Social Work Program Assessment:

Salt Lake City Police Department
Community Connection Center

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Qualitative Summary Report
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Introduction

The Community Connection Center (CCC) was created by the Salt Lake City Police Department (SLCPD) in 2016 to "provide a safe environment for people to access individualized care, support, and appropriate community resources." The CCC is comprised of three separate teams: the Community Connection Team (CCT), the Homeless Outreach Service Team (HOST), and the Crisis Intervention Team (CIT). This report focuses primarily on the roles and responsibilities of the CCT within the CCC. The CCT is made up of eight social workers and case managers who work as liaisons between police, service providers, and individuals or families, many of whom are in crisis or experiencing homelessness.

In the spring of 2017, Salt Lake City contracted with the Utah Criminal Justice Center (UCJC) to provide the following services: 1) consultation on programmatic and data collection practices; 2) identification of brief screening/assessment tools to triage participants to additional services based on individual needs, and 3) collection of qualitative data from stakeholder groups in the form of focus groups and interviews with program staff and stakeholders. The following report provides a summary of feedback and recommendations based on results from community stakeholder focus groups and interviews with CCC staff and local law enforcement.

Focus Groups

Background and Methods

To obtain feedback about the CCC, UCJC staff collected qualitative information from community partners and stakeholders in the form of focus groups. The primary purpose of the focus groups was to gather information from community partners who work directly with the CCC and the population served by the CCC.

UCJC staff worked with the CCC director to develop an extensive list of 68 individuals to invite to focus groups, including representatives from local government, treatment providers, medical providers, Adult Probation and Parole (AP&P), non-SLCPD law enforcement (e.g., Salt Lake County Sheriff's Office, Unified Police Department), and community members. Although attempts were made to assign a variety of stakeholder groups to each focus group session, the final composition of groups was largely driven by participant preference and availability. CCC staff and SLCPD law enforcement were not included in the focus groups but were interviewed separately (see pg. 6 for a summary of interview results). UCJC conducted two separate nominal focus groups with community stakeholders on August 17, 2017, and August 18, 2017. See *Table 1* for the breakdown of attendees by group type and focus group session.

Table 1. Focus Group Participants by Type

Focus Group Participants			
August 17th Group		**August 18th Group**	
Type	**#**	**Type**	**#**
Services Providers	4	Service Providers	2
Medical	1	Medical	3
AP&P	2	AP&P	1
Local Government	1	Business	1
Legal	1	**TOTAL**	**7**
Community Members	2		
TOTAL	**11**		

Each focus group lasted approximately one and a half hour and included one facilitator and two note-takers from the UCJC research team. At the beginning of each group, the facilitator provided a brief introduction of the research team, background information on the project, and an overview of the nominal focus group process. The focus groups were conducted using a facilitator guide with four questions for the participants (see *Table 2* for specific focus group questions). Responses were recorded and ranked on a whiteboard and were verified after each question/category and again at the end of the focus group so that participants could correct any misperceptions or provide additional information. Ranked information was then summarized and analyzed for use in this report (see *Appendix A* for more information on the nominal focus group method).

Table 2. Focus Group Questions

Questions
1. What do you think the role of the Community Connection Center should be?
2. What could the Community Connection Center do to improve the collaboration with other stakeholder organizations?
3. What are the strengths of the Community Connection Center?
4. What are the limitations or areas of improvement for the Community Connection Center?

Results and Recommendations

The following section provides a summary of the priority areas that emerged from the community stakeholder focus groups. For each question, responses are provided and ranked in order of what participants viewed as their top priorities. Due to the nature of the nominal focus group method, each group allows participants to select and vote on answers. As such, themes from the groups are presented separately for each focus group session.

Question 1: What do you think the role of the Community Connection Center should be?

Focus group participants offered a range of ideas regarding the role that the CCC should fill within the community (see *Table 3*). In both groups, the top-ranking themes favored ideas related to case management, triaging resources, and serving as a communication hub for information sharing and collaborating with service providers. Although common themes were identified across the two focus groups, a few differences were noted. For instance, while participants in the first focus group highlighted the importance of CCC staff directly providing therapy and case management services to clients, participants in the second focus group believed that the CCC should focus on providing a supportive street outreach team who can work directly with law enforcement. Both groups indicated that the CCC plays an important role connecting clients to additional services and advocating for client services through legislation. Although most responses prioritized existing roles of the CCC, a few suggested additional roles. These suggestions included assistance helping clients resolve outstanding charges and the addition of a medical outreach team to the CCC to address medical challenges that the police and social workers are not typically equipped to handle.

