



SNUG Social Work Initiative: Research Brief

Academic Partner

University at Albany
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Summary

The Division of Criminal Justice Services partnered with the Office of Victim Services to implement and assess the SNUG Social Work Initiative, which embedded social workers and case managers into 12 community- and hospital-based SNUG Street Outreach program locations.

The Division of Criminal Justice Services, and Office of Victim Services engaged with researchers from the University at Albany School of Public Health to monitor and evaluate the implementation and the impact of the initiative.

This brief provides a high-level overview of the University at Albany School of Public Health assessment. Please [email the Research Consortium](#) for more information about this project or to learn more about the Consortium.

Background

The SNUG Street Outreach program is an evidence-based violence reduction initiative implemented by New York State in 2010 to respond to gun violence using a [public health approach](#). The Division of Criminal Justice Service (DCJS) modeled the [SNUG Street Outreach](#) program after Chicago's Cure Violence Model, which views community-level violence as a public health problem that can be easily transmitted within poverty-stricken communities. Members of the SNUG Street Outreach team are considered credible messengers within their communities, often having similar lived experiences or lost loved ones to gun violence. Outreach workers connect with those at highest risk of perpetrating and/or becoming victims of gun violence to reduce their high-risk behavior. Street outreach workers also mediate conflicts among community members and intervene to prevent violent incidents and retaliation immediately after a shooting occurs.

In 2018, DCJS partnered with the [Office of Victim Services \(OVS\)](#) to address trauma experienced by victims of gun violence. By placing licensed social workers and case managers at SNUG sites, the SNUG Social Work Initiative aims to bridge the gap between victims of crime and the services available to them. This model's framework includes the supervision and support of social workers and case managers, training of all SNUG staff in trauma-informed care, and managing services and referrals provided to participants and their

families. SNUG improves accessibility to victim services for participants and their families. Each site hires at least one social worker who provides trauma-informed care and individual and group therapy; navigates social services; files OVS applications; advocates for SNUG clients; and supports SNUG outreach workers. Each site hires a case manager who works in tandem with the social worker to also assist other victims of crime who have been traditionally underserved. Hospital-based social workers in major trauma centers work with victims and families immediately after a violent incident occurs. They provide support, conflict mediation, safety planning, education around trauma, assistance with OVS applications, and refer victims to the SNUG site-based team.

Evaluation Overview

The University at Albany School of Public Health assessed the alignment between the implementation of the Social Work Initiative and its stated goals, which include:

- (1) bridging the service gap between victims of gun violence, especially young men of color and other crimes, and OVS,
- (2) strengthening SNUG sites with trauma-informed clinicians to support participants, individuals, and families affected by gun violence and other crimes,
- (3) providing support and guidance to SNUG team members through a trauma-informed lens, and

- (4) creating a direct connection between local trauma centers and SNUG sites.

The evaluation occurred in three overlapping phases between March 2019 and September 2022: pre-implementation planning; implementation and monitoring; and impact evaluation. Each phase uniquely identified successes and challenges of the SNUG Social Work Initiative. Researchers assisted SNUG staff with developing logic models, which is a graphic representation of the relationship between the program goals, available resources, activities, outputs, and the intended effects of the program. They also conducted a literature review; developed and analyzed monthly process metrics; surveyed staff over time regarding job satisfaction, compassion fatigue, workplace cohesion, and coping strategies; and conducted focus groups and interviews with street outreach staff, case managers and social workers. Evaluators also monitored social worker and case manager hiring and retention, which varied across sites. These metrics helped researchers evaluate the implementation of the Social Work Initiative, understand alignment to the program goals, and identify key components for program success, summarized below.

Alignment with Initiative Goals

Researchers summarized how closely activities conducted throughout the evaluation aligned with the program goals, utilizing the process metrics, qualitative data, and staff survey data.

1. Bridging the service gap between victims, specifically young men of color, and OVS

During the evaluation period, there was an increase in the number of OVS applications submitted by SNUG social workers each month, and an increase in the proportion of applications awarded (38 percent of applications resulted in an award from April to December 2020, versus 63 percent awarded in January to June 2021). This indicates that social workers identified individuals eligible for assistance and successfully navigated applications through the OVS process.

