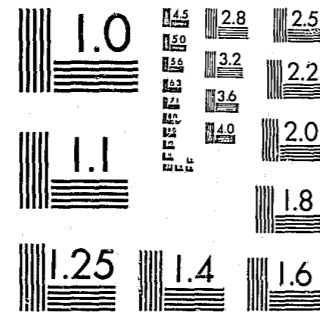


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Date Filmed

3/09/81

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Office for Children  
Statewide Advisory Council  
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SURVEY

Of the Implementation of the New  
Protective Service Model of the Massachusetts

Department of Public Welfare

July, 1978

Prepared by:

Policy Advisory Committee on Child  
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Section II: The Data Collected from the Regions: DPW regional PSU's and local CSA offices

- The regions:
- Boston
  - Greater Boston
  - Lawrence
  - New Bedford
  - Springfield
  - Worcester

Contents for each region:

Protective Service staffing patterns (filled/unfilled slots as of March 27, 1978)

Protective Service regional data: educational background, related work experience and training

Attachment C: data from the local CSA offices

Attachment D: data from the regional PSU offices

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Section I:

A Statewide Analysis of the Data

Issues

Based upon a Statewide Advisory Council/Office for Children Survey  
of the Implementation of the New DPW Protective Service Model

July, 1978

Reasons for the SAC/OFC Survey

During the past three years, Office for Children, Councils for Children, and the Statewide Advisory Council (SAC) have been involved in planning and advocating for better services and more effective case management of cases involving abused and neglected children in Massachusetts.

The Policy Advisory Committee on Child Abuse and Neglect (PACCAN) of the SAC has, this past year, identified some of the major protective issues in a document entitled "Current Protective Service Issues regarding Children at Risk". A key issue for the OFC and PACCAN has been the Department of Public Welfare Protective staff: their number, allocation, caseloads, training and effectiveness.

In March, 1978, the Department of Public Welfare inaugurated a new protective service model for the state. In the new model, the functions of screening, assessment, emergency services and court investigation will take place at the regional Protective Service Units (PSU's). Cases will then be transferred from the regional units, usually within 45 days, to the local Community Service Area (CSA) offices for follow through and treatment. This will require identified protective service staff in both regional and local service offices.

The PACCAN, after discussion with OFC staff and the SAC, was authorized by the SAC to coordinate with OFC Councils and staff in a joint survey project which would identify issues around implementation of the new protective service model. The results and analysis of the survey would then be submitted to the local Councils and the PACCAN for their recommendations as to possible actions by the SAC and OFC.

Commissioner Sharp of the Department of Public Welfare was contacted, and he agreed to the cooperation of Department of Public Welfare regional and local staffs in the survey, in the expressed hope that the data would give the Department more information about the implementation of the new model.

The Department of Public Welfare regional offices, and the Community Service Area offices were contacted and were cooperative in answering and in signing-off the survey questionnaire. We are also appreciative of the local Councils for Children and other OFC staff, who conducted the interviews with the DPW staff.

How the survey was accomplished

A survey questionnaire was devised by the Office for Children-Project Children at Risk, in consultation with the PACCAN, and mailed out in April, 1978 to all DPW-PSU's and local CSA's and to the OFC regional directors who organized teams to interview DPW staff.

In the interest of preserving confidentiality around individual DPW workers (as required by the Fair Information Practices Act), the DPW requested that they provide, for the survey, information about workers' educational background, experience and training in the (regional) aggregate.

In almost all cases, local Council for Children members, and/or OFC field staff, interviewed the DPW staffs (usually the Director of the local CSA and the Assistant Regional Manager of the Regional unit) in filling out the survey questionnaire.

The raw data OFC received back included:

Attachment A, which asks, as of March, 1978, each worker about his/her individual educational background, related work experience and training. This was distributed and collected by DPW.

Attachment B, which describes the above educational background, relevant work experience and training of the protective service staff in the aggregate, for each DPW region.

Attachment C, which asks for the numbers of filled and unfilled protective service slots for social workers, supervisors and clerical staff at the local CSA's. Also included were questions asking for information on the issues of caseload size, how workers were assigned to protective service, whether workers received training for the new model, and the main impediments, as they view it, to the effective implementation of the model.

Attachment D, focuses on the same issues as Attachment C, but from a Protective Service Regional perspective.

ISSUES RAISED BY AN OFC/PACCAN ANALYSIS OF THE SURVEY DATA

As a result of the DPW staff answers to Attachments A, B, C, and D, the OFC and PACCAN see a number of issues that need to be addressed by the DPW if protective services are to be more effectively implemented in the state.

1. Protective service staff: educational qualifications

Almost all (over 97%) of DPW protective service staff have college degrees, with a ratio of about 2 to 1 (Bachelors to Masters degrees) across the state, with some variations.

Issue

Unfortunately, the survey data, in the aggregate, does not tell us whether child welfare or related human services coursework is indicated by the college degrees. What actual, relevant qualifications does, and should, DPW require from its protective service and child welfare staff?

2. Protective service staff experience

We see from the "experience" data that, statewide, 65% of protective service workers have less than one year of experience in protective services.

That data is difficult to assess because in some CSA's and Regional units, a given staff member may be new to protective service casework but could have had a good deal of experience in related child welfare work. In some cases, however, the worker could indeed be new to child welfare casework as well as to protective service. Unfortunately, the data does not tell us whether, or when, that overlap of experience exists in individual workers.

Issues

Given the specialized nature of protective cases:

- how many of the present protective staff do have child welfare experience in their background? How much relevant human services experience do they have?
- how many of the protective caseworkers have less than one year experience in any service related to protective or child welfare?

- what are the qualifications, work experience and training backgrounds of protective supervisors, both at the local and the regional levels?

- are the protective service supervisors sufficiently qualified and experienced to compensate for the relative inexperience in protective service of some of the newer treatment caseworkers?

3. Caseload size

A high "burn-out" rate (turnover of staff) is mentioned as a recurrent problem in protective service work. That would seem to warrant a fresh look by DPW at the following issues.

Issues

- the size of protective caseloads and/or the unit-count system
- the numbers of staff members needed to effectively service a growing caseload
- the quality of protective supervision
- the availability of clinical supportive services
- a pay scale for protective staff that would warrant professional competence

4. Training

The training data indicates that almost all protective staff members received training for the new model.

Issue

Recurrently, DPW staff mentioned the need for more and better training, and for clinical consultation for diagnostic and case treatment purposes, as part of that training.

- What are the present, and future, training programs planned for Protective Service staff?
- How will the DPW staff evaluate the effectiveness of those training programs?

5. The reassignment of workers

The vast majority of newly designated protective workers (70 out of 79), mentioned in the survey, are generalists who were reassigned to protective services within their own CSA, but were not necessarily replaced by other generalists to cover present or new child welfare cases.

Issues

What has happened to the child welfare cases formerly handled by those generalists?

How many uncovered new and old child welfare cases are there at present?

How does DPW plan to address that serious staffing problem?

5a. The reassignment of supervisors

A small number of supervisors were mentioned (5) in the survey as having been reassigned to protective service.

Issue

How realistic are the present caseload sizes of protective supervisors in terms of their ability to provide an effective monitoring of their workers' caseloads; of being liable to "burn-out" because of excessive caseload responsibility?

6. Staff selection for protective service

Under the old system, there were only identified protective service workers at the specialized regional units. At the CSA's, generalist/social workers carried a mixed caseload of family and child welfare cases (although some of these cases could contain elements of abuse/neglect within them). Under the new system, those protective service workers transferred from the regional units, and CSA child welfare workers, (newly trained and designated as protective service workers), will now provide case treatment for child abuse cases at the local CSA.

In the transition to the new system, all potential CSA protective service treatment workers and supervisors were invited to volunteer for their assignment. Many staff members volunteered for reassignment to protective service, but many were drafted, since the number of volunteers was insufficient to meet the need.

Despite this reality, the DPW must remain aware of, and concerned over, the drafting of workers for protective service assignments. Such drafting is clinically contra-indicated: worker resentment, "burn-out" and inability to provide effective treatment could result from involuntary assignment to protective service.

Issue

How does DPW plan to address the issue of involuntarily assigned workers for the present staff, and for future staff?

7. Case transfer

The new protective service model trades off continuity of care (by a single caseworker) by transferring cases within 45 days from the regional units (PSU's) to the local welfare offices (CSA's).\* The DPW inaugurated this new early transfer system in an attempt to unclog the capacity of the regional screening and assessment units (PSU's) to handle the increasing volume of incoming child abuse cases.

How sensitively the transfer is made from outgoing to incoming caseworker, however, is important for the clinical as well as management aspects of the case.

Recognizing the crucial nature of the transfer process, the new model: requires that the family be informed of the social worker transfer; requires a case conference between the outgoing and incoming caseworker; further recommends a joint visit to the client, if this is possible and appropriate. (Massachusetts Social Service Procedure Manual, page I-77)

The sensitive, sometimes life-threatening, aspects of child abuse cases require (indeed, the requirement would be true for all social service cases) a trusting relationship between the caseworker and client family. To build that trust and rapport, and then turn the case over to someone else requires, at the very least, the joint case conference and, very desirably, a joint home visit. The personal transfer is crucial to the client in the establishment of a new trusting relationship with the incoming caseworker; the personal transfer is also important for the new caseworker as a way of assuring first-hand knowledge of, and identity and involvement with, the case.

\* An extension beyond 45 days may be granted upon supervisory approval if the social worker assigned to assessment is unable to reach a determination whether there is reasonable cause to believe that a child is suffering due to abuse or neglect or has filed a Care and Protection Petition.

Note: Extensions beyond 45 days may also be granted for completion of C&P court investigations. Transfer of service responsibility should be completed, however, upon a temporary or permanent court decision.

From the survey data (Attachment D, questions 5 and 6c) it would appear that few of the transfers are being made as required in the Procedures Manual. This is contrary to good clinical practice and to the requirements of the model itself. For example:

- Lawrence: the paper work transfer is without scheduled conference.
- Boston: there is a conference for abuse cases, but a paper work transfer for child welfare cases.
- Worcester: the CSA is notified of the impending transfer, and case material is reviewed and a conference held, if necessary.
- New Bedford: case conference with CSA is held.
- Greater Boston: there is a case conference between the local CSA supervisor and the regional social worker, with cards attached to case records to track them on a weekly basis until the case is assigned.
- Springfield: case material is presented by the PSU supervisor to the CSA Assistant Director or Supervisor; the family is notified; the CSA treatment worker "has the option (sic) of scheduling a case conference" with the assessment worker as well as making an initial joint home visit.