Table 3. Community Connection Center Role[i]

Consolidated Responses	Votes for Top 5 Priorities
August 17th Group – 11 Participants	
Case Management	7
Crisis Therapy	6
Mental Health and Substance Use Treatment Resources	5
Provide a Safe Space for Homeless Individuals	4
Data Collection for Legislative Advocacy	4
Quick Connection to Services/Jail Diversion	4
August 18th Group – 6 Participants*	
Communication Hub – Sharing Provider Information and Partnering	5
Street Outreach	4
Clearinghouse for Client Resources	3
Data Collection for Legislative Advocacy	3
Resolution of Outstanding Charges	3
Help Clients Obtain Identification and Documents	3
Serve as a Centralized Service Point for a Medical Outreach Team	3

* Number of respondents vary as some participants arrived late or left early

Question 2: What could the Community Connection Center do to improve the collaboration with other stakeholder organizations?

Focus group participants offered numerous ideas of how the CCC can better collaborate with other stakeholder organizations (see *Table 4*). According to participants, the top-ranked suggestions for improved collaboration include holding regular meetings with stakeholders, maintaining resource lists or websites for all agencies to utilize, designating agency liaisons, defining and communicating the role of the CCC, increasing communication to avoid the duplication of services, and sharing success stories.

Table 4. Collaboration with Stakeholders

Consolidated Responses	Votes for Top 5 Priorities
August 17th Group – 11 Participants	
Monthly/Weekly Community Meetings	6
Designated Liaisons and Organizations	6
Define and Communicate CCT Role	6

Resource Communication	5
Reporting Success	5
Communicate with Other Organizations	4
Increase Capacity	4
Handoff Referrals	4
Reduce Duplication of Services	4
August 18th Group – 7 Participants	
Maintaining and Dispersing a Resource List or Website	7
Multi-Provider Monthly Meetings	5
Reduce Duplication of Services	5
Upcoming Events Calendar	3
Ask Community Providers how to Support Them	3
Public Service Announcements with Police	3

Question 3: What are the strengths of the Community Connection Center?

Focus group participants were asked to identify the strengths of the CCC (see *Table 5*). The primary themes that emerged were that the CCC has strong leadership, a comprehensive vision of services, strong collaboration and connections with law enforcement, positive relationships with clients and the surrounding community, and is located in an easily accessible location for consumers.

Table 5. Community Connection Center Strengths

Consolidated Responses	**Votes for Top 5 Priorities**
August 17th Group – 11 Participants	
Program Leadership	7
Location	7
Collaboration/Connection with the Police	6
Relationships with Consumers	6
Large, Multi-Disciplinary Team	4
Access to Money	4
Support from Mayor, Police Chief, and City	4
Variety of Services	4
August 18th Group – 7 Participants	
Accessibility	6

Comprehensive Vision	5
Great Community Partner	4
Rehab Beds (Police have designated beds)	4
Combined Social Work and Police Together	4

Question 4: What are the limitations or areas of improvement for the Community Connection Center?

Focus group participants also identified many limitations and areas of improvement that the CCC should consider (see *Table 6*). The primary themes in the first group suggest that participants thought that the hours for walk-in services were too limited, collaboration and information sharing could be improved with other service providers, and the scope of services being provided through the CCC likely exceeds their capability and capacity. In the second group, the primary themes included reducing the duplication of services, providing health risk information to clients, and increasing communication with other stakeholders.

Table 6. Community Connection Center Limitations

Consolidated Responses	**Votes for Top 5 Priorities**
August 17th Group – 10 Participants*	
Limited Hours when Open to Public	8
Improve Collaboration with Service Providers	8
Limited Capacity	6
Sharing Info with Allied Providers	6
Front Desk Staff Unfamiliar with Services	5
Duplication of Services	4
Improve Information out Public/Providers	4
August 18th Group – 7 Participants	
Duplication of Service	5
Health Risk Information – Overdosing, Communicable Diseases, etc.	5
Communication with other Stakeholders	4
Budget	4
Need more hours open – 12-6 PM not enough	4
* Number of respondents vary as some participants arrived late or left early	

Staff Interviews

Background and Methods

The research team conducted interviews with CCC staff to better understand employees′ experience working at the center. Twelve out of eighteen employees participated in interviews between July and August of 2017. Interviews were conducted in person and lasted approximately twenty to thirty minutes. The CCC staff interviewed included four law enforcement, four therapists, three case managers, and one support staff. For this report, feedback has been arranged according to common themes reported by interview participants, which fall into two broad categories: the role of the CCC and program capacity.