2. Strengthening SNUG sites with trauma-informed clinicians to support participants and communities affected by violence

From April 2020 through August 2022, SNUG sites saw a steady increase in the average number of participants served each month (14 and 26, respectively), reflecting an increased capacity of SNUG sites to support participants who are at risk of becoming involved in gun violence.

Outreach staff appreciated social worker involvement in community events and shooting responses and indicated that communities positively perceived the SNUG program in 80 percent of the sites. Outreach staff believed the communities saw the social work staff as part of the SNUG team, rather than an external entity. All sites indicated that social work staff benefited the participants and the communities; successfully coordinated services; and provided support for participants, including processing OVS applications and helping with job searches. Eighty percent of sites felt the social work staff successfully built relationships with participants and their families, especially mothers of victims. Female social workers supported mothers in a way that male outreach workers did not feel they could.

3. Providing guidance and support to SNUG team members

Generally, staff had favorable opinions about trainings with a trauma-informed lens, such as Trauma Systems Therapy, Motivational Interviewing, and Hip Hop Therapy trainings. These trainings improved outreach staff members' understanding of trauma-informed practices. Specifically, 70 percent of outreach staff found that the regular, structured activities of Trauma Systems Therapy – case conferencing, training, and support teams – was highly effective in managing job stress.

Overall, outreach staff indicated that social work staff provided essential support and guidance in several ways. All sites reported that social work staff provided administrative support by processing OVS applications, coordinating service referrals, and preparing paperwork. Ninety percent indicated the social work staff members' clinical expertise was essential to supporting staff's interactions with participants and the communities they serve. Social work staff provided outreach staff with clinical concepts and guidance to use during a crisis and explained the resources and services available. Eighty percent of outreach staff felt that the social work staff provided significant emotional support to the SNUG team, enabling them to effectively manage job stress, trauma, and triggers in a variety of ways. Social work staff directly supported teams by handling difficult cases through structured clinical activities and connecting participants to services. But outreach staff felt most strongly that the social work staff provided emotional support to the team through team building exercises, support groups, and one-on-one check-ins.

4. Creating a direct connection between local trauma centers and SNUG sites

While activity in hospitals that participate in the SNUG

Social Work Initiative varied, outreach staff indicated that hospital-based social workers were an asset to SNUG sites and had improved connections with, and referrals for, shooting victims. From January 2021 to August 2022, successful referrals from hospitals to SNUG sites increased from approximately 40 percent to 70 percent.

Recommendations

Key recommendations for improving SNUG Social Work Initiative

1. Tailor trainings to staff role and prior training, and continuously evaluate staff training needs
2. Prioritize case manager and social worker retention
3. Increase compensation and equalize benefits for staff
4. Collaborate with the office of victim services to review eligibility criteria and streamline procedures for OVS reimbursement
5. Clarify and distinguish roles at each site
6. Encourage and maintain relationship between participating hospitals and SNUG sites

Recommendations for Improving SNUG Social Work Initiative

Although the research study found many positive impacts, it also identified areas for improvement. Researchers identified six recommendations to sustain and improve the SNUG Social Work Initiative.

1. Tailor trainings to staff role and prior training, and continuously evaluate staff training needs

Supervisory staff should develop training plans specific to every staff role; offer supplemental trainings enhancing and challenging staff growth; and conduct follow-up surveys of the training. Some staff indicated they found the trainings redundant and/or unhelpful in their specific roles.

2. Prioritize case manager and social worker retention

Providing opportunities for professional growth, developing longer-term plans for promotion, and ensuring competitive salaries and benefits for social workers and case managers is critical to increasing retention. Using one-on-one interviews, group interviews and exit surveys, researchers identified feelings of being overextended due to growing caseloads, and concerns regarding professional growth and clinical licensure.

3. Increase compensation and equalize benefits for staff

Staff should feel their compensation matches their efforts. Prioritizing investments in existing staff (instead of hiring more staff), and incorporating step raises into base salaries, as much as practicable, may increase outreach and social work staff retention.

