel are major barriers to meeting community needs. Technical purchases are expected to be heavy this upcoming year with a need to purchase EHR IT software agency wide. Additional IT staff will be required for implementation. RIF have occurred and the work loads of remaining staff are stretched beyond a reasonable capacity (to maintain for any length of time), if not addressed burnout and turn-over expected to increase.
• Seeking more grant revenues, Community Support, controlling staff increases as much as rules will allow and ensuring that we are doing the best jobs in the services we offer.
• We are raising more money
• Fee-for-service opportunities, new grants, new contracts, more successful fundraiser
• The award of major new grants has financed a significant portion of this growth, but since grants do not cover everything we have had to increase our contribution base and will need more funds from United way.
• Increased pressure to do more fundraising and diversify revenue opportunities. Also looking at some legislative support on national basis with the passage of a bill.
• Writing more grants, signing more fee-for-service contracts, generally raising more funds
• out of reserves
• There are no salary raises planned and the client service groups enlarge in size to accommodate the increased numbers.
• decreasing program reach
• expanding programs that receive revenue.
• Increased resource development
• additional fund raising efforts
• Increase fundraising.
• Budget increase through donor
• Increased fundraising and institution of "site partner fees" which assist in offsetting cost of bringing our services to other non-profits, churches, etc.
• Increased revenue
• Increasing our volunteer base and spending more time with our focus on increasing donations and seeking grants.
• Cutting operating costs to manage increased staff costs, additional funding for expansion of programs into new areas. Oil industry competition for labor has increased staff costs significantly.
• Expanded fundraising
• Broadening our donor list and one on one solicitations.
• Raising additional funds
• Increased fundraising
• We are serving fewer people in order to pay our providers a reasonable rate for service
• Raising more money
• Raised association dues
• Raising more dollars from private sources.
• Applying for more grants. Doing more fundraisers. Thinking of dropping more services.
• Increasing fundraising events
• Foundation grants
• new income
• New funding streams, increased grants and contracts, increase in United Way funding
• Keeping professional fees and personnel fees at a minimum.
• Grant writing, donations, fundraising
• Allocating reserves, sourcing additional grants, fundraising
• Utilizing more contract staff versus full time staff with benefits.
• Fund raising and program income
• Looking for additional funding opportunities and have established a line of credit for the first time.
• Grants
• Applying for new money
• Reduction in level of programming, working harder to find external funds via grants and corporate sponsorships
• increased fund raising
• Fundraising
• Seeking out additional grant opportunities and individual and corporate donors.
• Cutting expenses where possible and with staff turnover, replacing FTE personnel with volunteers and PTE personnel.
• We are discussing changing the number of times a year that clients are eligible to receive services.
• budgeting fundraising doing without
• Fundraising Decreasing admin expenses Grants
• Client # increases Cut in staff hours per client served
• Doing more direct fundraising.
• applying for grants and support from the local hospitals and businesses
• Reduction in general expenses.
• Grants, donations and fundraising efforts
• Passing on costs to programs, increasing employee benefit premiums as agency premiums increase.
• fundraising, grants
• Working to increase revenue
• Seeking assistance from community volunteers
• Volunteers/unpaid staff
• Seeking additional development funding
• Watching budget more carefully, cutting back on expenses like supplies
• Through increased fundraising efforts and reduction of expenses where possible
• Applying for additional grants and fundraising.
• grants, federal programs, private donationS
• N/A
• Asking for scholarships
• Seeking more revenue and contributions
• more fundraising, seeking more grants
• Grants, fundraising campaigns, state voc-rehab contracts
FOCUS GROUPS

Five focus groups were conducted, one group dedicated to faith-based leaders. Among the five focus groups, 31 Executive Directors participated. Of those, 16% (5) were directors of faith-based organizations. Focus groups were all given the same basic set of questions, though each focus group had different follow-up questions, depending on their responses. The administrator took notes, which were later transcribed into an electronic format. No identifiers were recorded. The following is a summary of the feedback from the focus group questions.
Participants noted that while their agencies’ client demands had increased, it wasn’t by client number, but rather by the specific needs of the clients. They mostly agreed that the demand was a deeper need from each client, rather than an increase in client numbers. Further, participants said the demand was due to an increase in referrals, from the state and other agencies. All participants mentioned that their agencies were still helping clients with the fallout of the 2013 spring storms in the central Oklahoma area. They were also concerned with preparing for the upcoming storm season. Several mentioned that their missions and services had to expand or change to meet the demands of the referrals and the fallout from the storms. 

Fundraising concerns were brought up. Many noted the decrease from major funders, like Chesapeake Energy, was affecting their funding greatly.