Summary of Results

The Role of the CCC

It is clear from staff interviews that the role of the CCC has changed over time. Although initially developed as a street outreach program, the CCC has shifted over time toward providing a vast number of services at their walk-in center. This shift toward providing services at the center has increased the number of clients served by the CCC, but according to staff, has also made social workers less available to law enforcement. In addition to a shift in the format and location of service delivery, the scope of services offered has continued to fluctuate over time. According to staff, these changes are largely a result of funding or grant restrictions (see *Funding* section for additional discussion). In addition to street outreach and police assistance, the CCC has provided the following services to clients: case management, clinical intervention and therapy, crisis response and intervention, housing assistance, transportation assistance, employment assistance, assistance obtaining identification, mail distribution, screening and assessment, and referrals to outside agencies.

A number of staff expressed the belief that the CCC was trying to provide too many services and a few suggested that the program should serve a more target population (e.g., individuals with substance use issues and/or mental illness who come into contact with law enforcement). Some staff also expressed concerns that in addition to being spread too thin, they were also being asked to become experts in too many areas and with too diverse a population. Overwhelmingly, staff were supportive of the CCC refocusing efforts towards providing more street outreach and law enforcement assistance.

Availability of Services. Many of the staff noted challenges with the availability of treatment and services for clients, provided both directly through the CCC and indirectly through partner agencies. For instance, a number of staff noted the difficulty of finding and securing affordable housing for clients. Although some staff viewed the providing and management of housing assistance as falling outside the purview of the CCC, one member of the CCT suggested that it would be helpful to have housing directly connected to the program. Providing these services in-house, would allow the program to place clients in temporary housing where they could have access to triage funds for emergency rent assistance, food, and transportation so they could have immediate assistance to carry them through until the next steps in triaging care were pit in place.

Some employees expressed a belief that the CCC's processes were not lacking, but that there was a need for more services in the community to refer clients. For services not provided directly by the CCC, staff reported that they often face challenges figuring out how to get clients connected with services and in some cases are unsure of whom to contact. A few staff also expressed frustration with delays, often due to

long wait lists and limited resources. For instance, one such staff reported feeling discouraged after finding out that a client had to wait six months to get an assessment from an outside provider. Staff emphasized the importance of quickly connecting clients to services, especially with homeless populations who are notoriously difficult to follow-up with and locate.

Mail Distribution. Earlier this year, the CCC took over the task of distributing mail for The Road Home's clients, after a non-profit agency stopped providing this service. According to one CCC employee, the CCC sorts through approximately 1,500 pieces of mail for homeless clients per day. Another estimated that the center sees between 500 and 600 people per week, with many individuals receiving mail, and approximately 150 to 200 people per week seeking case management and/or clinical services. Although most staff indicated that mail sorting and distribution is very time consuming and is not an appropriate role for the CCC, a few reported unexpected benefits of providing the service. According to these staff, mail distribution at the CCC has not only increased the number of individuals who come into the CCC, but in some cases has allowed clients to seek services and/or treatment without drawing the attention of family and friends.

Assessments and Screenings. Staff also indicated that it would be helpful to have more appropriate assessment/screening tools that they could use at the CCC to help streamline the referral process with other service providers. Identification of appropriate screenings and brief assessments could also help standardize the CCC's processes, as staff describe current practices as varying widely and being largely driven by individual preference.

Crisis Resources. Law enforcement members of the CCT expressed confusion over where to take people who do not belong in jail, but are not appropriate for the hospital. These officers were concerned that there was no place to take someone who is actively in crisis because they do not believe that talking to a case manager or taking them to the walk-in center is always sufficient. Officers identified a need for more receiving center options where they could take people that need to detox safely or need to calm down before getting help from the CCT.

Program Capacity

Staff. Strong leadership and staff were identified as one of the greatest strengths of the CCC. Members of the CCT described their co-workers as being experienced, knowledgeable, and from diverse backgrounds. Staff have extensive experience working with individuals with mental health and/or substance use diagnoses and some have experience working with homeless populations. Staff were described as being highly capable of handling individuals in crisis and were described as passionate, supportive of one another, and willing to think outside the box. Staff were also praised for their determination and resiliency, even when faced with major setbacks.

