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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 95 LCM-46

Date: April 25, 1995

Division: Office of Housing
and Adult Services

TO: Local District Commissioners

SUBJECT: Protective Services for Adults (PSA): Adult Services
Automation Project Survey

ATTACHMENTS: A: PSA Automation Survey (To Be Completed By
Supervisor/Program Manager)
B: PSA Automation Survey (To Be Completed By
All PSA Staff)
(All Attachments Available On-Line)

As you know, the Department is making plans to eliminate the existing Social Services Reporting Requirements (SSRR) system that currently provides fiscal and management data in favor of a Random Moment Study (RMS) methodology. The new RMS system will provide workload relief for local district staff and will provide the Department with data that should result in increased federal reimbursement for many social service related activities. Unfortunately, SSRR's elimination will leave the Office of Housing and Adult Services (OHAS) without a source for much of the critical data that it uses for management planning, public information, and local district technical assistance and monitoring activities related to the Protective Services for Adults (PSA) program.

In order to address the Department's continuing and emerging needs for information related to the PSA program, a workgroup (Adult Services Automation Project) has been created to provide recommendations for a new automated system for PSA. It is our goal to create an automated data system that will meet the program planning, management and service delivery needs of both the OHAS and the local social services districts. We are especially concerned that an automated PSA data system enable local staff to use their time in the most effective and efficient manner possible.

To accomplish our goal, we need the assistance of you and your staff. Therefore, the Adult Service Automation Project workgroup has developed two brief questionnaires to be completed by your staff. We ask that the PSA supervisor or program manager complete Attachment A. We also request that each PSA caseworker and supervisor complete Attachment B. Copies of the surveys and instructions will be sent under a separate cover to your Director of Services.

If there are any questions regarding the survey, your staff may contact Irv Abelman at 212-383-1755 or OFISlink USERID 0AM020.

Your cooperation in this effort will be greatly appreciated.

Peter R. Brest
Associate Commissioner
Office of Housing and Adult Services

ATTACHMENT A
PSA AUTOMATION SURVEY

To Be Completed By PSA Supervisor/Program Manager

NAME _____ TITLE _____

PHONE # _____ NAME OF DISTRICT _____

- 8 1) With the exception of WMS or other statewide automated systems, are computers used to support your PSA program currently?

YES _____ NO _____

If YES, please specify:

- 8 2) Please indicate any computer equipment that you are currently using for PSA or expect to acquire in the near future.

<u>EQUIPMENT</u>	<u># Now Using</u>	<u># Will Acquire</u>
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Personal Computers (desktop)	_____	_____
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Portable (Laptop)	_____	_____
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Local Area Network (LAN) YES____ NO____

Other Equipment (Specify)

8 3) Please indicate how many PSA staff you currently have.

Supervisors _____

Caseworkers _____

8 4) Please list all of the sites in your district in which PSA staff are located. If PSA services in your district are provided by contractors, include contract agency locations.

- 8 5) Do you believe an automated system could enhance your ability to provide services to PSA clients in your district?

YES _____ NO _____

If yes, indicate how. If no, Why?

- 8 6) Would you or any of your staff be willing to participate in focus groups related to this PSA system development initiative?

_____YES _____NO

NAME

TITLE

PHONE #

- 8 7) Any other comments?

Please make copies of Attachment B and ask each PSA staff person to respond. We ask that you fill out both Attachment A and B, yourself. We encourage you to add any comments, issues, concerns or ideas that you would like us to consider.

Please collect and return all completed responses by May 25, 1995, to:

New York State Department of Social Services
Office of Housing and Adult Services
80 Maiden Lane
Room 605
New York, NY 10038
Attention: Irv Abelman
(212) 383-1755

ATTACHMENT B
PSA AUTOMATION SURVEY
To Be Completed By All PSA Staff

NAME OF DISTRICT _____

YOUR NAME AND OTHER IDENTIFYING INFORMATION REQUESTED BELOW IS OPTIONAL

NAME _____ TITLE _____

PHONE # _____

The Department of Social Services is exploring possible options for developing an automated system for Protective Services for Adults (PSA). Please indicate the importance of the following characteristics of an automated PSA system.

8 1) The system should make all PSA forms available electronically.

4	Very Important
3	Somewhat Important
2	No Opinion
1	Not Important

8 2) The system should allow caseworkers and supervisors to create and update case records electronically.

4	Very Important
3	Somewhat Important
2	No Opinion
1	Not Important

8 3) The system should contain customized questions and menus that guide a caseworker through PSA intake, assessment and case management.

4	Very Important
3	Somewhat Important
2	No Opinion
1	Not Important

8 4) The system should have the capacity to generate appropriate referrals and related documents (i.e.: to agency attorney for legal interventions).

4	Very Important
3	Somewhat Important
2	No Opinion
1	Not Important

- 8 5) The system should allow districts to develop a customized, automated directory of local services and service providers.

4	Very Important
3	Somewhat Important
2	No Opinion
1	Not Important

- 8 6) The system should generate standard reports (i.e.: PSA intake and caseload reports; referral source summary).

4	Very Important
3	Somewhat Important
2	No Opinion
1	Not Important

- 8 7) The system should allow local district staff to generate customized or ad hoc reports.

4	Very Important
3	Somewhat Important
2	No Opinion
1	Not Important

- 8 8) The system should generate reminders, flags, warnings or ticklers about tasks, activities and/or requirements that are coming due or are over due.

4	Very Important
3	Somewhat Important
2	No Opinion
1	Not Important

- 8 9) Please indicate any other thoughts or ideas that you may have about an automated PSA system. Include any ideas that you may have about things that you currently do that could be eliminated or made more efficient (attach additional sheets, if necessary):

- 8 10) Position: (Please Check One)

<input type="checkbox"/> (1) Caseworker	<input type="checkbox"/> (2) Senior Caseworker
<input type="checkbox"/> (3) Supervisor	<input type="checkbox"/> (4) Administrator
<input type="checkbox"/> (5) Other	