Participants all agreed transportation was the largest obstacle keeping their clients from receiving services. The geographical spread of the city makes transportation the largest concern for most agencies and the populations they tend to serve.

Compliments and complaints were raised about the new application process for UW funding. Participants appreciated that it was easier and shorter, but had issues with the continual concern over board diversity. Some argued it was too hard to accomplish, or that diversity was too ill-defined.

Some participants thought that UWCO should serve as a greater advocate for the social issues their partner agencies try to address. They noted that UWCO has the capacity to serve as an advocate in policy shaping and public awareness. They all agreed that UWCO had the
resources and the capacity to shape public opinion and should take on a bigger role raising public awareness. Further, participants mentioned the need for UWCO to provide more collaboration among the partner agencies; specifically, by providing group-purchasing opportunities such as public relations, IT and financial services.
Participants began their conversation about social service agency needs by discussing transportation. While they noted that transportation was by far the biggest obstacle they faced in getting services to their clients, they acknowledged there is no simple solution to the problem. Participants mentioned day passes are helpful, and that donation of those from either the city or other funders goes a long way.

Participants mentioned an increase in Spanish speaking clients, which increased their need for translation services and bilingual staff. Other client demands mentioned were the increased need for basic services such as housing and food. Participants mentioned that they were still struggling with the fallout from the 2013 storms and were unsure if they would be able to recover from those demands before the next storm season.

Participants from this focus group also organically mentioned UWCO serving as a “convening organization.” They felt that UWCO has the capacity to serve as an “advocate for social impact in the city” and has “the power to go up against policy” that doesn’t help the issues the agencies are addressing. When asked about group purchasing for services like IT and Finance, they agreed that would be helpful, as well as data storage, health insurance and software/computer updates.

Further, participants want to see UWCO serve as a community organizer, for both the partner agencies and the community at large. UWCO could help partner agencies by providing services, such as education for volunteers, and professional development help, such as staff retention.
Participants from this focus group cited an increase of walk-in clients. Those in the health services said they had to turn away twice as many as they did the year before. Others noted the client numbers hadn’t increased but the individual client needs had. This increased the staff workload. Most participants agreed that the need for basic services has gone up substantially, citing the 2013 storms as the main cause. Without prompting, transportation was mentioned by a participant, which started a discussion within the group.

With prompting, the participants agreed that UWCO should serve as a convening organization, serving as an advocate for the partners and the issues they are trying to address. One participant said UWCO’s resources could allow them to “have the ear of state leaders.” Participants also mentioned OKC needs to work not only with policy makers, but also the community, in an attempt to raise general awareness. One participant felt the partners need to collaborate more, and that UWCO should lead that effort. Further, one participant said that UWCO absolutely needs to be a convening organization that, “keeps the data, informs policy, drives the donors, educates the public and allocates the dollar.”

Organically, the participants mentioned the new application process. While most feedback was positive, some participants said the issue of board diversity was still problematic and vague. Others appreciated the thoughtfulness of the redesign and deemed it an improvement. One said it was redundant and difficult to answer. All participants appreciated the change to an online format.
Due to the lower attendance in the fourth focus group, there was less discussion. However, transportation was the main concern addressed and discussed by the group. They felt as though the issue can never be solved without local and state government agreeing to tackle the issue. They think UWCO is in the best position to advocate for such change at the policy level.

They also agreed that UWCO should help provide group-purchasing opportunities for the partner agencies. They specifically mentioned technology support, including updating software and computers.

Further, they mentioned that UWCO should spend most of its efforts on fundraising. They want UWCO to understand nonprofits have grown and changed and become more complex. With that, fundraising efforts have to change, too.

When asked about the new application format, two participants said they were “thrilled with the changes,” saying it was “almost too simple.” One participant mentioned spending two hours on each question and was very unhappy with the new format.
This focus group was composed of church leaders only. They agreed client demand had increased, especially rental assistance. Some participants remarked that the economic downturn during the past four years, as well as the 2013 storms, had shrunk their capacity to provide some services. Another concern mentioned among the participants was the numerous company lay-offs and buy-outs, contributing to the increase in poverty/homelessness in the area.

Participants mentioned that nonprofit management is not taught in seminary. Therefore, there is a learning curve when becoming a church leader. Being a social service provider is a specialized skill, and UWCO could help with professional development in that particular area; specifically, volunteer recruitment and training.

In general, church leaders said UWCO could provide more up-to-date information to the churches/faith-based organizations about the services the partner agencies provide. The churches/faith-based organizations provide constant referrals to their clients, and they feel there is a disconnect between them and the partner agencies. Specifically, participants said they would like a compilation of available resources that can quickly tell the workers in these faith-based organizations where to send the walk-ins they receive daily but cannot help.