Many staff identified the need for additional staff at the CCC so that the center can continue to develop and expand their outreach work. It was also suggested that with additional staff, employees would have the ability to carry caseloads or become specialized in different areas such as housing, outreach, and other services. Most employees asserted that the CCC is doing the best that it can with their current capacity and limited resources. Respondents discussed that at times case managers would see up to ten or twelve people in one hour. Clients are seen quickly and it does not always feel like case managers can spend an appropriate amount of time with them.

A number of staff highlighted the instrumental role of the front desk staff and suggested that an organized, well-trained front desk staff could help the overall flow and work of the CCC. As such, staff emphasized the importance of this job being a permanent, full-time position so that sufficient training and

resources could be invested into this individual. Staff suggested trainings for front desk staff could include crisis response and mental health first aid to help them calmly identify and navigate crises.

Collaboration between case managers and therapists was described as improving, but as an area of continuing growth. A number of staff suggested that the team should be collaborating more when making decisions. One possible suggestion to improve communication and information sharing was the development of a resource board where staff could share new information and contacts. A resource board could also serve as a helpful way for more experienced employees to share information with newer employees.

As it currently stands, the walk-in center is only open to clients Monday through Friday from noon to five o'clock. Each morning at least one staff member is assigned to street outreach with law enforcement, while remaining staff spend the mornings making appointments, reviewing research on evidence-based practices, and attending staff or stakeholder meetings. A number of staff expressed concern that this lack of structure in the morning often leads to low productivity and a number of staff expressed a desire for more clarity regarding their job responsibilities (e.g., effective treatment plans).

Data Sharing. Employees also expressed challenges with documentation and information sharing between CCT staff since the current process relies upon shared spreadsheets. The use of spreadsheets can cause challenges for employees to know if the information is up-to-date and it becomes easy for information to become repetitive when it is documented too many times. Some discussion surrounded concerns about completing documentation as quickly as possible to help serve clients effectively. Employees expressed excitement about getting a new documentation system, but also feelings of apprehension about the need to build the system from the ground up.

Funding. The majority of staff identified funding and its impact on the CCC's ability to provide services as one of the greatest challenges. According to CCC staff, issues often stem from fluctuations in available funding and grant or finance restrictions. Staff expressed frustration that these funding issues often result in inconsistencies regarding what services the program can provide on a given day. Examples of the types of services impacted by funding fluctuations include assessments, emergency funding for hotel stays, family reunification funds, bus tokens, and other services. Frequent funding changes and inconsistencies can also become a challenge for the community partners and law enforcement who want to refer clients to the CCC but are unsure which services are available.

Communication and Collaboration with Stakeholders. As the only city service provider, the CCC staff described unique challenges when collaborating with county and non-profit community stakeholders. In particular, non-profits and county-funded providers utilize different electronic health records, introducing additional barriers to sharing data with the CCC. Respondents suggested that having access to the same record systems as other agencies could be helpful. This access could potentially allow CCC employees to see how many times clients have been in the hospital, medication information, and give them the ability to identify and contact medication prescribers. It was suggested that these abilities would help reduce jail and emergency room visits, as was the original intention of the CCC.

Some staff suggested that the CCC has strong collaborative relationships with community partners, though many acknowledged that these partnerships should be strengthened and built upon. Staff also noted that political and jurisdictional tensions between some stakeholders have placed them in difficult positions and in some cases have hampered collaborative efforts. A number of staff report attending regular meetings with community partners to help triage services and discuss frequent utilizers of community services. Many staff indicated that there is confusion among many stakeholders regarding what they can or cannot do. HIPPA and privacy laws, especially in regards to health records, often restrict communication and data sharing between agencies. Staff currently feel constrained by professional ethics

not to disclose client information; however, collaboration between social work and law enforcement is required to best serve the clients. Policy and procedures outlining how and when client information can be shared might lessen some of these barriers to effective collaboration.

Law Enforcement Interviews

Background and Methods

The research team also conducted interviews with SLCPD officers working in the area surrounding but not directly affiliated with the CCC. The purpose of these interviews was to better understand their familiarity and experiences with the CCT. Five law enforcement personnel participated in interviews, which lasted approximately twenty to thirty minutes in September of 2017. For this report, feedback has been arranged according to common themes reported by interview participants, which fall into three broad categories: communication and collaboration, social worker outreach with the police, and needing a clear mission for the CCC.

