MIDD Briefing Paper

BP 70 Threat Assessment System

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept X (Attach New Concept Form)
Type of category: New Concept

SUMMARY: This concept would create an adult and student threat assessment systems to identify and evaluate individuals perceived to be potentially violent and help develop the necessary interventions. The roles, rights and social structures for minors and adults are significantly different to require two separate, albeit similar, systems.

Collaborators:
Name   **Department**

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Deb Drandoff, M.Ed.	Director, Prevention & Youth Services	Educational Service District 112 (Vancouver, WA)
Jill Patnode	Director, Dropout Intervention and Re-engagement Services	Puget Sound Educational Service District
Adam Scattergood	Threat Assessment Coordinator	Educational Service District 112 (Vancouver, WA)
John Van Dreal	Director, Security Department	Salem-Keizer Public Schools

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

This concept would create an adult and student threat assessment systems to identify and evaluate individuals perceived to be potentially violent and help develop the necessary interventions. The roles, rights and social structures for minors and adults are significantly different to require two separate, albeit similar, systems.

Youth: Student Threat Assessment System

Much of the following description is based upon the Salem-Keizer system for assessing student threats and the handbook, *Assessing Student Threats: A Handbook for Implementing the Salem-Keizer System[1].* According to its author, John Van Dreal, the objectives of the threat assessment system are:

- Identify and assess threats of potentially harmful or lethal behavior and determine the level of concern and action required.
- Organize resources and strategies to manage situations involving students that pose threats to other students, staff and the community.
- Maintain a sense of psychological safety among students, teachers and parents

The system is a two tiered process involving a school based assessment (Level 1) followed by – if necessary - a community based Level 2 assessment. The Level 1 assessment is conducted by trained school personnel on students whose behavior or statements suggest the potential for violent behavior. The school-based team typically consists of school administrator, school counselor, and school resource officer trained by a regional Threat Assessment Coordinator. The Level 1 assessment evaluates information gathered from students, teachers and parents in a formalized protocol. The school-based team reviews the warning signs, risk factors and student management needs in developing a student supervision plan. A Level 2 assessment is activated if the Level 1 assessment team remains uncertain about the continued safety of the individual and others. The Level 2 student threat assessment team (STAT) consists of a Threat Assessment Coordinator and any combination of the following trained in the threat assessment protocol: mental health consultant, law enforcement, Children's Services social worker, and/or juvenile probation counselor. This team reviews and builds upon previously gathered Level 1 assessment information by reviewing relevant documents and conducting further interviews. The STAT determines the individual's threat level based upon this investigation and develops recommended intervention plans. The team then works with the school personnel to monitor the implementation of the plans and their ongoing effectiveness.

Adult: Threat Assessment

The adult system mirrors much of the youth process. The multidisciplinary teams may consist of law enforcement, personnel from the district attorney's office, mental health professionals and representatives of higher education. Participating agencies, other community institutions or individuals (such as loved ones) contact a "hotline" number to report concerns about a person's behavior or statements that suggest a potential for violence. The threat assessment team evaluates the individuals' background, current circumstances and whether he/she has access to weapons. The assessment may include interviews with friends, family or coworkers as well as a visit the individual's home. The team determines the individual's threat level based upon this investigation and implements the necessary interventions. Such interventions may be ongoing and involve loved ones, community members and/or mental health professionals.

The student and adult threat assessment systems do not take the place of King County's DMHP's but, rather, complement their work. Imminent threats to self-harm or violence would continue to be referred to Crisis and Commitment Services.

This concept is aligned with MIDD strategy 1h, *Expand the Availability of Crisis Intervention and Linkage to Ongoing Services for Older Adults* as well as 7a and 7b, *Expand Services for Youth in Crisis*

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[1] Van Dreal, J. *Assessing Student Threats: A Handbook for Implementing the Salem-Keizer System*, Roman & Littlefield Publishers, Inc. 2011

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

☒ **Crisis Diversion**   ☒ **Prevention and Early Intervention**

☐ **Recovery and Re-entry**   ☐ **System Improvements**

   Please describe the basis for the determination(s).