The new protective service model is highly vulnerable to criticism and attack by the professional community on the issue of case transfer. Even more importantly, an inappropriately managed transfer of cases can adversely affect treatment and outcome.

#### Issue

What is the DPW doing to ensure that the transfer process follows the requirements and recommendations of its own laws and clinically indicated recommendations?

#### Attachment B

Statewide Aggregation of data regarding DPW Protective Service Workers: their educational background, work experience and training

The following charts represent the data collected on each protective service worker and summarized in the aggregate on a statewide basis. Each region is also separately summarized in later sections.

The survey sought information on each worker's educational background, related work experience and training. It was collected by DPW and given to OFC, in the aggregate, to protect the workers' identity.

The experience data is contaminated by the fact that a given protective service worker may have had experience in two or three areas and therefore be listed in two or even three of the experience categories (Protective Service, Child Welfare, Human Services). An extreme version of this is evident in the returns from New Bedford and Greater Boston: in each of these regions, all of the staff members (35 in New Bedford and 48 in Greater Boston) are simultaneously listed in the three service categories; that this is so, is apparent from the identical educational breakdown for the staff in each of the three service categories.

Knowing that this is the case in New Bedford and Greater Boston, it is possible to take this into consideration in the interpretation of the data. However, the problem arises in other regions where some staff members are listed exclusively in one service category, while others may be crosslisted in two service categories, and still others may be crosslisted in three service categories. Because of the difficulty in the interpretation of the data on Experience in Attachment B, there will be a request made to DPW for a clarification of the experience and educational data of their protective service staff members.

ATTACHMENT B

I. EXPERIENCE

AGGREGATION

STATEWIDE

PROTECTIVE SERVICES (EXCLUSIVELY)

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma	2	1		2	5	
A.A.	1	1			2	
Undergraduate college degree	76	34	18	5	133	
Master's degree	47	11	5	5	68	
Ph.D.	1				1	
<b>Total</b>	127	47	23	12	209	

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FAMILY AND CHILD WELFARE (INCLUDING SOME PROTECTIVE WORK)

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma	1	2	1	1	5	
A.A.		1	1		2	
Undergraduate college degree	39	39	28	30	136	
Master's degree	19	18	11	18	66	
Ph.D.	1				1	
<b>Total</b>	60	60	41	49	210	

I. EXPERIENCE (CONTINUED)

Attachment B - Page 2

AGGREGATION  
HUMAN SERVICES (I.E. DRUG/ALCOHOL COUNSELING, ETC.)

STATEWIDE

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma	1		1		2	
A.A.	1			1	2	
Undergraduate college degree	39	29	11	12	91	
Master's degree	25	7	12	9	63	
Ph.D.		1			1	
<b>Total</b>	66	37	34	22	159	

II. TRAINING

DPW SPONSORED TRAINING FOR THE NEW MODEL IN 1978

-10-

	<u>0-40 Hours</u>	<u>40-60 Hours</u>	<u>60-80 Hours</u>	<u>80-100 Hours</u>	<u>100-150 Hours</u>	<u>150-200 Hours</u>	<u>200+HRS</u>
Some high school							
High school diploma	3	2					
A.A.	14	16					
Undergraduate college degree	60	57	7				
Master's degree	36	16	4	1			
Ph.D.			1				
<b>Total</b>	113	91	12	1			



II. TRAINING (CONTINUED)

AGGREGATION

STATEWIDE

TRAINING FOR PROTECTIVE SERVICES DURING 1976 and 1977

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total</u>
Some high school						
High school diploma	2			1		3
A.A.	1					1
Undergraduate college degree	58	37	7	1	2	105
Master's degree	31	9	2	1		43
Ph.D.	1					1
TOTAL	93	46	9	3	2	163

-11-

TRAINING FOR FAMILY AND CHILD WELFARE SOCIAL SERVICES 1973 - 1978

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total</u>
Some high school						
High school diploma	1	1	1		1	4
A.A.	1	1				2
Undergraduate college degree	52	31	11	3	2	99
Master's degree	34	11	5	2	4	56
Ph.D.	1					1
TOTAL	89	44	17	5	7	162

SURVEY ON THE IMPLEMENTATION OF THE DPW NEW PROTECTIVE SERVICE MODEL

A Statewide Analysis of the Answers to Attachment C

(Survey of the local Community Service Area offices)

0. Are present staffing levels (including supervisory and clerical staff) adequate to cover existing caseloads? If not, please elaborate on areas of need.

- It would seem that most existing protective service positions are filled at Regional offices and at the local CSA's, but there is need developing, and anticipated, for more staff (caseworkers, supervisors, clerical support) as the caseload continues to increase, as cases are transferred from regional to local offices and as workers need to be replaced. Some examples: the Church Street and Springfield CSA's have three caseworkers slots unfilled; Marshfield has one protective caseworker and 1/7 supervisor's time and no back up; Roxbury Crossing is expecting 100 cases to be transferred from James Street, etc.

1a. What is the average caseload of each of your caseworkers?

- In all local CSA's, the caseloads are high and expected by CSA staff to go to peak load (165 units) within 3 months (from March, 1978). Some CSA's are already at peak load and increasing. All 6 regions identified the size and unit-count formula of protective caseloads as a barrier to the effective implementation of the new model, stressing that the nature of many protective cases requires a caseload size (and unit-count formula) that more realistically acknowledges the demands upon a worker's time, energies and skills.

The average caseload of approximately 18 cases per protective worker was computed by adding up the present caseload sizes and computing the average; it is a rough estimate. It is difficult to compute caseload size, since it is based upon a unit-count system,\* and that system is variously interpreted in every region (i.e. 165 units means 15 families in one region and 18-20 families in another region).

1b. What will the average caseload be in three months?

- The average caseload anticipated in three months would be approximately 20 cases per worker. This was computed by adding up the projected caseload sizes and computing the average; it is a rough estimate, with the same difficulty in interpreting the unit-count to caseload ratio, as above. Some CSA's anticipated a caseload of up to 30 cases in the coming months.

2. After the model is implemented, how many staff and supervisors will be providing treatment?

- Approximately 111 DPW protective service caseworkers were mentioned.

Approximately 34 DPW supervisors were mentioned (some supervisors will continue to supervise child welfare caseloads in addition to their newer protective caseloads).

\* Protective service workers are limited to 165 units as a workload. Units are assigned to cases depending on the problems of the child and the amount of work involved with the family.

3. What is the procedure for identifying staff and supervisors for protective services?

- Protective staff selection: from a statistical point of view, the exact numbers of those who volunteered or were selected or drafted is not clear. From the data in Attachment C, question 3, it would appear that:

- in 14 offices workers volunteered

- in 12 offices workers were drafted

- in 6 offices there was a mixture of volunteers and draftees, but it was not clear in what proportions

- In 7 offices workers were "selected". We did not know how to interpret this; it could mean workers volunteered or were drafted

In some instances, where the local DPW director/supervisor carefully prepared and tried to motivate the workers to accept the protective assignments and offered assurances of support services, the workers did volunteer.

In several instances where workers did not volunteer but were selected and assigned to protective service, the supervisor tried to pick the more experienced caseworkers.

4. How many staff have been reassigned from other DPW units to protective services within the CSA office or from outside the CSA office?

- Out of 79 workers mentioned:

62 were generalists who were reassigned within their CSA as Protective Service workers

8 workers were reassigned from other CSA's

8 workers from Regional Protective Service units were reassigned to local CSA's

1 worker was reassigned to James Street

- Out of 5 supervisors mentioned:

2 were assigned from other CSA's

2 had protective cases added to their caseload and remained within their CSA

1 was reassigned from the regional unit

- The small number of supervisors mentioned could indicate that most supervisors assigned to protective supervision are simply adding it to their child welfare caseload.

5. Have all protective service staff participated in stages I and II of DPW training?

- Yes, with very few exceptions: 1 protective service supervisor and 4 social worker/generalists did not have the training.

6. Are there any issues such as selection of staff and availability of a range of supportive services (day care, homemaker services, etc.) that minimize the impact of the model?

- The response from the 39 CSA's, who returned the questionnaire before the deadline, divided into two main categories of concern: staff problems and availability of support services.

1. Staff problems most frequently mentioned:

- lack of sufficient numbers of staff (caseworkers/supervisors/clerical support) for a growing protective service caseload.
- unrealistic caseload size (and unit-count formula) given the emergency/demanding nature of abuse cases.
- high staff "burn-out" (turn-over rate) of protective workers.
- staff selection (i.e. being drafted vs. volunteering) for protective service assignment, in some instances.
- need for better training of staff around treatment issues, and access to clinical consultation for diagnostic services as well as for case conferences.
- in many instances, the number of protective service workers was increased by transferring generalists to protective positions at the expense of those services performed by the generalists; as a result, there are many new and some old child welfare cases that are uncovered.

Other concerns mentioned:

- need for bilingual (Hispanic) caseworkers in some CSA's.
- need for more clerical staff.
- no recent civil service exams to replenish supply of social workers.
- low protective service pay scale.

2. Availability of support services. The most frequently mentioned were:

- need for specialized foster homes, with follow-up counseling.
- need for specialized homemaker services with expanded and more flexible hours (i.e. 24-hour service).
- need for protective day care, with transportation.
- need for clinical consultation for case treatment.

Other concerns mentioned:

- need for emergency shelters, group care homes and foster homes for adolescents.
- need emergency services readily available.

- need more available legal information and services.
- need after-hours coverage of cases (24-hour response system).
- need for transportation to CSA, in rural areas, for protective clients.
- need more office space so that children in foster care can meet privately, for visits, with their natural parents.
- need more and better education of mandated reporters (for an understanding of child abuse/neglect: how to recognize it and how to report it).

