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

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     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

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.

            EQUIPMENT            # Now Using       # Will Acquire

            Personal Computers    _____           _____
            (desktop)

            Portable (Laptop)     _____           _____


            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

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)
          ____(1)  Caseworker                 ____(2)  Senior Caseworker
          ____(3)  Supervisor                 ____(4)  Administrator
          ____(5)  Other