Experience shows that many individuals assessed by current threat assessment teams are not evaluated as a "high threat" for violence but may require the assistance of mental health professionals or other community resources. As an example, the STAT may help activate professional and family supports for an identified adolescent that is a victim of frequent bullying and isolated from his/her peer group. In the more extreme cases, the team helps facilitate the necessary psychiatric detainment of the individual and may be instrumental in preventing a horrific tragedy. The threat assessment systems would be a valuable resource for loved ones and community institutions that are anxious about an individual's potential for violence but uncertain about the appropriate response. In addition, such teams may also lessen the workload of DMHPs for situations that do not rise to the level of a direct threat.

A. **Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes**

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

Although mass shootings and school violence resulting in death or serious injury are statistically rare, the rates of these incidents are increasing and the long term impact on the survivors, victims' families and the community is devastating. A September 2013 report from the U.S. Department of Justice found that 61 per cent of the mass killings from 2000 to 2013 occurred during the second half of that fourteen year period[2]. Mother Jones magazine drew a similar conclusion in an investigative article on mass shootings. According to the periodical, the frequency of mass shootings has tripled nationwide since 2011. During the period between 1982 and 2011, a mass shooting occurred in the US every 200 days. In the three years studied subsequent to 2011, the average frequency of these events increased to every 64 days[3]. Of the 13 mass shootings with double digit death tolls over the past 50 years, seven took place in the last nine years. The trauma of such an event produces long-term effects for not only those directly involved and their loved ones, but for the general community, as well. The basic sense of safety and security that is vital to a healthy community is ruptured by such an event.

Even in the absence of such horrific violence, the threat or perceived threat can have significant consequences for the individual identified as a potential perpetrator and the surrounding environment.

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[2] U.S. Department of Justice, *A Study of Active Shooter Incidents in the United States Between 2000 and 2013*. September 16, 2013

[3] Follman, M. *Inside the Race to Stop the Next Mass Shooter*, October 4, 2015
http://www.motherjones.com/politics/2015/09/mass-shootings-threat-assessment-shooter-fbi-columbine

Currently, many schools without the necessary supports and clinical personnel assume a "better safe than sorry" approach by suspending the identified student indefinitely or until a mental health evaluation is completed. Such an approach may further alienates and isolates a young person who may be troubled or in crisis. In a similar manner, employers must navigate the potentially conflicting currents of workplace safety, employee rights and potential lawsuits when an employee is acting in a manner that suggests the potential for violence. Though the concerns of friends and family emanate from a more personal place than a school or workplace, they face similar uncertainties and anxiety when the actions or statements of a loved one suggest violence but do not rise to the level of "imminent danger". In all these contexts, the sense of "psychological safety" that is necessary to a healthy, supportive and constructive environment is unhinged.

2. **Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.**

The threat assessment model is a non-punitive, preventive intervention that assesses the potential for violence and helps organize community resources for individuals who might not otherwise receive assistance. In the most extreme cases, it is intended to avert a violent incident by identifying, evaluating and intervening with individuals who are assessed to demonstrate a high potential for violence. In other situations, this model helps initiate community support for troubled individuals who might otherwise be further marginalized. The model also provides a valuable resource for community institutions, employers and loved ones.

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

Though still in the early stages of research, the threat assessment model is increasingly recognized as an effective, non-punitive, prevention strategy. The US Secret Service, in collaboration with the US Department of Education, as well as the FBI have published reports recommending that schools develop threat assessment models[4],[5] . Recognizing the value and further potential of this approach, the American Psychological Association began publishing the *Journal of Threat Assessment and Management* in March 2014. And according to the aforementioned Mother Jones article, three states (Virginia, Illinois and Connecticut) now mandate threat assessment teams in their public colleges and universities.[6] The number of threat assessment programs is growing nationally, including Clark County, WA and Salem-Keizer, OR.

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[4] Fein, R., Vossekuil, B., Pollack, W., Borum, R., Modzeleski, W., & Reddy, M. (2002). *Threat Assessment in Schools: A Guide to Managing Threatening Situations and Creating Safe School Climates*. Washington DC: U.S. Secret Service and Department of Education.

