The Trauma and Community Resilience Center (TCRC) at Boston Children's Hospital conducted a formative evaluation of the Massachusetts Bay Threat Assessment Team (MBTAT). The MBTAT is an FBI-convened community-based threat assessment and management team serving four states (MA, RI, NH, ME) composed of leading experts in the field of threat assessment as well as community partners. The purpose of this team is to identify, assess, and manage situations where there is a risk of targeted violence.

The goal of this evaluation was to identify key components of the MBTAT as an exemplar of a community-based multidisciplinary threat assessment and management team (MTAMT) and understand how those components relate to desired outcomes as defined by the team. MBTAT leadership made iterative changes to programming throughout the course of the formative evaluation. The resulting logic model captures the core operations of the MBTAT.

Research questions:
- What are the core activities and characteristics of the MBTAT?
- What are barriers to and strategies for implementing these activities?

Key findings:
- Team process outcomes were identified that reflect the team's definition of success and inform essential elements and activities needed to achieve success.
- MBTAT conducts monthly meetings for training and other updates, biweekly consultation meetings, and management teams to monitor implementation of mitigation strategies.
- Team receives and assesses referrals.
- Team is increasingly responsive to the needs of the community and referrals.
- Team reflects multiple disciplines and perspectives.
- Challenges include barriers to information sharing.
- Next Steps include developing processes and procedures of management teams.
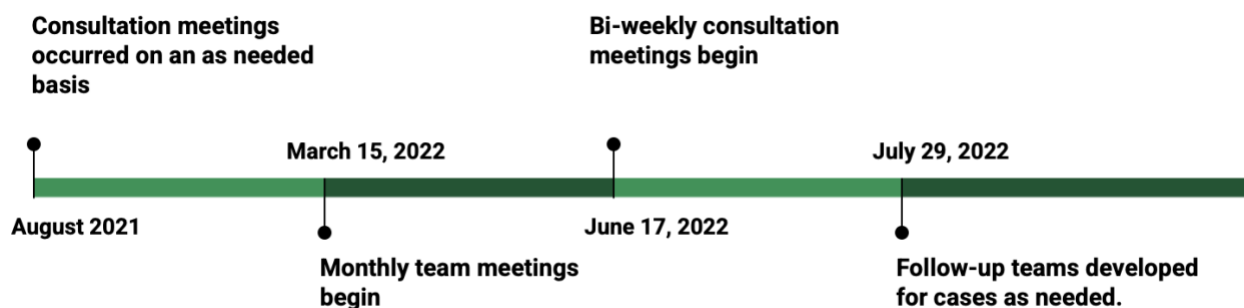
How was data collected?
- Clinical research staff took notes at biweekly and monthly meetings. Notes were coded using metrics developed by the BCH team to examine the implementation of the MBTAT.
- Date range: 08/2021 - 09/2022
  - A total of 21 meetings were coded.
  - Debrief interviews were conducted post meeting with the program coordinator.

What data was examined?

- Five program components of the MBTAT were examined, including:
  - Team Processes and Procedures
  - Referral Process
  - Implementation
  - Teamwork
  - Information Gathering and Sharing

Team Processes and Procedures

Over the course of this formative evaluation, the MBTAT team meeting structure and focus developed and changed over time, as illustrated by the below timeline. While initial consultation meetings were held on an as-needed basis, meetings became more formalized over time, with the inclusion of both team meetings and consultation meetings. The current meeting structure includes team meetings that occur monthly and include trainings and presentations regarding the function and structure of the MBTAT. These meetings are open to the community and MBTAT members. Consultation meetings occur biweekly and include the discussion of a case that has been vetted by the program coordinator. Attendees include MBTAT members and the referral agency. A more recent development was the implementation of management teams, which are a subset of MBTAT members and community members that monitor the implementation of mitigation strategies and monitor the progress of specific cases.

Consultation meetings occurred on an as needed basis

Bi-weekly consultation meetings begin

March 15, 2022   **July 29, 2022**

August 2021   **June 17, 2022**

Monthly team meetings begin

Follow-up teams developed for cases as needed.

Referral Process

A core activity that needs to be in place to support a successful MTAMT is that potential referrers understand when and how to refer appropriate cases. Our review of referral data for the MBTAT suggests that **referral criteria are well understood and operationalized as evidenced by a consistent influx of referrals. There were 12 cases reviewed over 13 months, 6 juvenile and 6 adult cases.**

Implementation

We aimed to understand key components of the MBTAT as an exemplar of a community-based multidisciplinary threat assessment and management team. This included examining how often meetings and trainings take place, what the MBTAT members consider essential activities of a threat assessment process, and which disciplines are reflected in mitigation strategies.

