

Multidisciplinary Threat Assessment and Management Teams in practice: Common elements and operations of community based MTAMTs

In recent years, the problem of targeted violence and domestic terrorism (TVT) has grown rapidly (National Security Council, 2021). Multidisciplinary Threat Assessment and Management Teams (MTAMTs) have been gaining prominence as an approach to preventing TVT. MTAMTs consist of state and local professionals from mental health, law enforcement, social services, education, and other key fields (e.g., anti-defamation league), who come together regularly to assess threats and collaboratively develop a management plan. Sadly, it is impossible to prevent every act of targeted violence. Therefore, the standard of success for an MTAMT is to provide a space where experts can come together, share knowledge, and do their best to identify, assess, and manage the risk of targeted violence.

While school-based and institutional threat assessment teams have demonstrated promise in assessing and preventing violence, the problem of TVT exists beyond the bounds of any identifiable community or institution. Community-based MTAMTs have been emerging to fill this gap. There is a wide variation in how community based MTAMTs operate, who is included, and how success is measured. The purpose of the current study is to identify common elements and operations of community based MTAMTs in order to inform refinement and dissemination of this practice as part of a national strategy to prevent TVT.

We interviewed 26 team members representing 12 teams across the country. Teams varied in a range of factors:

- Geographic scope (ranging from citywide to state and multistate)
- Convening authority (local law enforcement, FBI, collaborative governance networks)
- Size (3 to 30 team members)
- Meeting frequency (3 times a week to less than once a month)
- Approach to threat assessment

Despite these variations, we identified common features across teams, which included inputs and activities. These informed a full logic model, which is a framework for how MDTATs operate, what success looks like, and how to achieve success. See last page for full Logic Model.

Inputs (key resources)
<ul style="list-style-type: none"> •Core multi-disciplinary team members (e.g. community agencies, mental health practitioners, educators, law enforcement) •Administrative backing from each of core team members' organizations •Team coordinator •Ad-hoc team of experts to participate as needed •Shared understanding of threat assessment •Secure information management system to allow for cross-organization data sharing/information management

Activities (essential components)
<ul style="list-style-type: none"> •Ongoing internal training on operations and threat assessment •Community outreach/education- Engaging with a resistant public through visible public education •Consistent convening of meetings (e.g. weekly) with core group •Emergency meetings held as needed •Structured behavioral threat assessment process •Development of a management plan and accountability structure •Ongoing resource mapping

Teams also identified **CHALLENGES**:

Opposition to threat assessment/management approaches by public, professionals, private sectors, and other people. Teams attributed resistance to the following:

- Concerns about stigma
- Distrust of law enforcement
- Resistance to police intervention in health/social service matters
- Unwillingness of mental health providers to treat individuals at risk of perpetrating violence
- Lack of education about threat assessment approaches

“...the ‘culture’ of society is to not ask if someone is ok and make it taboo if someone says they want to kill another person. But it shouldn’t be and that needs to change.”

- MTAMT consultant & threat management expert

“This is everyone's second job. Everyone also has a day job, so this isn't paid.”

- FBI member of MTAMT

Lack of resources: Teams identified resources challenges including a lack of paid positions, limited funding, and difficulty finding consistent team members.

Difficulties with information sharing: Some MTAMTs mentioned difficulty in sharing information between various agencies, such as between Child Protection Services and schools. Several MTAMTs noted that FERPA and HIPAA presented problems in sharing information.

“But, of course, you know, it's been just pounded into health providers that you will not discuss health information to anybody. And that's the first like, as soon as you start talking about sharing information, that's like the first red flag Nope, we can't, we won't hear it. So that's it's gonna be a process to get them, you know, talking”

- Crisis Intervention Team member of MTAMT

“Our team is advisory; the team doesn't manage cases.”

- Law enforcement member of MTAMT

Management of cases: Some MTAMTs included management, while others focused on assessment only and did not have a formal follow up process for re-evaluating cases or continuous management.