[5] O'Toole, M. E., (2000). *The School Shooter: A Threat Assessment Perspective.* Quantico, VA: National Center for the Analysis of Violent Crime, Federal Bureau of Investigation.

[6] Follman, M. *Inside the Race to Stop the Next Mass Shooter*, October 4, 2015
http://www.motherjones.com/politics/2015/09/mass-shootings-threat-assessment-shooter-fbi-columbine

John Van Dreal cites a number of studies conducted on violent attacks and mass shootings that form the foundation for the threat assessment model[7]. A 1998 study by the United States Secret Service of eighty-three persons who committed assassination attacks or near attacks found that mental illness plays almost no role in determining the potential violence, but that "risk is best determined through an investigation of the attack related behaviors". A 2000 study published by the National Center of the Analysis of Violent Crimes identified factors related to youth at risk for school violence that are organized around personality traits and behaviors as well dynamics involving the family, school and social environment. According to Van Dreal, such factors alone are not predictors of violence but "warning signs that increase in weight and importance when combined with threatening situations." A 2002 study that analyzed thirty-seven school shootings between 1974 and 2002 found that:

- Shootings are rarely impulsive and almost all of them were preceded by "attack-related behaviors", such as obtaining weapons, rehearsing and researching the intended target(s).
- Peers frequency knew of shooting plan ahead of time
- School shooters had difficulty coping with loss and failure and experienced long standing rejection, persecution or bullying by peers.

One measure of this model's efficacy was a survey administered by an independent research team that found that more than 94 percent of school administrators involved in the Salem-Keizer project reported that the STAT:

- Effectively identified potentially dangerous students and situations.
- Had positive effects on school safety.
- Provided important information necessary for support, discipline, and placement decisions.
- Fulfilled a valuable role in schools.

In the same survey, over 90 percent of administrators reported that STAT increased efficient coordination with law enforcement and mental health.

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Emerging Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

See above.

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

The primary goal is to prevent mass violence (though it is hard to prove the absence of such events). Other outcome measures might include:

- Community utilization of the threat assessment teams – Data obtained from records maintained by threat assessment projects
- Number of individuals assessed and resulting interventions – Data obtained from records maintained by threat assessment projects

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[7] Van Dreal, J. *Assessing Student Threats: A Handbook for Implementing the Salem-Keizer System*, Roman & Littlefield Publishers, Inc. 2011

- Surveys of community partners (such as school personnel) regarding the team's value and impact on perceived sense of safety
- Number of school suspensions – Data obtained from participating school districts

B. Populations, Geography, and Collaborations & Partnerships

1. **What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:** (Select all that apply):

☐ **All children/youth 18 or under** ☒ **Racial-Ethnic minority (any)**
☐ **Children 0-5** ☒ **Black/African-American**
☒ **Children 6-12** ☒ **Hispanic/Latino**
☒ **Teens 13-18** ☒ **Asian/Pacific Islander**
☒ **Transition age youth 18-25** ☒ **First Nations/American Indian/Native American**
☒ **Adults** ☒ **Immigrant/Refugee**
☒ **Older Adults** ☒ **Veteran/US Military**
☒ **Families** ☒ **Homeless**
☐ **Anyone** ☒ **GLBT**
☒ **Offenders/Ex-offenders/Justice-involved** ☒ **Women**
☐ **Other – Please Specify:**

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

Potential perpetrators and the general community would be the primary beneficiaries. Experience shows that many individuals assessed by threat assessment teams are not evaluated as a "high threat" for violence, but may require supports and resources that are not currently made available. As an example, the STAT may help activate professional and family supports for an identified adolescent that is a victim of frequent bullying and isolated from his/her peer group. In the more extreme cases, the team helps facilitate the necessary detainment of the individual and may be instrumental in preventing a horrific tragedy. The threat assessment systems would be a valuable resource for loved ones and community institutions that are anxious about an individual's potential for violence, but uncertain about the appropriate response. In addition, such teams may also lessen the workload of DMHPs for situations that do not rise to the level of a direct threat.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**: County-wide

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

The success of the threat assessment models is entirely dependent on the successful collaborations of partner agencies. STAT requires the participation of the local school districts in coordination with mental health professionals and law enforcement. Although Children's Services and probation may not be involved in all cases their support is also critical for those youth under their supervision.