Trainings: Over the course of 13 months our team observed 4 trainings that were offered to MBTAT team members. These ranged from navigating the presence of psychosis in a threat assessment case, autism spectrum disorder and threat assessment, and threat assessment cases involving houses of worship. An additional day-long training in threat assessment principles was provided to ensure that all team members shared a common understanding of threat identification, assessment, and management.

Meeting Frequency: There were a total of 21 meetings over 13 months (1.5 meetings per month).

Prior to the establishment of the monthly meetings (which occurred on 3/15/22) there were slightly less than one per month. After 3/15/22, there was at least one meeting per month.

MBTAT Essential Activities: Key elements of a structured threat assessment process within the MBTAT included a discussion of mitigators and enhancers, identification of where someone is on a pathway to violence, threat determination, and development of a mitigation strategy.

Meeting Attendance		
Discipline	**% of Monthly Meetings**	**% of Consults**
Community Mental Health	100%	100%
Department of Mental Health	100%	60%
Federal Law Enforcement	100%	100%
State Law Enforcement	31%	0%
Local Law Enforcement	23%	0%
State Education	23%	60%
Department of Public Health	60%	0%
Department of Veteran's Affairs	15%	0%
Legal	54%	60%
Forensic Psychology	85%	80%
Community Agency	23%	40%

Multidisciplinary Mitigation Strategies: Mitigation strategies reflected multiple disciplines as at least three disciplines were represented in 46% of mitigation strategies discussed.

Disciplines Reflected in Percentage of Discussed Mitigation Strategies:

Law Enforcement 100%	Mental Health 100%	Education 15%	Social (e.g., family) 15%	Community Partners 15%
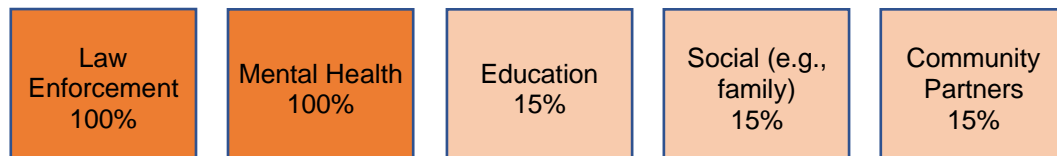
Teamwork

We wanted to understand not only the content of the meetings but also the process of how the team worked together. To better understand the team's multidisciplinary and collaborative nature, we tracked attendance, the disciplines represented, and whether referring entities attended the meetings. Overall, meetings were well attended, reflected a diversity of perspectives, and included key stakeholders.

Meetings were well attended as indicated by all meetings including at least 6 attendees.	Meetings reflected a diversity of perspectives evidenced by all meetings having at least 4 speakers.	Stakeholders attended meetings in most meetings.
There were between 8 and 20 attendees per meeting. An average of 13.6 attendees at monthly meetings and 11.6 attendees at consultation meetings.	There were between 4 and 11 speakers per meeting. An average of 7 speakers at monthly meetings and 8.23 speakers at consultation meetings.	86% of meetings were attended by the referral agency.