Evaluating effectiveness: Several teams noted how hard it could be to capture success in their work. It's hard to show that what they do is helpful when the typical measure of success is the absence of violent behavior.

“You can't prove a negative. You can't prove you prevented violence.”

- Law enforcement member of MTAMT

To address these challenges, teams identified the following **SOLUTIONS**:

Community outreach: Educating the community through consistent and sustained engagement and involving the community with the MTAMT.

“...and even if it's just meeting and giving those community awareness briefs with the police and stuff, we can show that we're reaching out into the community, we're getting buy-in from people, and where we are becoming involved, how those interventions are going.”

- Law enforcement member of MTAMT

“Seems like everybody that I deal with is very resistant to change, until you can show them a distinct benefit or it's gonna save them time or money. And as soon as you can do that, then they'll start to jump on.”

- Law enforcement member of MTAMT

“There are federal block grants, state grants... the local government has expanded, and the county government has paid for more and more teams... It wasn't reallocating from within the police department.”

- Crisis Intervention Team member of MTAMT

Obtaining external funding: Advocating for funding through conducting cost-benefit analyses, identifying funding mechanisms from the federal to local levels, and minimizing costs whenever possible through streamlining certain tasks were all noted as ways to keep funding sustained.

Education and communication: Education across teams on HIPAA and FERPA laws to help to make sure everyone is on the same page was identified as a solution.

Technology systems that allow for multidisciplinary communication between government agencies and outside parties help to keep information confidential while still allowing access to those that need it.

“We're both using the same platform, so they'll be able to talk to one another. Then we set up private, almost like chat rooms, where all the detectives can talk, then the people who are in behavioral health, and then we have a state program called the Crisis Intervention Team... I figured that we need a space where we could all talk to one another, all of the criminal analysts, Intel folks, they can talk and just share information back and forth.”

- Law enforcement member of MTAMT

“We've also done classes on threat assessment. We have a nice new training center right next to our police department. We've done two-day classes for people, and we've opened it up, not just to people in our county, but the Metro [area], because we're really trying to get this model out to everybody, because it's gonna save lives. We've invited multidisciplinary folks, so cops, social workers, mental health people. We've done three of those classes in the last little over a year.”

- MTAMT consultant

“Some of them, we know with the more severe acute cases, we're following on that weekly basis. We also have individuals stable in the community, they have their supports that they're linked to, and we do monthly check ins. It's not going to be every person that we see is on a weekly basis, some of them we know that they're doing well now.”

- Crisis Intervention Team member of MTAMT

Management of cases: Of teams that did include management, there were varying degrees of consistent follow-up, but MTAMTs seemed to find a pace that worked for their team. Some teams brought up certain cases at every meeting whether or not there was any new information to discuss, while others rotate case assignments to team members who are then responsible for bringing updates to the group on an as-needed basis.

One team implemented 'management teams' that report back quarterly on progress and barriers in implementing management plans.

The teams that focused on assessment only tended to periodically check in on cases via email or phone call.

Re-defining what constitutes success: MTAMTs evaluated their effectiveness by basing their measure of success on