Within the adult system, an alliance between law enforcement, the district attorney's office and mental health professionals is equally essential.

C. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. **What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

The proposed threat assessment models are closely aligned with a number of county, state and federal initiatives. The King County Board of Health cited mass shootings in Tucson, AZ, Aurora, CO and Seattle when it adopted a resolution in January 2013 encouraging federal and state lawmakers to take "meaningful action to address gun violence"[8]. According to the resolution, the board "supports a strong mental health system that <u>includes prevention and early intervention services</u>". The chair of the board at that time, King County Councilmember Joe McDermott, is quoted as stating "We have a moral obligation to curb gun violence. Every jurisdiction must do everything within its power to keep our communities safe."[9] In February of the same year, King County Executive Dow Constatine directed the Department of Public Health – King County and Seattle "to develop innovative, data-driven local strategies for preventing gun violence in King County". The Public Health website describes the resulting public health approach to gun violence as one that "helps us ….develop solutions that put an end to these preventable injuries and losses. Guided by research and evidence, we <u>develop prevention programs</u> and evaluate those programs rigorously".

President Obama referenced previous mass shootings when he recently announced his executive actions to strengthen current laws on background checks for gun purchases. And one day later, Washington State Governor Jay Inslee issued an executive order directing state and local agencies and the University of Washington to assume a public health approach to gun violence by gathering and reviewing data on firearm deaths and injuries and to recommend strategies to reduce those numbers.

2. **What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

The barriers are varied and considerable but far from insurmountable. King County can learn and build upon the experience of other threat assessment models in Washington State and elsewhere.
- Because public acts of violence are statistically rare, the perceived need to develop effective prevention strategies waxes and wanes. A tragedy involving large number of victims (especially children) activates a heightened sense of urgency that eventually dissipates with time. It is

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[8] King County Board of Health, Signature Report, January 18, 2013, Resolution 13-02
http://www.kingcounty.gov/healthservices/health/BOH/resolutions/~/media/health/publichealth/documents/boh/BOHResolution1302.ashx
[9] King County, Metropolitan King County Council News, January 17, 2013
http://www.kingcounty.gov/council/news/2013/January/bohguns.aspx

important that MHCADSD and partner agencies assume a thoughtful, long term commitment to this concept.

- The involvement of critical partners, such as the school districts and law enforcement, is not yet assured. Jill Patnode of the Puget Sound Educational Service District (PSESD) states that STAT is a goal of the PSESD and expressed strong interest in collaborating with King County MHCADSD on this project. However, such assurances do not guarantee the committed participation of school administrators.
- Effective partner collaborations oftentimes require considerable time and effort to develop and nurture. Expectations, roles and responsibilities must be thoughtfully identified prior to implementation and continually reaffirmed. Partnerships also require regularly scheduled opportunities to review the project's effectives and correct any problems that may arise.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

The implementation of this concept may foster unrealistic expectations of safety. No intervention is fool-proof and the threat assessment approach is not predictive. It is a model intended to evaluate risk and help establish reasonable interventions in response to the perceived risk. It is important that both the value and the limitations of the approach be thoughtfully and consistently communicated.

It is also possible that the threat assessment system may be inadvertently misused or confused with the responsibilities of the DMHPs and other crisis response teams. It is important that the objectives, roles and responsibilities of the threat assessment system be clearly articulated and differentiated from others.

It is also possible that the individual who is the subject of the threat assessment may feel further stigmatized by the process.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

The most obvious potential consequence is another shooting at a school or other community venue. The continued absence of the proposed models maintains the status quo – vulnerable and troubled individuals may not be identified and receive the necessary support.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

There are several alternatives that attempt to address the identified problem. None of them have been particularly effective.

- Risk Management Approach – A number of schools currently suspend students of concern until a mental health assessment has been completed. This approach further marginalizes already

troubled young people and does little to engender an environment of perceived safety among peers and school personnel when they return to school.