SURVEY ON THE IMPLEMENTATION OF THE DPW NEW PROTECTIVE MODEL

A statewide Analysis of the Answers to Attachment D

(Survey of the Regional offices)

0. Are present staffing levels (including supervisory and clerical staff) adequate to cover existing caseloads?

- Five out of the six regions answered that present staffing levels were not adequate to cover existing caseloads.

Lawrence identified the need for three additional clerks and one supervisor in social services.

Greater Boston indicated an urgent need for 9 new social workers, 1-2 supervisors and 4 new clerks.

Worcester identified the need for 1 additional screener in the Regional office and at least 3 treatment workers at the CSA level.

New Bedford indicated that their assessment staff will need to be increased: on 5/12/78 there was a backlog of 61 screened, but unassessed cases.

Boston indicated the need for more workers, supervisors, clerks/administrative aids.

Springfield answered "yes" but indicated in a response to a later question (#8) the need for three additional workers, a shortage of legal staff and 6 uncovered caseloads in adoption.

1a. What is the average caseload of each of your caseworkers?

- Caseloads ranged from 12 to 19.

Greater Boston did not respond directly to the question, but in an addendum indicated a back-up in assessment capability: as of April, 1978, 41 screened cases were not yet assessed; as of May 26, 1978, 71 screened cases were not yet assessed.

1b. What will be the average caseload in three months?

- Very few of the regional units responded to this question. However, Lawrence indicated an anticipated caseload of 59 cases per worker by June, 1978. Springfield anticipated 15 cases per worker.

2. After the model is implemented, how many staff will be performing the following function?

- Screening: 16                      Assessment: 42 4/5

3. How will staff be assigned to perform the emergency services and court investigation functions?

- For emergency services:

In most regional offices, a roster of assessment workers will be established.

In one office, the regional worker will be backed up by CSA staff.

- For court investigation:

Assessment workers will be assigned.

- There was little elaboration on this issue in most of the responses.

4a. Will/have any regional staff been transferred to CSA's?

- 8 workers were transferred from regional offices to local CSA's.

4b. Will/have any CSA staff been transferred to regional protective service units?

- 10 workers were transferred from local CSA's to regional offices.

5. How is the transfer of cases from regional protective service units to local CSA's being handled?

- It is difficult to judge the efficiency of the transfer process at the time of the survey. Many of the new cases will not yet have been transferred. However, some of the cases at regional offices prior to March 27, could have been transferred by the time of the interview.

The response suggests that in most instances, case conferences did occur. However, it is not clear that a worker to worker level conference occurred as the model requires. In some instances, a conference did not occur, i.e. Lawrence states a paper-work transfer without a scheduled case conference.

6a. & b. Are cases being transferred from protective service units to private agencies for assessment and for treatment?

- In general, there is some transfer of cases to private agencies. Worcester indicated no cases have as yet been transferred for assessment, but they are beginning to use private agencies for treatment.

6c. How does the transfer occur?

- The answers ranged from Greater Boston, where there is a case conference with the private agency prior to transfer; to Lawrence, where there is a paper-work transfer, with a telephone conversation.

7. Have all protective service staff participated in stages I and II of DPW training?

- Four regions answered "yes", one region answered "no" and another region indicated that some staff were hired after stages I and II, but were now receiving training two days a week.

8. Are there any other issues such as selection of staff and availability of a range of supportive services (day care, homemaker services, etc.) that minimize the impact of the model?

- Four out of the six regional units indicated several issues that minimize the

impact of the new model:

- need for additional staff, including legal staff
- need for a 24-hour response system
- need for additional protective day care slots
- need for emergency shelters
- need for emergency foster homes
- need for protective workers who are volunteers and not draftees
- need to raise grade levels in order to attract qualified and experienced workers and supervisors

Section II:

The Data Collected from the Regions:  
DPW regional PSU's and local CSA offices

Boston Region

Staffing Patterns as Identified

in Face Sheets of Attachments C & D

March 27,  
1978

	<u>Protective Workers</u>				<u>Supervisors</u>				<u>Clerical</u>			
	<u>filled</u>	<u>unfilled</u>	<u>total</u>	<u>+ or - from '77*</u>	<u>filled</u>	<u>unfilled</u>	<u>total</u>	<u>+/-*</u>	<u>filled</u>	<u>unfilled</u>	<u>total</u>	<u>+/-*</u>
Regional Office	20	0	20	-7	5	0	5	-1	4	0	4	no
Adams Street	3	2	5		1	0	1		1	0	1	
Hancock Street	4	0	4		1	0	1		1/2	0	1/2	
East Boston--410	2	0	2		1	0	1		1	0	1	
Roxbury Crossing	5	1	6		0	1	0		1/3	2/3	1	
					1	0	1 (6/30/78)					
Grove Hall	3	0	3		1	0	1		0			(clerk requested)
Church Street	3	0	3		1	0	1		3	0	3	+1 volunteer

\* Represents an increase or decrease in protective service workers at the regional office from June, 1977.

I. EXPERIENCE

ATTACHMENT B  
REGIONAL AGGREGATION  
PROTECTIVE SERVICES (EXCLUSIVELY)

BOSTON S.S.  
 REGION 43 Hawkins St.

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma				1	1	
A.A.						
Undergraduate college degree (20)	12	3	5		20	
Master's degree (9)	6	1	1	1	9	
Ph.D.						
Total	18	4	6	2	30	

FAMILY AND CHILD WELFARE (INCLUDING SOME PROTECTIVE WORK)

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma (1)			1		1	
A.A.						
Undergraduate college degree (15)	2	7	3	3	15	
Master's degree (8)	2	3	1	2	8	
Ph.D.						
Total	4	10	5	5	24	

I. EXPERIENCE (CONTINUED)

Attachment B - Page 2

BOSTON-S.S.

REGIONAL AGGREGATION

REGION: 43 Hawkins St.

HUMAN SERVICES (I.E. DRUG/ALCOHOL COUNSELING, ETC.)

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma (1)	1				1	
A.A.						
Undergraduate college degree (11)	1	6	1	3	11	
Master's degree (7)	3	1	3		7	
Ph.D.						
<b>Total</b>	<b>5</b>	<b>7</b>	<b>4</b>	<b>3</b>	<b>19</b>	

II. TRAINING

DPW SPONSORED TRAINING FOR THE NEW MODEL IN 1978

	<u>0-40 Hours</u>	<u>40-60 Hours</u>	<u>60-80 Hours</u>	<u>80-100 Hours</u>	<u>100-150 Hours</u>	<u>150-200 Hours</u>	<u>200+HRS</u>
Some high school							
High school diploma (2)	2						
A.A.							
Undergraduate college degree (16)	16						
Master's degree (7)	7						
Ph.D.							
<b>Total</b>	<b>25</b>						



II. TRAINING (CONTINUED)

Attachment B - Page 3  
REGIONAL AGGREGATION

BOSTON-O.S.  
REGION: 43 Hawkins St.

TRAINING FOR PROTECTIVE SERVICES DURING 1976 and 1977

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total</u>
Some high school						
High school diploma						
A.A.						
Undergraduate college degree (4)	4					4
Master's degree (3)	1	1	1			3
Ph.D.						
TOTAL	5	1	1			7

TRAINING FOR FAMILY AND CHILD WELFARE SOCIAL SERVICES 1973 - 1978

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total</u>
Some high school						
High school diploma						
A.A.						
Undergraduate college degree (2)	1	1				2
Master's degree (2)	1	1				2
Ph.D.						
TOTAL	2	2				4

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Boston	0. Are present staffing levels (including supervisors and clerical) adequate to cover existing caseloads?	1. a) What is the average caseload of each of your workers?	1. b) What will be the average caseload in three months?
<u>CSA Offices:</u>			
Adams Street	No. Time and caseload factor in replacing workers, caseloads increasing plus 40 cases are being transferred from James St. 1 worker was reassigned to James St. Clerical and supervisors needed	165 units, in case review	Increasing, no hard data
Roxbury Crossing	Yes, but staff is expecting 100 cases from James St.	100 unit count	165 unit count
Hancock Street	Additional clerical staff plus replacement of 1 worker who left dept. after being assigned to PSU	128 units	165 units
East Boston	Yes, but need contact with Chelsea CES for coverage after office hours	145 units (12 cases)	165 units (15 cases)
Grove Hall	No clerk for protective services	15 families	25-30 families 165 "units"
Church Street	3 protective caseworker slots unfilled	10-20 (not indicative of the amount of work involved)	Hard to say, but they will go up.

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Boston <u>CSA Offices:</u>	2. After the model is implemented, how many staff & supervisors will be providing treatment?	3. What was the procedure for identifying staff & supervisors for protective service?	4. How many staff have been reassigned from other DPW units to protective service within the CSA office or from outside the CSA office?
Adams Street	1 supervisor; 3 treatment workers. More will be needed.	Staff selection was made on the basis of ability and experience and the desire to work with abuse and neglect cases.	2 from within and 1 was reassigned to James St.
Roxbury Crossing	6 (model is in operation)	Selected one capable social worker from each ongoing unit.	4 from within and 1 from James St.
Hancock Street	1 supervisor; 5 generalists	Volunteers were sought. No one volunteered so workers were drafted on basis of most experience in child welfare.	5 from with CSA
East Boston	2 Social workers; 1 supervisor	Voluntary and selection by ability and score. Special training received after selection.	None
Grove Hall	3 social workers; 1 supervisor	Some volunteers; some selected ("all were excellent caseworkers")	3 from within
Church Street	Three. Two generalists are still phasing out their generalist cases.	Generalists were chosen from staff; "selected those who were well seasoned in child welfare work".	2 generalists from same office.