Information Gathering and Sharing

A key part of a multidisciplinary threat assessment is reviewing and integrating threat-related information. We aimed to understand gathering and sharing information within a community-based threat assessment team.
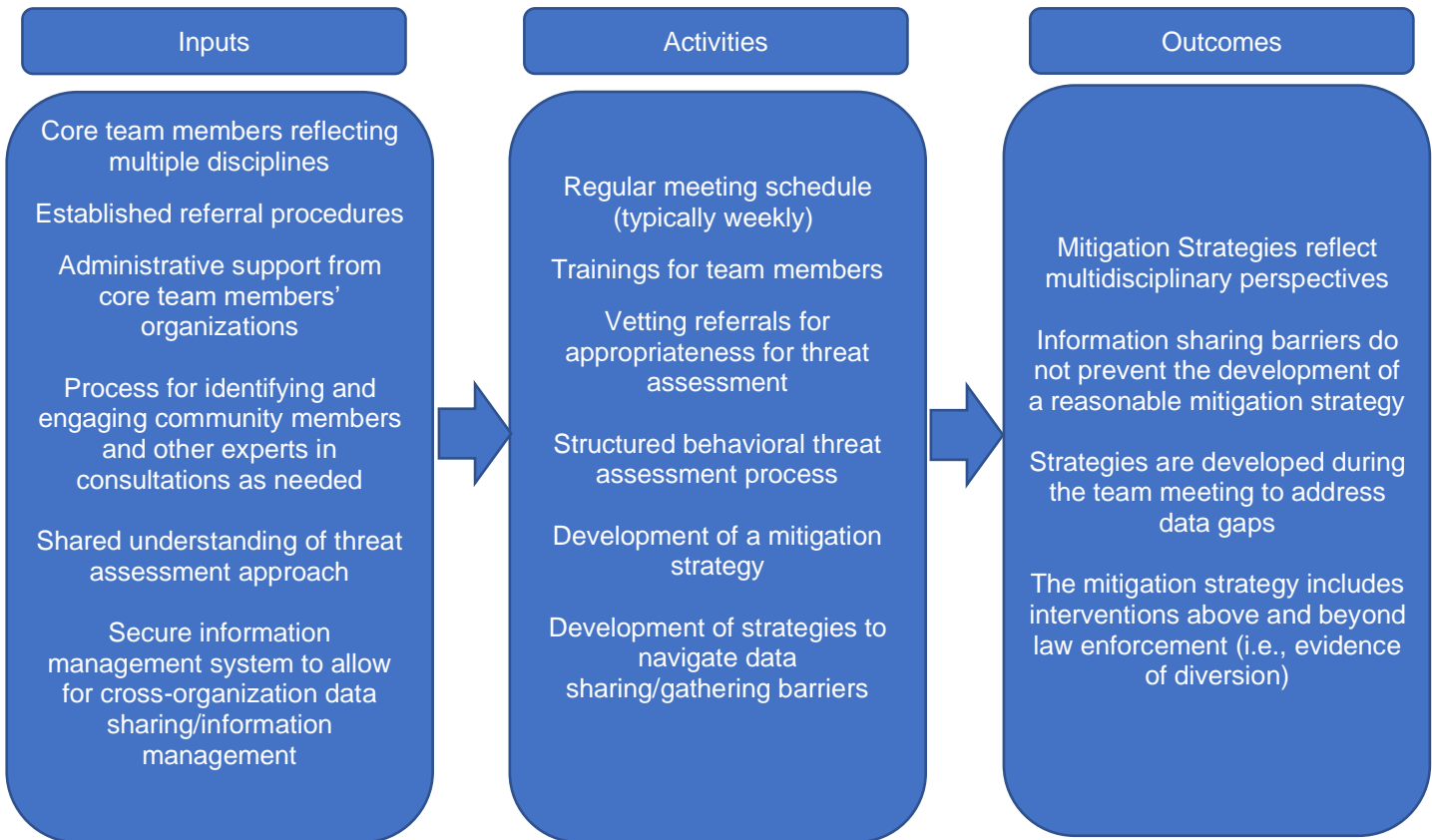
Some barriers to information sharing pose a challenge to this at times, including legal and ethical barriers (e.g., HIPAA, FERPA, lack of Release of Information that would allow information sharing across programs). Despite this, there was evidence that the MBTAT was able to gather and integrate key information.

At times missing information was identified during consultation meetings. MBTAT members were proactive in identifying ways to obtain the information pertinent to the threat assessment process. These strategies included identifying team members who were responsible for obtaining the information and bringing it back to the team

Finalized Logic Model

The product of the above analysis includes a framework for how the MBTAT operates, what success looks like, and how to achieve success. This includes a list of inputs, or elements needed for activities and address outcomes, essential activities for the team, and outcomes reflecting team functioning.

Inputs	Activities	Outcomes
Core team members reflecting multiple disciplines Established referral procedures Administrative support from core team members' organizations Process for identifying and engaging community members and other experts in consultations as needed Shared understanding of threat assessment approach Secure information management system to allow for cross-organization data sharing/information management	Regular meeting schedule (typically weekly) Trainings for team members Vetting referrals for appropriateness for threat assessment Structured behavioral threat assessment process Development of a mitigation strategy Development of strategies to navigate data sharing/gathering barriers	Mitigation Strategies reflect multidisciplinary perspectives Information sharing barriers do not prevent the development of a reasonable mitigation strategy Strategies are developed during the team meeting to address data gaps The mitigation strategy includes interventions above and beyond law enforcement (i.e., evidence of diversion)

Conclusions

We conducted a formative evaluation over the course of 13 months to identify how the MBTAT defines success, describe the core activities and characteristics of the MBTAT, and understand barriers to and strategies for implementing these activities. Findings identified that the MBTAT has a developed meeting structure that includes monthly meetings reserved for updates and training as well as biweekly consultation meetings. In addition, the team developed management teams to monitor implementation of discussed strategies for cases. The team is receiving and assessing referrals, is responsive to the needs of the community and referrals, and is multidisciplinary in nature. Strengths of the MBTAT team include that the team is flexible and multidisciplinary. Recommendations for next steps include further work in understanding how MTAMTs can best operate given existing legal and ethical limitations to information sharing and develop processes and procedures for management teams. It is important to note that replicability of a team like the MBTAT requires substantial resources as reflected in the input column in the above model. Financial and institutional support is needed for a multidisciplinary threat assessment team to function effectively, including support for a coordinator who can dedicate time and expertise to convening and managing the MTAMT.

For more information, contact:
Dr. Heidi Ellis | Heidi.Ellis@childrens.harvard.edu
Associate Professor of Psychology | Department of Psychiatry and Behavioral Science Director, Trauma and Community Resilience Center at Boston Children's Hospital and Harvard Medical School