- Gun Control Legislation – Though gun legislation may lessen the potential for gun violence, it is a politically volatile issue whose outcome is far from certain. Recent executive actions by the president and Governor Inslee are limited in scope.
- "Run-Hide-Fight" Trainings – King County recently initiated trainings that educate employees on what to do in the event of a shooter attack. Whatever their merits, such trainings are not preventive interventions. Even if the intended victims survive, the results of such trauma can have devastating, long term impacts on their mental health.

D. Countywide Policies and Priorities

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

This model is clearly aligned with the ACH vision to achieve healthy communities through the coordination of multiple systems and clinical-community linkages. It also supports BHO efforts to improve health and social outcomes by identifying troubled individuals and intervening before violence is committed.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

The threat assessment model supports two of the basic recovery dimensions identified by SAMHSA – safety and community. This approach helps promote safe and secure environments as well facilitate strategies that promote community support and relationships for troubled individuals. It is a person-centered, non-punitive approach that does not affix a category or diagnosis to an individual but attempts to understand his/her concerns, frustrations and intent within a particular context. Resources are marshalled in a manner that is respectful and matches the person's identified needs. Furthermore, the model attempts to build on the individuals strengths and encourages the involvement of community supports

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

Studies consistently demonstrate racial disparities in student school suspensions. Black students - especially black male students - are suspended at much higher rates than white students[10]. A 2013 joint report by the University of Virginia and Legal Aid Justice Center found that the Virginia Student Threat Assessment approach reduced the rate of school suspensions, most notably among black males, and significantly narrowed the racial disparity gap in long-term suspensions. Though this writer could not locate similar data on the adult threat assessment model, it is well known that poor and minority populations (especially black and Latino males) are jailed at rates significantly higher than that for

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[10] Cornell, D. & JustChildren, Legal Aid Justice Center (2013) *Prevention V. Punishment: Threat Assessment, School Suspensions and Racial Disparities*. University of Virginia and Legal Aid Justice Center.

wealthier and/or white individuals. Perhaps the adult threat assessment system would reduce such disparities in a manner similar to that demonstrated in the youth system.

E. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

Staff salary and office space are the primary expenses. The Educational Service District (ESD) of Vancouver WA currently operates a STAT for Clark County. The program director, Deb Drandorf, reports that the primary expense of the project is the salary of one full-time, Masters Level individual that functions as the Threat Assessment Coordinator for county school districts serving about 80,000 students.

2. **Estimated ANNUAL COST. $501,000-$1.5 million Provide unit or other specific costs if known.**

The Clark County program costs $190,000 annually. The Clark County K-12 student population is about 80,000. King County has student population of about 270,000 students, more than triple the student population of Clark. Based on this model, the estimated cost of this program would be about $ 570,000 annually.

Additional budget development work would be needed should this concept be moved forward for funding.

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

The STAT programs in both Clark County and Salem-Keizer OR are supported by the school districts. Each district pays an annual pro-rated amount.

4. **TIME to implementation: 6 months to a year from award**
   a. **What are the factors in the time to implementation assessment?**
   b. **What are the steps needed for implementation?**
   c. **Does this need an RFP?**

Program start up would be a lengthy process. Potential partners would need to be identified and engaged to assess their interest and commitment for such a project. Roles and responsibilities would need to be clearly articulated with training for both school personnel and community partners. Fortunately, King County may be able to draw upon the expertise and experience of several currently operating STAT projects in the Northwest.

King County could directly employ the Threat Assessment Coordinator(s) and manage the project or contract it out to a community entity. The program requires cross-systems coordination among a number of publically-funded entities, such as school districts, law enforcement, Children's Services and district attorney's office. The complementary work of the Threat Assessment Coordinator(s) and DMHPs would benefit from the close collaboration and system integration of operating from King County. The most successful intervention models are those with clearly defined objectives, protocols and standards.

F. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

New Concept Submission Form

Please review the preceding pages before completing this form.

Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs <u>in King County</u>. All programs funded by MIDD II must be implemented in King County.