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Boston  CSA Offices:	5. Have all protective service staff participated in Phases I & II of DPW's training?	6. Are there any other issues ... that minimize the impact of the model?
Adams Street	Yes, although it was difficult given emergencies & caseloads	Availability of emergency services; staff needs more consultation and training about treatment issues.
Roxbury Crossing	All protective service staff participated in some training	Need more day care; resources for adolescents; emergency and temporary shelters; foster homes (children with special needs); and most important, a reduced caseload which would enable the staff to provide more efficient and effective services.
Hancock Street	Yes	<ol style="list-style-type: none"> <li>1. Replace staff drafted from ongoing unit</li> <li>2. Sufficient clerical staff</li> <li>3. Establish supports (day care, homemaker, etc.) that will reduce high staff turnover in PSU.</li> </ol>
East Boston	Yes	<p>Gildey unit at James Street (day care) cannot be used by this CSA because of lack of transportation.</p> <p>Need more intensive training for the health staff in the various clinics in the area on the need for reporting suspected abuse cases.</p>
Grove Hall	Yes	<ol style="list-style-type: none"> <li>1. Need closed referral system for day care for protective service cases.</li> <li>2. Need homemakers specially trained to deal with protective cases.</li> <li>3. Need more staff to cover child welfare and protective cases to prevent their becoming protective cases.</li> </ol>
Church Street	1 worker has received the training, two have not	<ol style="list-style-type: none"> <li>1. Problem with the <u>selection</u> of staff for protective (not voluntary) as "workers selected or new employees may not be committed to" protective work.</li> <li>2. Protective day care slots badly needed.</li> <li>3. Transportation for protective day care.</li> <li>4. Day care for Hispanic children badly needed but practically non-existent.</li> <li>5. Homemaker services; need expanded and more flexible hours/time periods.</li> </ol>

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL

ATTACHMENT D

DPW Region:  Boston	0. Are present staffing levels (including supervisors and clerical) adequate to cover existing caseloads?	1.a) What is the average caseload of each worker?	1.b) What will the average caseload be in three months?	2. How many staff will be performing screening and assessment?	3. How will staff be assigned to perform emergency services & court investigation?
	No, need supervisors, workers, clerks and administrative aids.	19	not answered	4/15	Emergency services performed by roster of assessment workers. Investigation: as assignments to assessment workers, same as a case.
	4.a) Will/have any Regional staff been transferred to CSA's? To which CSA's?	4.b) Will/have any CSA staff been transferred to the Regional PSU's?	5. How is the transfer of cases from Regional PSU to local CSA being handled?	6.a)b)c) Are cases being transferred from PSU's to private agencies for assessment? For treatment? How?	7. Have all Protective staff participated in Phases I and II of DPW's training?
	One to Roxbury	To fill vacancies	For treatment-via conference. For generalist-via courier	Yes. Yes. When a case seems appropriate, an agency is called.	Yes

8. Are there any other issues that minimize the impact of the new protective model?

We have day care and homemaker services available.

Greater Boston Region

Staffing Patterns as Identified  
in Face Sheets of Attachments C & D

March 27,  
 1978

	<u>Protective Caseworkers</u>				<u>Supervisors</u>				<u>Clerical</u>			
	filled	unfilled	total	+ or - from '77**	filled	unfilled	total	+/-**	filled	unfilled	total	+/-**
Regional Office	18	0	18	+4	3	0	3	no	3	0	3	no
Brookline	1	0	1		1	0	1		1	0	1	
Cambridge	2	0	2		1	0	1		1/2	0	1/2	
Framingahm	2	4	6		2	0	2		0	0	0	
	*4	2	6	(5/26/78)	2	0	2					
Norwood	1	0	1		1	0	1		1	0	1	
	*2	0	1	(5/16/78)								
Somerville	2	0	2		2/5	0	2/5		2/5	0	2/5	
Quincy	NA	NA	NA		NA	NA	NA		NA	NA	NA	
	*4	1	5	(5/16/78)	1	0	1		1	0	1	(2-1/2 time)
Waltham	2	0	2		1/3	0	1/3		2/5	0	2/5	
Woburn	2	1	3		1	1	2		2	1	3	
									*3	0	3	(6/1/78)

\* As of survey date

\*\* Represents an increase or decrease in protective service workers at the regional office from June, 1977.

I. EXPERIENCE

ATTACHMENT B  
REGIONAL AGGREGATION  
PROTECTIVE SERVICES (EXCLUSIVELY)

REGION GREATER BOSTON

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total Workers</u>	<u>Comments Years (Total)</u>
Some high school						
High school diploma						
A.A.	1				1	.5
Undergraduate college degree	15	5	1	1	22	25.5
Master's degree	16	3	4	1	24	34
Ph.D.	1				1	1
Total	33	8	5	2	48	

FAMILY AND CHILD WELFARE (INCLUDING SOME PROTECTIVE WORK)

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total Workers</u>	<u>Comments Years (total)</u>
Some high school						
High school diploma						
A.A.		1			1	2
Undergraduate college degree	12	1	4	5	22	72.5
Master's degree	7	8	4	5	24	68.0
Ph.D.	1				1	0
Total	20	10	8	10	48	

I. EXPERIENCE (CONTINUED)

Attachment B - Page 2

REGIONAL AGGREGATION

REGION: GREATER BOSTON

HUMAN SERVICES (I.E. DRUG/ALCOHOL COUNSELING, ETC.)

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total Workers</u>	<u>Comments Years (total)</u>
Some high school						
High school diploma						
A.A.	1				1	0
Undergraduate college degree	15	4	2	1	22	31.5
Master's degree	15	3	3	3	24	36.0
Ph.D.		1			1	5.0
<b>Total</b>	<b>31</b>	<b>8</b>	<b>5</b>	<b>4</b>	<b>48</b>	

II. TRAINING

DPW SPONSORED TRAINING FOR THE NEW MODEL IN 1978

	<u>0-40 Hours</u>	<u>40-60 Hours</u>	<u>60-80 Hours</u>	<u>80-100 Hours</u>	<u>100-150 Hours</u>	<u>150-200 Hours</u>	<u>200+HRS</u>
Some high school							
High school diploma							
A.A.		1					
Undergraduate college degree	11	4	7				
Master's degree	15	4	4	1			
Ph.D.			1				
<b>Total</b>	<b>26</b>	<b>9</b>	<b>12</b>	<b>1</b>			

II. TRAINING (CONTINUED)

Attachment B - Page 3  
REGIONAL AGGREGATION

REGION: GREATER BOSTON

TRAINING FOR PROTECTIVE SERVICES DURING 1976 and 1977

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total Workers</u>	<u>Hours</u>
Some high school							
High school diploma							
A.A.	1					1	0
Undergraduate college degree	19	3				22	321.5
Master's degree	21	1	1	1		24	260.0
Ph.D.	1					1	35.0
<b>TOTAL</b>	<b>42</b>	<b>4</b>	<b>1</b>	<b>1</b>			

TRAINING FOR FAMILY AND CHILD WELFARE SOCIAL SERVICES 1973 - 1978

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total Workers</u>	<u>Hours</u>
Some high school							
High school diploma							
A.A.	1					1	0
Undergraduate college degree	10	6	3	1	2	22	2027
Master's degree	16	3	3		2	24	1222
Ph.D.	1					1	0
<b>TOTAL</b>	<b>28</b>	<b>9</b>	<b>6</b>	<b>1</b>	<b>4</b>		



SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Greater Boston	0. Are present staffing levels (including supervisors and clerical) adequate to cover existing caseloads?	1. a) What is the average caseload of each of your workers?	1. b) What will be the average caseload in three months?
<b>CSA Offices:</b>			
Brookline	Yes, if a large number of cases are transferred from Regional, the present staff won't be adequate	Protective worker-29 Social service-20 IRF - 65/70	Impossible to know how many staff and supervisors will be providing.
Cambridge		6.5	30
Framingham	Understaffed-1 clerk, preferably 2. Clerks positions left unfilled. CETA/SMOC operation mainstream used for these clerk positions.	12* *OFC interviewer thought these numbers incorrect	15-18*
Norwood	Yes	15	15-21
Somerville	Yes, if 18 families is a desirable caseload. Staffing will soon be inadequate as 30 new cases will be coming from Regional.	18	22
Quincy	Qualified yes, given 5 protective workers (1 to be hired); possibly one from Judge Baker.*	14	23 (assuming no need for replacement; then it will be less.
Waltham	Supervisor should have less staff to supervise	12 (full-time worker) 6 (70% worker)	15 (full-time) 7.2 (part-time)
Woburn	No	3 generalists* 2 treatment workers *large number of generalist cases are protective	180 units
* There are still 14 cases that have not come to the local office from regional office. 6 more will be reclassifications. 64 cases assigned for assessment during April - 84 cases could come into local office in the next 30-45 days. Can only absorb 69 cases with present staffing; 5 social workers may not be adequate post 30-45 days.			

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Greater Boston	2. After the model is implemented, how many staff & supervisors will be providing treatment?	3. What was the procedure for identifying staff & supervisors for protective service?	4. How many staff have been reassigned from other DPW units to protective service within the CSA office or from outside the CSA office?
<b>CSA Offices:</b>			
Brookline	To be staffed as needed	Regional assignment-worker was <u>not</u> pulled from regular staff.	None
Cambridge	1 supervisor; 6 caseworkers	The situation was presented to the unit and these 2 social workers indicated a willingness to be designated as treatment workers.	These 2 from the generalist/child welfare staff.
Framingham	2 supervisors; 6 case workers	Supervisors: 2 volunteered 2 hired Caseworkers: 2 hired 2 promised from within protective service and out of social service	2 supervisors volunteered to supervise protective workers: 1 from Norwood; 1 from Framingham
Norwood	1 supervisor; 2 workers	1 supervisor already here 1 worker hired/civil service list 1 worker transfer (by own request) from Reg. PSU	1 by own request
Somerville	2 protective workers 4 generalists	Regional manager hired/ new staff director designated supervisor because of prior experience as protective worker at Regional office. One staff person willing to become protective worker.	0
Quincy	5 social workers 2 supervisors (part-time) Judge Baker staff - still unclear	2 generalists volunteered 1 worker to be hired 2 supervisors assigned (did not volunteer) 1 generalist assigned and 1 worker from regional returned from educational leave	3 generalists reassigned; 2 supervisors have protective cases added to their responsibilities.

(CONTIN ED)

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Greater Boston (cont.) CSA Offices:	2. After the model is implemented, how many staff & supervisors will be providing treatment?	3. What was the procedure for identifying staff & supervisors for protective service?	4. How many staff have been reassigned from other DPW units to protective service within the CSA office or from outside the CSA office?
Waltham		Supervisor and worker assigned because of prior experience.	Supervisor and worker assigned from Regional Protective Service Unit.
Woburn	1 supervisor; 3 treatment workers	Education and experience given highest priority.	