Summary of Results

Communication and Collaboration

Overwhelmingly the officers indicated that they were not very knowledgeable about the processes, success and failure rates, or available resources at the CCC. Similar to stakeholders, officers indicated that have not been able to get a clear explanation of the services available at the CCC, even when asking CCC staff directly. This is likely a result of inconsistencies in available services due to funding restrictions and fluctuations that were also noted by staff. Officers indicated that they would like to know what they could expect regarding what services are offered, to whom, and what the timeline is for accessing those services. Officers also indicated that they would appreciate being able to share the information directly with individuals rather than having to refer them to a social worker to get simple questions answered. Furthermore, the officers indicated that having regularly updated information from the CCC on the services available and which clients qualify would help inform proper referrals. It was also discussed that the CCC has many connections to community providers to get clients into treatment programs quickly, which is beneficial for everyone involved. Officers shared that they are unsure of how to best assist the CCC and of how the CCC can assist them; however, they were largely supportive of the program and emphasized the importance of the police and social work partnership.

Outreach with Law Enforcement

Officers were especially supportive and appreciative of the CCC′s street outreach and on-call assistance to law enforcement; however, suggested that these services should be available on weekends and evenings. Officers noted that they have the most need for social worker assistance during these extended hours and suggested that expanding outreach would likely allow the CCT to serve a sub-set of the population who is not utilizing the walk-in center. It was also suggested that having outreach and follow-up teams would be helpful so that once clients are given resources the team can follow-up to see if further assistance is needed.

Mission and Role of the CCC

Officers emphasized the importance of the CCC having a defined, clear mission to help direct limited funding and staff resources. As the CCC and law enforcement are stretched thin, it becomes a challenge to address anything appropriately. Officers agreed that the CCC is doing their best and acknowledged that many of the weaknesses, such as funding, limited treatment resources and beds, and waiting periods for getting into treatment are out of their control.

Key Findings

Ultimately, the greatest strength identified by focus groups and interviews was that the CCC has strong staff and leadership who are very accessible and available to clients. This is evidenced by commentary on the staff's knowledge, diverse backgrounds, experience, and their ability to be open-minded. It is evident that the CCT is very passionate, flexible, and work hard to make a difference.

In order to move forward, the CCC needs a clearly defined mission and goals that will allow them to fill existing gaps in services. Over its short tenure, the CCC has been asked to take on many roles and provide a wide range of services. Staff and law enforcement overwhelmingly highlighted the strength of street outreach, but as a result of providing so many services, this component has been drastically reduced over time. Staff were supportive of increasing street outreach and indicated that they would like to do it more frequently. In addition to limiting the number and type of services offered, the CCC may also want to consider identifying a more targeted population. The CCC should also consider creating a multi-disciplinary steering committee to provide support and guidance to the program and leadership. Once these pieces are in place, it would also be beneficial to focus on finding dedicated funding streams that could protect the program from fluctuations and resulting inconsistencies.

Although the CCC is a Salt Lake City Police Department program, the population they serve and the services that these clients need are not confined within the city limits. Nor are the larger homelessness and criminal justice issues that have taken center-stage over the past year. Partnership between law enforcement and social work is needed more than ever and a strong commitment for collaboration across city, county, and state jurisdictional lines is vital to the success of the CCC.

Appendix A: Methods

Community Stakeholder Focus Group

Nominal Focus Group Methods. A nominal focus group design was used to elicit the study information from the participants. The nominal focus group was conducted in four stages:

1) **Introduction** – facilitator introduced the purpose of the session, rules, and structure;

2) **Elicit Individual Responses** – responses were collected on the chosen topic in a silent generation phase;

3) **Clarification and Consolidation** – responses were read out loud and clarified one-by-one by participants, then similar/same items were merged under one response by the facilitator; and

4) **Ranking Responses** – participants ranked their top five responses individually in order of importance. Ranked results were then calculated to identify the unified ranking of the group.

This type of design was chosen to: 1) give an equal voice to each participant, 2) reduce personality effects or strong/dominating opinions, 3) obtain quantifiable results immediately after the session, 4) easily share results with participants, and 5) provide a more cost-effective process by minimizing the need for transcription or extensive coding and analysis.