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Working Title of Concept: Threat Assessment Teams
Name of Person Submitting Concept: Bill Wilson
Organization(s), if any: King County MHCADSD
Phone: 206.263.8949
Email: billr.wilson@kingcounty.gov
Mailing Address: 401 5th Ave., Seattle, WA 98104

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

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1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

A threat assessment team is a multi-disciplinary group that investigates potential planned acts of violence and facilitates the necessary interventions. Individuals (such as loved ones) or community institutions (school personnel) call a "hotline" number to report concerns about a person's behavior or statements that suggest a potential for mass violence. The team investigates the reported concern with an assessment of the individuals' background, current circumstances and whether he/she has access to weapons. This assessment may include interviews with friends, family or coworkers as well as a visit the individual's home. The team determines the individual's threat level based upon this investigation and implements the necessary interventions. Such interventions may be ongoing and involve loved ones, community members and/or mental health professionals. The team does NOT take the place of DMHP's. A direct threat to harm is not required to activate the threat assessment team. Success depends on the involvement of multiple stakeholders – schools, police and mental health professionals. Several models are currently in operation nationwide. (http://www.nytimes.com/2013/03/15/us/in-los-angeles-focusing-on-violence-before-it-occurs.html?_r=0; http://www.studentthreatassessment.org/)

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2. What community <u>need, problem, or opportunity</u> does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

The frequency of mass shootings has tripled nationwide since 2011. According to a recent Mother Jones article (http://www.motherjones.com/politics/2015/09/mass-shootings-threat-assessment-shooter), a mass shooting occurred in the US every 200 days between 1982 and 2011. Between 2011 and 2014, the average frequency of these events increased to every 64 days. Of the 13 mass shootings with double digit

death tolls over the past 50 years, 7 took place in the last 9 years. Washington and Oregon have witnessed about half dozen such shootings in the past decade. The trauma of such an event produces long-term effects for not only those directly involved and their loved ones but for the general community, as well. The basic sense of safety and security that is vital to a healthy community is ruptured by such an event.

3. How would your concept address the need?
Please be specific.

The threat assessment model is gaining increasing recognition as a viable approach to intervene before an individual's behavior escalates into violence.

4. Who would benefit? Please describe potential program participants.

Potential perpetrators and the general community would be primary beneficiaries. The experience of teams currently operating demonstrate that many identified individuals are not evaluated as a "high threat" for violence but may nevertheless be experiencing a crisis and require supports that are not currently made available. As an example, the team may help activiate community and family supports for an identified adolescent that is a victim of frequent bullying and isolated from his/her peer group. In the more extreme cases, the team helps facilitate the necessary detainment of the individual and may be instrumental in preventing a horrific tragedy. These teams would be a valuable resource for loved ones and community insitutions that are anxious about an individual's potential for violence but are uncertain about the appropriate response. In addition, such teams may also lessen the workload of DMHPs for situations that do not rise to the level of a direct threat.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

The primary goal is prevent mass violence (though it is hard to prove the absence of such events). Other outcome measures might include: 1) community utilization of the hotline; 2) the number of individuals assessed and resulting interventions; 3) surveys of school personnel regarding the team's value and impact on perceived sense of safety.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
☐ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

This program would improve public safety and bring resouces to bear for individuals that might otherwise not access the necessary help. The objectives of these teams would be to not only prevent acts of mass violence but to provide interventions that address the social isolation, hopelessness, anger, and sense of victimization expreinced by marginalized individuals.

8. What types of organizations and/or partnerships are necessary for this concept to be successful?

> **Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.**

Priority partnerships includes schools , police and mental health personnel.

> **9. If you are able to provide estimate(s), <u>how much funding per year</u> do you think would be necessary to implement this concept, and <u>how many people would be served</u>?**

Pilot/Small-Scale Implementation: $ # of dollars here **per year, serving** # of people here **people per year**
Partial Implementation: $ # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: $ # of dollars here **per year, serving** # of people here **people per year**

> **Once you have completed whatever information you are able to provide about your concept, please send this form to *MIDDConcept@kingcounty.gov*, no later than 5:00 PM on October 31, 2015.**
>
> **If at any time you have questions about the MIDD new concept process, please contact MIDD staff at *MIDDConcept@kingcounty.gov*.**