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Greater Boston CSA Offices:	5. Have all protective service staff participated in Phases I & II of DPW's training?	6. Are there any other issues ... that minimize the impact of the model?
Brookline	Yes, social service supervisor also attended both stages	Lack of: transportation to day care; protective service day care slots; homemaker contracts; foster care for children <u>under</u> 13.
Cambridge	Yes	
Framingham	Yes, except for one WIN worker who will begin next training cycle.	Inadequate supportive services; homemaker and clerical staff
Norwood	Yes	24-hour homemaker service not in place though provider exists.
Somerville	Yes	<ol style="list-style-type: none"> <li>1. No available slots for protective day care.</li> <li>2. Homemakers (contracted) unwilling to work in homes with many children.</li> <li>3. No local control of hiring protective service staff. Civil service a problem; does not guarantee qualified people-area director needs to be involved.</li> <li>4. Need consultation support (psychiatric) to work with staff on cases.</li> <li>5. Relevant training for staff.</li> <li>6. Liability insurance.</li> <li>7. Additional legal staff to local areas.</li> <li>8. Better communication between contracted protective services and local welfare protective unit - to prevent overlap.</li> <li>9. Caseload too high - burn out a problem.</li> </ol>
Quincy	Everyone but one experienced protective service worker and new person to be hired.	<ol style="list-style-type: none"> <li>1. Having non-volunteer staff (supervisors and 1 social worker).</li> <li>2. Lack of specially trained homemakers for protective services (more than just to clean)</li> <li>3. Lack of sufficient pre-school day care.</li> <li>4. More regularly trained foster homes.</li> <li>5. Emergency specialized foster homes.</li> <li>6. DMH counseling services available in a neutral setting (more outreach).</li> <li>7. MORE TRAINING FOR STAFF IN TREATMENT OF PROTECTIVE CASES. Staff feels that DPW training was not adequate in this area.</li> </ol>

(CONTINUED)

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Greater Boston CSA Offices:	5. Have all protective service staff participated in Phases I & II of DPW's training?	6. Are there any other issues ... that minimize the impact of the model?
Quincy (continued)		8. Upgrading for protective service workers. 9. The issue of liability and insurance. 10. The protective service workers who were doing social services before will have to reassign 68.5 units. There is presently room for 112.5 units-very low margin for distribution of incoming social service cases. This brings all generalists up to the maximum 180 units. Presently if IRF unit approximately 20 new applications for services=60 or more units. We are advised to reassign 2 or our 3 IFR workers to do generalist work if necessary; this will close down 2/3 of IFR unit to replace generalists who have filled in for protective services. 11. No clear uniform criteria for prioritization of cases.
Waltham	Yes	1. 24-hour homemaker 2. Emergency shelter 3. Foster care for teenagers 4. Therapy for Spanish speaking 5. Respite care for natural families 6. Health education/nutrition and hygiene
Woburn	Yes	1. CHINS have to be assigned 2. Training unit should be improved 3. More space 4. No philosophy of care

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL

ATTACHMENT D

DPW Region: Greater Boston	0. Are present staffing levels (including supervisors and clerical) adequate to cover existing caseloads?	1.a) What is the average caseload of each worker?	1.b) What will the average caseload be in three months?	2. How many staff will be performing screening and assessment?	3. How will staff be assigned to perform emergency services & court investigation?
	No. Need 9 social workers, 1-2 supervisors, 4 clerks. Also need 1 case aide and 1 social service technician per CSA.	15	Increasing and screening and assessment both backed up.	3 screeners 21 assessment workers	For emergency services the assessment worker on duty will respond. All assessment workers will do investigation which will be assigned immediately.
	4.a) Will/have any Regional staff been transferred to CSA's? To which CSA's?	4.b) Will/have any CSA staff been transferred to the Regional PSU's?	5. How is the transfer of cases from Regional PSU to local CSA being handled?	6.a)b)c ) Are cases being transferred from PSU's to private agencies for assessment? For treatment? How?	7. Have all Protective staff participated in Phases I and II of DPW's training?
	Yes, two workers assigned to Framingham & Norwood CSA's	No	Case conference with local CSA supervisor and Regional S.W. When cases are transferred, cards are attached to track case assignment on a weekly basis. Case assign. cards are filed at Regional unit once completed by local CSA.	If there are contracted slots available, yes. Case is conferenced with private agency prior to transfer.	No. Additional staff were hired after 3/27 and they are now receiving training 2 days a week.
	8. Are there any other issues that minimize the impact of the new protective model?				

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>1) Experienced workers should be allowed to volunteer for protective work.</li> <li>2) Need to raise grade levels in order to obtain qualified and experienced workers and supervisors.</li> <li>3) Need additional resources such as: emergency shelters, specialized foster homes, more lawyers, etc.</li> </ul> | <ul style="list-style-type: none"> <li>4) Lengthy and cumbersome hiring process.</li> <li>5) Upgrading of protective positions.</li> <li>6) Need to double the number of treatment workers at the area level.</li> </ul> |
|---|--|

Lawrence

March 27, 1978

Staffing Patterns as Identified  
in Face Sheets of Attachments C & D

	Protective Workers				Supervisors				Clerical			
	Filled	Unfilled	Total	+/- *	Filled	Unfilled	Total	+/- *	Filled	Unfilled	Total	+/- *
Regional Office	13	3	16	+8 6/77	3	0	3	+2 6/77	3	0	3	+2 6/77
Beverly	2	0	2		1	0	1		No shift in clerical activity			
Haverhill	1	0	1		1/4	0	1/4		1/3	0	1/3	
Lawrence	2	0	2		1	0	1		No one specifically assigned			
Chelsea	2	0	2		1	0	1		1	1	2	
Lowell	4	0	4		1	0	1		1	0	1	
Lynn	3	0	3		1	0	1		1	0	1	
Medford	2	0	2		1	0	1		1/2	0	1/2	
Wakefield	1	0	1		1	0	1				1	

\* Represents an increase or decrease in protective service workers at regional office from June, 1977.

I. EXPERIENCE

ATTACHMENT B  
REGIONAL AGGREGATION  
PROTECTIVE SERVICES (EXCLUSIVELY)

REGION LAWRENCE

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma		1		1	2	
A.A.						
Undergraduate college degree	17	9	2		28	
Master's degree	5	2		2	9	
Ph.D.						
Total	22	12	2	3	39	

FAMILY AND CHILD WELFARE (INCLUDING SOME PROTECTIVE WORK)

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma	1				1	
A.A.						
Undergraduate college degree	6	9	8	6	29	
Master's degree	2	2	2	1	7	
Ph.D.						
Total	9	11	10	7	37	

I. EXPERIENCE (CONTINUED)

Attachment B - Page 2

REGIONAL AGGREGATION

HUMAN SERVICES (I.E. DRUG/ALCOHOL COUNSELING, ETC.)

REGION: LAWRENCE

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma						
A.A.						
Undergraduate college degree	1	5	6	4	16	
Master's degree	1		2	2	5	
Ph.D.						
<b>Total</b>	<b>2</b>	<b>5</b>	<b>8</b>	<b>6</b>	<b>21</b>	

II. TRAINING

DPW SPONSORED TRAINING FOR THE NEW MODEL IN 1978

	<u>0-40 Hours</u>	<u>40-60 Hours</u>	<u>60-80 Hours</u>	<u>80-100 Hours</u>	<u>100-150 Hours</u>	<u>150-200 Hours</u>	<u>TOTAL</u>
Some high school							
High school diploma		1					1
A.A.	13	15					28
Undergraduate college degree	3	2					5
Master's degree							
Ph.D.							
<b>Total</b>	<b>16</b>	<b>18</b>					<b>34</b>

II. TRAINING (CONTINUED)

Attachment B - Page 3  
REGIONAL AGGREGATION

REGION: LAWRENCE

TRAINING FOR PROTECTIVE SERVICES DURING 1976 and 1977

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total</u>
Some high school						
High school diploma	1					1
A.A.						
Undergraduate college degree	7	10				17
Master's degree		1				1
Ph.D.						
TOTAL	8	11				19

TRAINING FOR FAMILY AND CHILD WELFARE SOCIAL SERVICES 1973 - 1978

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total</u>
Some high school						
High school diploma	1					1
A.A.						
Undergraduate college degree	5	7	2			14
Master's degree	3		1			4
Ph.D.						
TOTAL	9	7	3			19



SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DBW Region:	0. Are present staffing levels (including supervisors and clerical) adequate to cover existing caseloads?	1. a) What is the average caseload of each of your workers?	1. b) What will be the average caseload in three months?
Lawrence			
CSA Offices: Beverly	Not as yet determined	5	no answer
Haverhill	"No, current staffing levels not adequate either for increase in caseload between Sept. '77 & March '78 nor for Dept.'s and my expectations for delivery of clinical hours. Additional staff and better training for staff and supervisors needed."	15 families up to 26 to 30 families (170 units maximum)	180 units and number of uncovered cases
Lawrence	At present, yes. However with the numbers of cases coming in, caseloads may be filled to capacity shortly.	15 to 25 families	Same (by contract)
Lowell	At the moment, the staff is adequate, but that won't be true for long.	14 cases	20 cases
Lynn	No	15	30
Medford	Yes for now, but not for the caseloads predicted for the future.	11	17-20
Wakefield	There is one clerk who handles clerical duties for all social workers and the supervisor	8 protective. Please be advised that the treatment worker is still carrying 13 non-protective cases. This will continue until the maximum protective caseload (15) is reached.	15
Chelsea	The service unit needs at least one more clerical person	Worker #1: 185 units Worker #2: 160 units	Both: 170

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Lawrence CSA Offices:	2. After the model is implemented, how many staff & supervisors will be providing treatment?	3. What was the procedure for identifying staff & supervisors for protective service?	4. How many staff have been reassigned from other DPW units to protective service within the CSA office or from outside the CSA office?
Beverly	2 caseworkers; 1 supervisor. (same # as they had on March 27, 1978)	Since no one volunteered, 2 generalists were assigned as treatment workers.	2 from generalist ranks
Haverhill	1/9 The figure to the left of the slash is pure protective service personnel; the right side are the staff as a whole.	"Regional office and I explained to staff what model was about, what I thought about it and my anxiousness to support pieces of it, what I would provide for ongoing supports and I asked for volunteers." 3 persons volunteered, plus 1 supervisor. "All were appropriate candidates."	1 with 2 additional back-up persons.
Lawrence	1 supervisor; 2 treatment workers.	"Volunteers were sought. If no volunteers, then worker was selected. This was the case here."	1 generalist
Lowell	1 supervisor; 2 social workers	Volunteers were asked for from the generalist ranks. If no volunteers then staff had to be drafted.	5 staff from CSA
Lynn	3 social workers, 1 supervisor	Volunteers	None
Medford	3	No staff volunteered; staff assigned by director	3
Wakefield	1 social worker; 1 supervisor	There was only one social worker and one supervisor available in this small CSA	None
Chelsea	1 supervisor; 2 workers; clerical staff is shared with other unit.	Asked for volunteers when there weren't enough we drafted.	Reassignments were within office.