4. Facilitate sharing best practices across sites and opportunities for outreach staff to provide feedback

Social work staff reported appreciation for peer support calls, which allow them to share strategies with social work staff in other sites. Offering similar calls for the outreach staff, to collaborate across sites, would allow outreach workers to learn from one another and would encourage engagement.

5. Collaborate with the Office of Victim Services to review eligibility criteria and streamline procedures for OVS reimbursement

The SNUG social work team members expressed frustration with the application and reimbursement process for victims of crime, especially the eligibility requirements. Encouraging collaboration with OVS to review current eligibility requirements addressing common experiences of gun violence may help resolve roadblocks.

6. Encourage and maintain relationships between participating hospitals and SNUG sites

Hospital-based social workers work a typical weekday schedule and are not at the hospital at night or over weekends, when shooting victims tend to be admitted. This leads to inconsistent referrals between hospitals and SNUG sites. Creating hospital-based positions, with alternative work schedules, ensures staff are available when shootings occur and addresses gaps in SNUG referrals.

Recommendations for Other Community Violence Intervention Programs Implementing a Social Work Component

The following recommendations broadly apply components of the SNUG Social Work Initiative to other community violence intervention models.

1. Address negative connotations of social workers

Early in the initiative, SNUG staff were concerned that participants would be hesitant to engage with social workers and case managers as many participants have negative connotations associated with social workers from past experiences (e.g., social workers take children away). To counter these negative connotations and proactively address any concerns about social workers and/or case managers, supervisors should have open and honest conversations with their staff to explain the specific role of the social workers and case managers at their sites and the benefits they can offer to gun violence victims and communities. This information should be shared with participants and families engaged with SNUG or other victims of crime assisted by the sites.

2. Address concerns about mandated reporter status of social workers

Social workers are obligated by law to report to the statewide register when they suspect abuse or neglect by a person responsible for the health and well-being of a child. This requirement created credibility and confidentiality issues for SNUG outreach workers and participants. Educating outreach staff on the responsibilities and role of the social workers and stressing that they must maintain confidentiality of information shared during their meetings with participants may help alleviate the distrust around social workers and strengthen their role as supporters.

3. Integrate case managers and social workers into the team

Social workers and case managers should be part of the SNUG team to encourage participants and communities to embrace these services. Integrating the social worker and case managers in various activities with the SNUG outreach team creates a collaborative partnership.

4. Clarify and distinguish roles at each site

Outreach workers initially believed that integrated social workers and case managers would reduce their workload, allowing them to focus on conducting outreach and mediations, rather than referring participants to social services, for example. Staff felt

frustrated about the lack of clarity around their specific responsibilities and confusion over who performs which tasks. Communicating expectations and clearly delineating each staff member's responsibilities will allow outreach staff to distinguish their job responsibilities from those of the social work staff.

5. Address personal therapeutic support offered by social workers to outreach staff

SNUG outreach workers experience vicarious trauma regularly and expected the social worker's help navigating personal trauma. While social workers cannot provide therapeutic services to SNUG employees because their primary responsibility is to participants and other victims of crime, they can provide on-the-job support that helps outreach workers manage job stress, vicarious trauma, and other triggers. This distinction should be explicitly communicated to outreach staff, and social workers should refer outreach staff who need more assistance to mental health counseling and connection to other services.

Recommendations

Key recommendations for other community violence intervention program implementing a social worker component:

1. Address negative connotations of social workers
2. Address concerns about mandated reporter status of social workers
3. Integrate case managers and social workers into the team
4. Clarify and distinguish roles at each site
5. Address personal therapeutic support offered by social workers to outreach staff

Conclusion

Overall, researchers found the SNUG Social Work Initiative strongly aligned with the goals of the program. Additionally, SNUG outreach staff appreciated the involvement and impact of social workers and case managers on the SNUG team. Their contributions were essential for supporting the outreach staff, participants, and communities. Outreach staff developed positive relationships with social work staff, which allowed them to have more favorable outcomes when handling stress, trauma, and difficult cases.