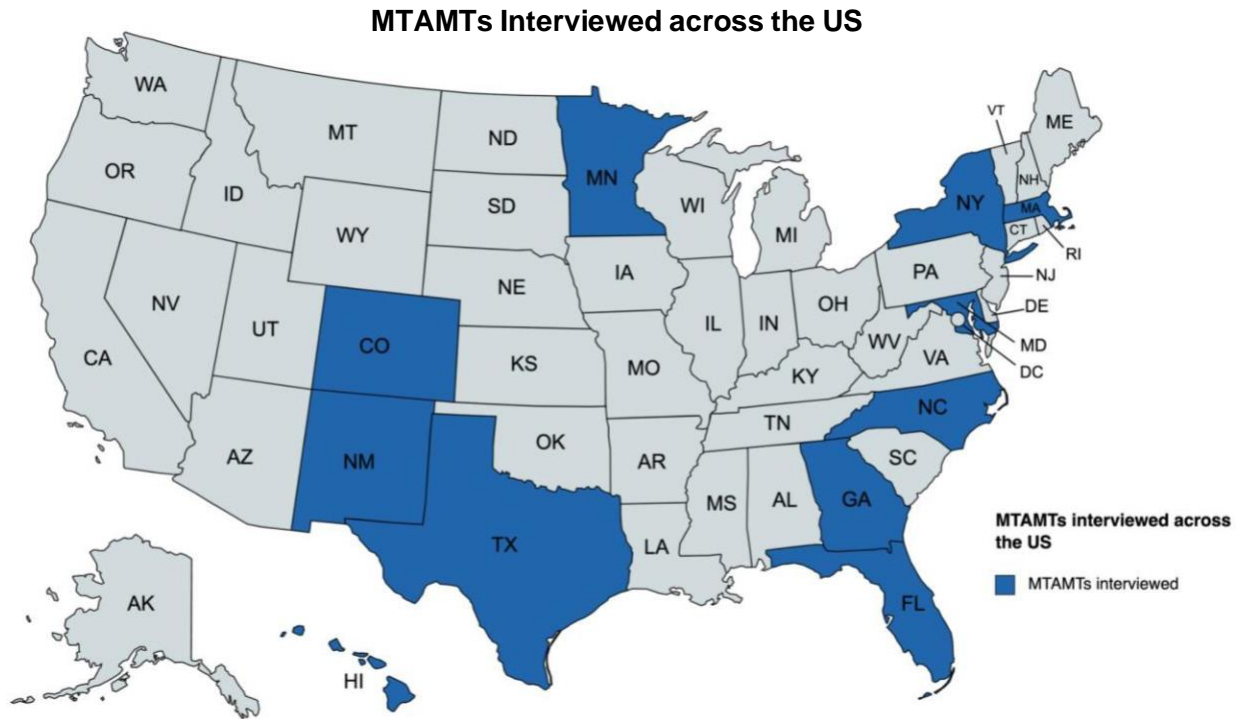
- The progress the individual made towards the goals that had been set through collaboration with the individual, his/her care team, and the threat management group
- The extent of utilization of services by the individual
- Instances where MTAMT interventions had a direct, observable impact on behavior (e.g. team intervened directly at place of work when individual of concern had firearm)

“...really going to focus on the number of good outcomes that we have in using the system... We can measure the interventions that we have, and the outcomes. And that's where we're going, because that's easily measurable, we can track those.”

- Law enforcement member of MTAMT

Conclusion:

Despite some challenges, implementing community based MTAMTs for prevention of TVT appears feasible. Future directions for refining MTAMTs as part of a national strategy to prevent TVT include funding for additional research to understand barriers and facilitators to establishing community based MTAMTs, identifying policies and practices that can help overcome challenges, evaluation of MTAMTs to understand their effectiveness, increased sharing of lessons learned across teams, and dissemination of effective MTAMT models.