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Lawrence CSA Offices:	5. Have all protective service staff participated in Phases I & II of DPW's training?	6. Are there any other issues ... that minimize the impact of the model?
Reverly	Yes	Too soon to tell.
Haverhill	Yes	<ol style="list-style-type: none"> <li>1. "More needs to be done in area of training both for supervisors &amp; line workers to help them develop a concept of treatment relationship and issues of the selective use of themselves, and how to appropriately use authority."</li> <li>2. Would like to see homemaker services program in Haverhill area greatly expanded because it has demonstrated excellence in responding to protective cases.</li> <li>3. Generalist cases re-assigned to allow protective worker to take transfer cases. However, since the generalist was not replaced, there is inadequate coverage for non-protective cases.</li> </ol>
Lawrence	Yes	"In the immediate future, the lack of staff at regional and local offices will minimize the impact."
Lowell	Stage I training Stage II not set up yet.	More "treatment" workers needed. Male treatment workers and a Spanish speaking worker. Need parent aides. More generalists needed if this model is going to work.
Lynn	Yes	Add homemaker services. Lack of adolescent foster homes.
Medford	Training held and attended by 3 staff members (one session)	Yes. Lack of: adequate staffing in other service areas - foster homes, adequate training, group care placements, supports in general.
Wakefield	Yes	No
Chelsea	Yes	<ol style="list-style-type: none"> <li>1. The size of the caseload</li> <li>2. Need for more day care</li> <li>3. The drafting of people who don't want to be treatment workers.</li> <li>4. Need for more teenage foster homes, specifically group care and secure facilities.</li> </ol>

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL

ATTACHMENT D

DPW Region:  Lawrence	0. Are present staffing levels (including supervisors and clerical) adequate to cover existing caseloads?	1.a) What is the average caseload of each worker?	1.b) What will the average caseload be in three months?	2. How many staff will be performing screening and assessment?	3. How will staff be assigned to perform emergency services & court investigation?
	No. As of 6/78 there are 18 P.S. workers and 3 supervisors and 3 clerks; need 3 additional clerks and 1 supervisor.	12	59. 12 per case per day X 5 = 60. 6 cases transferred out per week. 54 cases X 12 weeks = 702 cases + 15 assessment workers = 47 per worker plus 12 current = 59	2 screening 15 assessment	No definite plan; staff available on need.
	4.a) Will/have any Regional staff been transferred to CSA's? To which CSA's?	4.b) Will/have any CSA staff been transferred to the Regional PSU's?	5. How is the transfer of cases from Regional PSU to local CSA being handled?	6.a)b)c) Are cases being transferred from PSU's to private agencies for assessment? For treatment? How?	7. Have all Protective staff participated in Phases I and II of DPW's training?
	No	Yes, four	Paper work transfer without scheduled case conference.	For assessment, yes. For ongoing treatment, no. Paper work transfer. Conference is limited to telephone conversation.	No

8. Are there any other issues that minimize the impact of the new protective model?

NO

New Bedford Region

Staffing Patterns as Identified  
in Face Sheets of Attachments C & D

March 27,  
1978

	<u>Protective Workers</u>				<u>Supervisors</u>				<u>Clerical</u>			
	<u>filled</u>	<u>unfilled</u>	<u>total</u>	<u>+/-*</u>	<u>filled</u>	<u>unfilled</u>	<u>total</u>	<u>+/-*</u>	<u>filled</u>	<u>unfilled</u>	<u>total</u>	<u>+/-*</u>
Regional Office	11	1	12	-4 6/77	2	0	2	-1 6/77	2	0	2	-1
Attleboro	2	0	2		2/7	0	2/7		1/2	0	1/2	
Falmouth/Bourne	2	0	2		1/3	0	1/3		1	0	1	
Brockton	3	0	3		3/4	0	3/4		1	0	1	
Fall River	3	0	3		1/2	0	1/2		1/2	0	1/2	
New Bedford	3	0	3		1/2	0	1/2		1	0	1	
Plymouth	1	0	1		1/2	0	1/2		1/8	0	1/8	
Taunton	2	0	2		2/5	0	2/5		1/2	0	1/2	

\* Represents an increase or decrease in protective service workers at the regional office from June, 1977.

ATTACHMENT B

I. EXPERIENCE

REGIONAL AGGREGATION  
PROTECTIVE SERVICES (EXCLUSIVELY)

REGION NEW BEDFORD

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma						
A.A.						
Undergraduate college degree	18	4	2	1	25	
Master's degree	9	1			10	
Ph.D.						
Total	27	5	2	1	35	

FAMILY AND CHILD WELFARE (INCLUDING SOME PROTECTIVE WORK)

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma						
A.A.						
Undergraduate college degree	9	6	5	5	25	
Master's degree	4	1	1	4	10	
Ph.D.						
Total	13	7	6	9	35	

I. EXPERIENCE (CONTINUED)

Attachment B - Page 2

REGIONAL AGGREGATION

HUMAN SERVICES (I.E. DRUG/ALCOHOL COUNSELING, ETC.)

REGION: NEW BEDFORD

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma						
A.A.						
Undergraduate college degree	19	2	2	2	25	
Master's degree	5	1	2	2	10	
Ph.D.						
Total	24	3	4	4	35	

II. TRAINING

DPW SPONSORED TRAINING FOR THE NEW MODEL IN 1978

	<u>0-40 Hours</u>	<u>40-60 Hours</u>	<u>60-80 Hours</u>	<u>80-100 Hours</u>	<u>100-150 Hours</u>	<u>150-200 Hours</u>	<u>200+HRS</u>
Some high school							
High school diploma							
A.A.							
Undergraduate college degree	7	18					
Master's degree	4	6					
Ph.D.							
Total	11	24					

II. TRAINING (CONTINUED)

Attachment B - Page 3  
REGIONAL AGGREGATION

REGION: NEW BEDFORD

TRAINING FOR PROTECTIVE SERVICES DURING 1976 and 1977

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total</u>
Some high school						
High school diploma						
A.A.						
Undergraduate college degree	15	9			1	25
Master's degree	8	2				10
Ph.D.						
TOTAL	23	11			1	35

TRAINING FOR FAMILY AND CHILD WELFARE SOCIAL SERVICES 1973 - 1978

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total</u>
Some high school						
High school diploma						
A.A.						
Undergraduate college degree	21	1	2	1		25
Master's degree	8	1	1			10
Ph.D.						
TOTAL	29	2	3	1		35

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL

ATTACHMENT C

New Bedford Region	D. Are present staffing levels (including supervisors and clerical) adequate to cover existing caseloads?	1. a) What is the average caseload of each of your workers?	1. b) What will be the average caseload in three months?
<u>CSA Offices:</u>			
Attleboro	At present, staff is adequate.	26 families	Similar caseload
Bourne/Falmouth	Right now, yes. If old protective cases had been transferred to newly trained protective treatment workers, no, they would all be filled up.	20 families	20 families each; Need clarification on union point system.
Brockton	At present, yes because have not been hit with transfer of treatment cases yet.	12 families including assessment and treatment	Hard to say; up to 180 points run at 160 since they will have to pick up emergency
Fall River	Qualified yes. If Fall River treatment workers had no assessment cases there might be enough staff; however, 10 cases were transferred to F.R. CSA prior to implementation and the treatment workers (2) came with full assessment cases. Most are not F.R. cases.	2 workers have 15 cases; 1 worker has 20 cases.	Need union clarification on points.
New Bedford	Yes, presently	10 families	Impossible to say at this point.
Marshfield	No. 1 protective caseworker and 1/7 supervisor can't function adequately (sick days, vacation, etc.) plus growing caseload. Just prior to new model PSU transferred 9 cases needing assessment (already had 12 cases).	21 families	Depends on unit contract interpretation of maximum protective cases.
Taunton	No answer to whether present staff levels adequate. Areas of need? "No idea how many cases will come".	30 families	No more than 25 families.

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL

ATTACHMENT C

New Bedford Region <u>CSA Offices:</u>	2. After the model is implemented, how many staff & supervisors will be providing treatment?	3. What was the procedure for identifying staff & supervisors for protective service?	4. How many staff have been reassigned from other DPW units to protective service within the CSA office or from outside the CSA office?
Attleboro	2 workers	Staff was asked to volunteer	2 Attleboro generalists were reassigned to be protective treatment workers
Bourne/Falmouth	2 workers & 1 supervisor	Asked for volunteers, got none. Then child welfare specialist slot was posted and some applied. Then CSA was told by Regional office to pick volunteers to do protective; supervisor volunteered.	2 generalists from local CSA
Brockton	1 supervisor, 3 social workers	It was done at Regional. Previous Regional staff (13) assigned as protective treatment workers for Brockton. Person returning from educational leave became supervisor.	3 from Regional
Fall River	1 supervisor and 3 treatment workers. May have 1 additional Judge Baker treatment worker.	It was understood that the Regional people would be transferred to Fall River. Volunteers were requested for one remaining treatment position. 4 or 5 volunteered; supervisor also.	1 generalist from Fall River CSA; 2 PSU staff from Regional office
New Bedford	4	Since there were no volunteers, local CSA director designated people.	3 New Bedford CSA generalists; 1 PSU Regional office.
Marshfield	1, but need at least 2 or 3	Supervisor volunteered. No treatment workers volunteered so were appointed	Plymouth CSA generalist reassigned to be a protective worker.
Taunton	2 treatment workers; possibly an additional Judge Baker treatment worker.	Supervisor volunteered. No volunteers for treatment workers. Appointed 2 generalists from Taunton CSA	2 Taunton CSA generalists were reassigned as protective workers.



SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

New Bedford Region  CSA Offices:	5. Have all protective service staff participated in Phases I & II of DPW's training?	6. Are there any other issues ... that minimize the impact of the model?
Attleboro	yes	1) Need 24-hour response 2) Upgrading of protective positions 3) New Bedford PSU not familiar with local Attleboro resources 4) Need training for mandated reporters 5) Need clarification as to what maximum protective caseload should be
Bourne/Falmouth	yes	1) Distance is a real concern-would prefer a local assessment worker. In fact, local IRF staff was used for recent emergency cases 2) Have had some problem getting emergency mental health diagnosis. 3) Airlines to Nantucket won't accept DPW credit.
Brockton	yes	Need supportive services: day care, homemaker services, AFDC allocation incredibly low; may be a problem if new staff is needed. Also staff needs training.
Fall River	yes	1) Critical lack of foster homes 2) Day care programs have long waiting lists 3) limits on availability of homemaker services 4) Limited experience of assessment workers at Regional 5) Limited experience of treatment workers in Fall River (entire Fall River social service staff is fairly new) 6) Need for supportive groups (consultants) for P.S. workers 7) Max. caseload for Protective, under union, is unrealistic 8) Fall River court in session only 3 days a week; workers waste time waiting for cases to be called. 9) Need 24-hour emergency response system; recommend a regional number with screener on call in each area. 10) CSA needs more office space to meet privately with clients. Also, place for parents to visit with children.
New Bedford	yes	1) "New model lacks accountability and flexibility. It also labels the consumer population." 2) Would prefer disbursement of Regional PSU with total responsibility at local CSA. Local IRF could do the screening. 3) New Bedford Advisory Board working on developing CES network.

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

New Bedford Region (cont.)  CSA Offices:	5. Have all protective service staff participated in Phases I & II of DPW's training?	6. Are there any other issues ... that minimize the impact of the model?
Marshfield	yes	1) Need more day care, homemaker services, crisis oriented programs to keep families together. 2) Need 24-hour emergency response system provided by DPW at area level with each CSA having its own screener, assessors and treatment workers. 3) More training needed for staff: general philosophy of protective services, child development, legal issues, court procedures, etc. 4) CSA needs space for private interviews, more phones, neutral place for parents to visit with their children.
Taunton	yes	1) Have adequate support services except for day care: only three centers and all slots are filled. 2) 24-hour response system should be provided by DPW, but needs additional staff and resources to do that. 3) Need training for mandated reporters 4) DPW needs staff who are clinically trained to provide support and technical assistance to protective workers.

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL

ATTACHMENT D

DPW Region: New Bedford	0. Are present staffing levels (including supervisors and clerical) adequate to cover existing caseloads?	1.a) What is the average caseload of each worker?	1.b) What will the average caseload be in three months?	2. How many staff will be performing screening and assessment?	3. How will staff be assigned to perform emergency services & court investigation?
	Assessment staff will need to be increased. 3/27/78 backlog screened in unassigned: 26. On 5/12/78: 61 cases in same situation..	15-17		Screening: 2 Assessment: 10	All; as needed
	4.a) Will/have any Regional staff been transferred to CSA's? To which CSA's?	4.b) Will/have any CSA staff been transferred to the Regional PSU's?	5. How is the transfer of cases from Regional PSU to local CSA being handled?	6.a)b)c.) Are cases being transferred from PSU's to private agencies for assessment? For treatment? How?	7. Have all Protective staff participated in Phases I and II of DPW's training?
	Yes, 5 were transferred; 3 to Brockton and 2 to Fall River	No	Core conference with CSA	Yes, for assessment No, for ongoing treatment. Purchase of service contract with Judge Baker: treatment & assessment.	Yes

8. Are there any other issues that minimize the impact of the new protective model?

Emergency foster homes inadequate; no formal 24-hour plan for coverage; inadequate number of contracted day care slots for protective cases.

Springfield Region

Staffing Patterns as Identified  
in Face Sheets of Attachments C & D

March 27,  
1978

	<u>Protective Workers</u>				<u>Supervisors</u>				<u>Clerical</u>			
	<u>filled</u>	<u>unfilled</u>	<u>total</u>	<u>+ or - from '77*</u>	<u>filled</u>	<u>unfilled</u>	<u>total</u>	<u>+/-*</u>	<u>filled</u>	<u>unfilled</u>	<u>total</u>	<u>+/-*</u>
Regional office	17 2/5	0	17 2/5	+2 2/5	5	0	5	+4	2	2	4	
CSA Offices:												
Greenfield	3	0	3		1	0	1		1	0	1	
Holyoke	4	0	4		1	0	1		1	0	1	
Pittsfield	2	0	2		1	0	1		1	0	1	
Northampton	3	0	3		1	0	1		1	0	1	
Springfield	7	3	10		2	0	2		2	0	2	

\* Represents an increase or decrease in protective service workers at regional office from June, 1977.

I. EXPERIENCE

ATTACHMENT B  
REGIONAL AGGREGATION  
PROTECTIVE SERVICES (EXCLUSIVELY)

REGION SPRINGFIELD

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma	1				1	
A.A.		1			1	
Undergraduate college degree	16	7	6	1	30	
Master's degree	6	3		1	10	
Ph.D.						
<b>Total</b>	23	11	6	2	42	

FAMILY AND CHILD WELFARE (INCLUDING SOME PROTECTIVE WORK)

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma		2			2	
A.A.			1		1	
Undergraduate college degree	7	12	3	3	25	
Master's degree	2	4	2	3	11	
Ph.D.						
<b>Total</b>	9	18	6	6	39	

I. EXPERIENCE (CONTINUED)

Attachment B - Page 2

REGIONAL AGGREGATION

HUMAN SERVICES (I.E. DRUG/ALCOHOL COUNSELING, ETC.)

REGION: SPRINGFIELD

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma						
A.A.				1	1	
Undergraduate college degree	3	5		1	9	
Master's degree		2		1	3	
Ph.D.						
<b>Total</b>	<b>3</b>	<b>7</b>		<b>3</b>	<b>13</b>	

II. TRAINING

DPW SPONSORED TRAINING FOR THE NEW MODEL IN 1978

	<u>0-40 Hours</u>	<u>40-60 Hours</u>	<u>60-80 Hours</u>	<u>80-100 Hours</u>	<u>100-150 Hours</u>	<u>150-200 Hours</u>	<u>200+HRS</u>
Some high school							
High school diploma		1					
A.A.		1					
Undergraduate college degree		23	8				
Master's degree		10					
Ph.D.							
<b>Total</b>		<b>53</b>	<b>8</b>				

II. TRAINING (CONTINUED)

Attachment B - Page 3  
REGIONAL AGGREGATION

REGION: SPRINGFIELD

TRAINING FOR PROTECTIVE SERVICES DURING 1976 and 1977

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total</u>
Some high school						
High school diploma	1					1
A.A.		1				1
Undergraduate college degree	7	12	2			20
Master's degree	1	4				5
Ph.D.						
<b>TOTAL</b>	9	17	2			28

TRAINING FOR FAMILY AND CHILD WELFARE SOCIAL SERVICES 1973 - 1978

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total</u>
Some high school						
High school diploma		1	1			2
A.A.		1				1
Undergraduate college degree	11	9		1		21
Master's degree	5	5		1		11
Ph.D.						
<b>TOTAL</b>	16	16	1	2		35

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Springfield	0. Are present staffing levels (including supervisors and clerical) adequate to cover existing caseloads?	1. a) What is the average caseload of each of your workers?	1. b) What will be the average caseload in three months?
CSA Offices:			
Greenfield	Yes	12	18
Holyoke	Yes	145 units (10 cases)	165 units (20 cases)
Northampton	Yes	14	14
Pittsfield	No. Need a protective worker and two generalists	7 cases each worker	15 each worker
Springfield	Yes. There are 3 unfilled caseworker slots, but Director plans to fill these vacancies by July. Experienced workers from other units will volunteer for PSU. Need 2 more clerical staff.	120 units (15 cases)	165 units (18-20 cases)

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Springfield CSA Offices:	2. After the model is implemented, how many staff & supervisors will be providing treatment?	3. What was the procedure for identifying staff & supervisors for protective service?	4. How many staff have been reassigned from other DPW units to protective service within the CSA office or from outside the CSA office?
Greenfield	1 supervisor; 3 staff	Volunteer from social workers. Supervisor for treatment workers was appointed.	3 from within CSA
Holyoke	4 workers; 1 supervisor	Service director was able to select from surplus of volunteers. Criteria: performance in protective case handling.	5 from within CSA
Northampton	3 staff; 1 supervisor	Volunteers for both workers and supervisor.	3
Pittsfield	1 supervisor; 2 social workers	Ability and experience including related work.	3, with a fourth person trained as future back-up
Springfield	10 workers; 2 supervisors. Since the new model, the treatment unit consists of 10 staff, 2 of whom were supervisors.	Volunteers were selected on the basis of ability, appearance & interest in the job.	7, from other DPW units or CSA's. All are fully trained.

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Springfield <u>CSA Offices:</u>	5. Have all protective service staff participated in Phases I & II of DPW's training?	6. Are there any other issues ... that minimize the impact of the model?
Greenfield	Yes	<p>"Initial selection of staff went well; however, a mechanism should be set up so we don't have to wait weeks for replacement".</p> <ol style="list-style-type: none"> <li>1. Need protective day care slots with transportation provided.</li> <li>2. In about 1/3 of C &amp; P cases, initial intake and assessment done by non-protective workers.</li> <li>3. Neglect of neglect cases</li> <li>4. Staff turnover appallingly high.</li> <li>5. Salaries too low; caseloads too high (should be 15 for protective workers and 20 for generalists).</li> <li>6. Major stress factor: lack of job performance measure.</li> <li>7. Too many workers (4-5) see family before worker assigned.</li> <li>8. When CETA positions expire in Nov. caseloads of regional staff will increase.</li> <li>9. 2 CETA staff have been "borrowed" by regional PSU for local assessment.</li> <li>10. CPS staying on cases after they are assigned to CSA</li> <li>11. Need for specialized (trained) foster families and consultation and counseling for foster families.</li> <li>12. Need transportation to CSA in rural areas for protective cases.</li> <li>13. Need summer recreation/education for protective children in foster care, day care (camps, etc.)</li> </ol>
Holyoke	Yes	Need more day care
Northampton	Yes	<ol style="list-style-type: none"> <li>1. Need day care in the Westfield area.</li> <li>2. Specialized foster homes.</li> <li>3. Infant day care.</li> </ol>
Pittsfield	Yes	<ol style="list-style-type: none"> <li>1. Need protective day care and transportation.</li> <li>2. Mental health treatment workers.</li> </ol>
Springfield	Yes	<ol style="list-style-type: none"> <li>1. Shortage of homefinders for foster care unit.</li> <li>2. Worrisome staff turn over ("burn-out") rate.</li> <li>3. Inadequate office space and equipment.</li> <li>4. For the addition of each protective service worker, there should be a concomitant staff increase in foster care, homefinders and other support.</li> </ol>

**CONTINUED**

**1 OF 2**



SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL

ATTACHMENT D

DPW Region: Springfield	0. Are present staffing levels (including supervisors and clerical) adequate to cover existing caseloads?	1.a) What is the average caseload of each worker?	1.b) What will the average caseload be in three months?	2. How many staff will be performing screening and assessment?	3. How will staff be assigned to perform emergency services & court investigation?
	Yes	15	15	Screening: 1/Pittsfield 2/Springfield Assessment: 3 DPW and 2 Baker/Pittsfield : 11 2/5 in Springfield	Emergency service on a daily routine basis. Hot line coverage by assignment; court investigation via caseload opening-geographically.
	4.a) Will/have any Regional staff been transferred to CSA's? To which CSA's?	4.b) Will/have any CSA staff been transferred to the Regional PSU's?	5. How is the transfer of cases from Regional PSU to local CSA being handled?	6.a)b)c) Are cases being transferred from PSU's to private agencies for assessment? For treatment? How?	7. Have all Protective staff participated in Phases I and II of DPW's training?
	No	No	1. PSU assessment worker notifies PSU supervisor that case is ready to transfer to treatment worker.	Yes. Yes. Similar to intra-departmental transfer	Yes

8. Are there any other issues that minimize the impact of the new protective model?

Need two additional workers in Springfield.  
Need one additional worker in Pittsfield.  
Adoption caseloads - 6 uncovered caseloads in PSU.  
Legal staff shortage.

2. PSU supervisor notifies CSA's Assistant Director that case is ready and requests a case presentation.  
3. Case is presented by PSU supervisor to CSA Assistant Director or supervisor (PSU notifies family, court, etc. that case is transferred).  
4. CSA assigns worker.  
5. CSA has option of scheduling case conference with assessment worker as well as initial joint home visit.

Worcester Region

Staffing Patterns as Identified  
in Face Sheets of Attachments C & D  
March 27,  
1978

	<u>Protective Workers</u>				<u>Supervisors</u>				<u>Clerical</u>			
	<u>filled</u>	<u>unfilled</u>	<u>total</u>	<u>+ or - from '77*</u>	<u>filled</u>	<u>unfilled</u>	<u>total</u>	<u>+/-*</u>	<u>filled</u>	<u>unfilled</u>	<u>total</u>	<u>+/-*</u>
Regional Office	15	0	15	+10 6/77	3	0	3	+2 6/77	3	0	3	+2 6/77
Fitchburg	1	1	2		1	0	1		1	0	1	
Gardner	1	0	1		1	0	1		1	0	1	
Milford/Medway	1	0	1		1	0	1		1	0	1	
Southbridge	1	0	1		1/5	0	1/5		1/11	0	1/11	
Worcester												

\* Represents an increase or decrease in protective service workers at the regional office from June, 1977.

I. EXPERIENCE

ATTACHMENT B  
REGIONAL AGGREGATION  
PROTECTIVE SERVICES (EXCLUSIVELY)

REGION WORCESTER

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma	1				1	
A.A.						
Undergraduate college degree	16	6	2	2	26	
Master's degree	5	1			6	
Ph.D.						
Total	22	7	2	2	33	

FAMILY AND CHILD WELFARE (INCLUDING SOME PROTECTIVE WORK)

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma				1	1	
A.A.						
Undergraduate college degree	3	4	5	8	20	
Master's degree	2		1	3	6	
Ph.D.						
Total	5	4	6	12	27	

I. EXPERIENCE (CONTINUED)

Attachment B - Page 2

REGIONAL AGGREGATION

HUMAN SERVICES (I.E. DRUG/ALCOHOL COUNSELING, ETC.)

REGION: WORCESTER

	<u>0-1 Year</u>	<u>1-3 Years</u>	<u>3-5 Years</u>	<u>5+ Years</u>	<u>Total</u>	<u>Comments</u>
Some high school						
High school diploma			1		1	
A.A.						
Undergraduate college degree		7		1	8	
Master's degree	1		2	1	4	
Ph.D.						
Total	1	7	3	2	13	

II. TRAINING

DPW SPONSORED TRAINING FOR THE NEW MODEL IN 1978

	<u>0-40 Hours</u>	<u>40-60 Hours</u>	<u>60-80 Hours</u>	<u>80-100 Hours</u>	<u>100-150 Hours</u>	<u>150-200 Hours</u>	<u>200+HRS</u>
Some high school							
High school diploma		1					
A.A.							
Undergraduate college degree		25					
Master's degree		6					
Ph.D.							
Total		32					

II. TRAINING (CONTINUED)

Attachment B - Page 3  
REGIONAL AGGREGATION

REGION: WORCESTER

TRAINING FOR PROTECTIVE SERVICES DURING 1976 and 1977

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total</u>
Some high school						
High school diploma				1		
A.A.						
Undergraduate college degree	6	3	5	1	1	
Master's degree						
Ph.D.						
TOTAL	6	3	5	2	1	

TRAINING FOR FAMILY AND CHILD WELFARE SOCIAL SERVICES 1973 - 1978

	<u>0-40 Hours</u>	<u>40-80 Hours</u>	<u>80-120 Hours</u>	<u>120-150 Hours</u>	<u>150-200 Hours</u>	<u>Total</u>
Some high school						
High school diploma					1	
A.A.						
Undergraduate college degree	4	7	4			
Master's degree	1	1		1	2	
Ph.D.						
TOTAL	5	8	4	1	3	

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Worcester	0. Are present staffing levels (including supervisors and clerical) adequate to cover existing caseloads?	1. a) What is the average caseload of each of your workers?	1. b) What will be the average caseload in three months?
<u>CSA Offices:</u>			
Medway	Protective treatment is at maximum by union contract.	Only caseworker has 19 cases	Probably the same because worker is at maximum units.
Gardner		20	23
Fitchburg		20 for 1; 3 for new social worker.	Not over 25
Southbridge	Need: 1 additional full-time protective service case worker.	24	48

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Worcester CSA Offices:	2. After the model is implemented, how many staff & supervisors will be providing treatment?	3. What was the procedure for identifying staff & supervisors for protective service?	4. How many staff have been reassigned from other DPW units to protective service within the CSA office of from outside the CSA office?
Medway	2 - one supervisor and one protective treatment worker. As of 5/11/78, an additional protective service worker is needed.	Supervisor and worker were designated by previous assistant director of social services.	Two, expect to name a second within month.
Gardner	1 supervisor; 1 social worker	Selections were based on assessment and evaluation of training and experience to determine staff best suited to deliver protective services.	1
Fitchburg	3	Request came from Regional office for volunteers. 1 supervisor and 1 social worker volunteered and were chosen. In interviews by Regional Office staff with applicants for social worker vacancies, 2 were considered. 1 was eliminated locally and 1 selected. Procedure was in cooperation with regional manager.	1 2/5
Southbridge	1 caseworker; 1/5 supervisor; 1/11 clerk.	Generalist volunteered to be protective caseworker. The generalists' supervisor volunteered to continue supervising the new protective caseworker.	1 from within CSA office

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL  
ATTACHMENT C

DPW Region: Worcester  CSA Offices:	5. Have all protective service staff participated in Phases I & II of DPW's training?	6. Are there any other issues ... that minimize the impact of the model?
Medway	Yes	The avenues given to select staff were limiting. In the various offices, selection ranged from volunteering to appointing. Not all staff who volunteered were necessarily "the best person for the job". When appointments took over, one was limited because the person who you felt might be best for the position did not want it, so you hesitated to appoint an unwilling person.
Gardner	Yes	Insufficient number of foster homes.
Fitchburg	No. New social worker has not. Supervisor and new social worker have.	Lack of sufficient good foster homes.
Southbridge	Yes	Homemaker services are practically non-existent. Available day care is at a minimum (15 contracted day care slots in the whole area)

SURVEY ON THE IMPLEMENTATION OF  
DPW NEW PROTECTIVE SERVICE MODEL

ATTACHMENT D

DPW Region: Worcester	0. Are present staffing levels (including supervisors and clerical) adequate to cover existing caseloads?	1.a) What is the average caseload of each worker?	1.b) What will the average caseload be in three months?	2. How many staff will be performing screening and assessment?	3. How will staff be assigned to perform emergency services & court investigation?
	Need one additional screener in Regional office and at least 3 treatment workers at CSA level			2/13	Assessment workers at Regional office will back up workers at CSA level if necessary
	4.a) Will/have any Regional staff been transferred to CSA's? To which CSA's?	4.b) Will/have any CSA staff been transferred to the Regional PSU's?	5. How is the transfer of cases from Regional PSU to local CSA being handled?	6.a)b)c) Are cases being transferred from PSU's to private agencies for assessment? For treatment? How?	7. Have all Protective staff participated in Phases I and II of DPW's training?
	No	Yes, 6 on 3/27/78	Some problems-CSA is notified of potential transfer; case material is reviewed and case conference is held if necessary.	No yet for assessment. Beginning to develop for treatment	Yes

8. Are there any other issues that minimize the impact of the new protective model?

Need for psychological services. Some problems with eligibility for Medicare assistance under 21; Purchase of Services



**END**