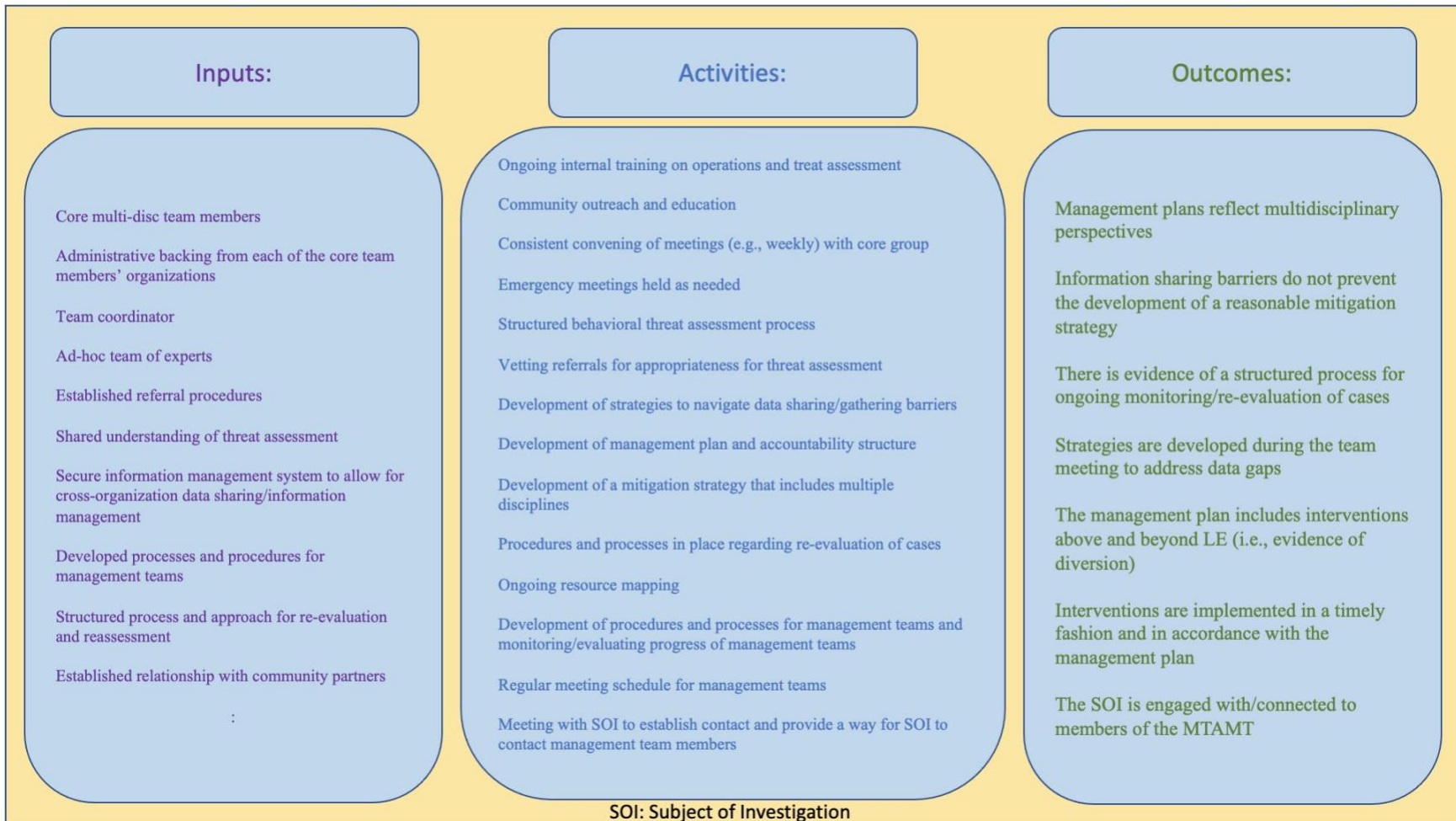


Teams interviewed

- Disruption and Early Engagement Program (DEEP)
- Colorado Resilience Collaborative (CRC)
- Threat Team EDU / Threat Team Hawaii
- Pinellas County Sheriff's Department
- Rochester Threat Advisory Committee (ROCTAC)
- Anne Arundel Critical Incident Stress Management Team
- Chatham County Police Department
- NC State Bureau of Investigation Behavioral Threat Assessment Unit (NCBSI BeTA)
- Southwest Texas Fusion Center (SWTFC)
- Triple Threat Assessment and Prevention Consulting (TTAG)
- Cottage Grove Police Department
- Massachusetts Bay Threat Assessment Team (MBTAT)

Logic Model for MDTAT

A logic model is a framework that highlights the needed inputs (elements needed for activities) and activities required within a program to achieve outcomes that indicate success.



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

This grant was conducted under a National Institutes of Justice Grant, number 2020-17311 NIJ OMB No. 1121-0329 "Understanding the potential for Multidisciplinary Threat Assessment and Management Teams to prevent terrorism: Conducting a formative evaluation of the MassBay Threat Assessment Team"