1. Project Overview

The project goal is to establish an integrated prevention framework that supports a comprehensive, multi-layered approach to identifying, assessing, and addressing radicalization and mobilization to targeted violence and terrorism (TVT) among juveniles by implementing four projects that offer either prevention or intervention programming to youth across a continuum of risk (vulnerable, at-risk, and requiring rehabilitation) for TVT.

Goal 1 was to enhance individual and community resilience to targeted violence and terrorism (TVT) through sustained youth membership in the Inter-ethnic Youth Advisory Board (I-YAB) (Obj 1.1) and community member satisfaction with I-YAB-led community events/activities (Obj 1.2). Activities included monthly facilitated meetings and member-led projects.

Goal 2 was to establish and sustain an Adolescent Services Coordination Team (ASCT) with the capacity to provide effective care coordination services to youth who are at-risk for or requiring rehabilitation for TVT-related crimes.

First we established an ASCT with expertise in mental health, radicalization to violence, and TVT (Obj 2.1). Activities for this included defining operations and establishing protocols.

Next we provided effective care coordination services to referred youth (Obj 2.2). Activities for this included developing plans, resource mapping, risk monitoring, and increased understanding of reducing risk.

The final objective for this goal was building capacity of community-based providers to work with youth at-risk for TVT or those who have a TVT offense history (Obj 2.3). Activities for this included providing consultation and trainings to increase understanding of TVT.

2. Key Accomplishments and Outcomes

Under Goal 1 of the Implementation and Management Plan (IMP), we accomplished having 12 I-YAB members engaged for a total of 14 meetings (Obj 1.1). We exceeded our goal of holding 1-3 I-YAB led community events, holding a total of 5 events. We met our goal of attracting 120 participants to attend these events (Obj 1.2).

Under Goal 2 of the IMP, we accomplished establishment of an ASCT through developing memoranda of understanding, hiring a social worker, developing a manual and data management system, and taking referrals. Our target numbers were 60 referrals of youth at-risk of TVT and 24 referrals of youth charged with a TVT offense history. We have received a total of 14 referrals, 13 of which were at-risk of TVT and thus eligible for services.

(Obj 2.2) We provided effective care for these referred youth, with 9 (69%) of those at-risk of TVT accepting services. We originally aimed to have 80% accept services. We originally planned for 90% of Service Team Plans to be developed within two-weeks of youth/family

acceptance of ASCT services. In the end, 100% of Service Team Plans were developed within two-weeks of service acceptance.

We aimed for 90% of engaged cases to be provided referrals for community-based services, and 7 (88%) were. We aimed for 60% of engaged cases to demonstrate reductions in risk level 6-months into services; we have had all 9 (100%) engaged cases demonstrate reduction of violence risk in this time period based on clinician report.

We aimed for at least 1 contact between the between Services Team Lead and youth/caregiver per week for 100% of our engaged cases; 5 of our engaged cases (63%) had at least 1 contact per week. Others were contacted biweekly, on an as-needed basis.

During the time the ASCT has been seeing clients, none engaged in any physical aggression. In the current phase of this program, a process evaluation is most appropriate for measuring success. Our clinicians can attest to ongoing engagement within sessions, client uptake of coping skills and outside supports, and evidence for no violence within the timeframe that clients were being treated. Individual successes indicate to clinicians that clients are experiencing improved functioning and reduction of targeted drivers for violence.

The ASCT has noted a decrease in symptoms of psychological distress, increase in psychosocial functioning, decrease in antisocial behavior, and increase in number of prosocial contacts in all 9 (100%) of engaged cases based on clinician report.

a. Describe impactful stories from program participants or community members served through the project here.

One story is that a parent shared that they “believe every child going through something similar should have access to a program like this.” They expressed “feeling trust in the team and being supported while navigating difficult situations and service systems.”

Another example is that a youth’s engagement was limited to case management and advocacy for the first first year+ of working with the family, due to client hesitation to engage in mental health treatment. After continued support throughout this period by our ASCT, the youth began to express interest in receiving mental health services to explore their own drivers of violence, and, for the first time, considered that this increased self-insight could be beneficial.

Youth engaged in ASCT services have shared with the ASCT team that they were reluctant to engage in services prior to receiving our services, and some have expressed that the ASCT are the only services they trust. Youth have demonstrated increased willingness to continue their engagement over the course of the program and are currently working toward expanding their abilities to engage with other services in the community and be open to a wider array of pro-social activities.

3. Deliverables

Please see below brief:

Massachusetts Area Prevention Program (MAPP)

What is the MAPP?

MAPP is a violence prevention program managed by a team of providers at Boston Children's Hospital for youth in New England who are at-risk for violence. The program consists of two phases. In the first phase, a MAPP team member will conduct a thorough evaluation of strengths, risks, and needs of the youth and family. The MAPP team will then provide a family consultation with specific recommendations for services and supports that could be most helpful for the youth and family.

If appropriate, families may opt in to the second phase of the MAPP programming, which could include individual therapy, parent coaching, and/or advocacy. Case management is often provided; this involves helping the family identify and engage in services for the youth. A MAPP provider will provide ongoing support and contact with the family to ensure services are meeting the youth's needs. MAPP team members may also collaborate with community-based practitioners working with the youth to facilitate effective care coordination.

Who is on the MAPP team?

The MAPP team is based at Boston Children's Hospital and consists of a multidisciplinary group of providers, including experts in threat, risk, violent ideologies, and trauma.

Who can be referred for MAPP services?

Referrals can include youth who:

- Have expressed direct or indirect threats of harm to others (e.g., school violence and/or hate-, issue-, or identity-based violence);
- Are fixated on a violent movement or issue. This could look like repeated displays of hate-based symbols (e.g., swastika), sharing memes online that target specific groups, frequent use of hate-based language, or talk about violence;
- Make concerning comments about harming others;
- Repeatedly seek out violent or hate-based content online;
- Escalate aggressive language or behaviors despite attempts at intervention;
- Engage in physical or verbal intimidation.

Any youth below the age of 18 who demonstrates one or more of these behaviors, regardless of their insurance status, is eligible for MAPP. Services will NOT be discontinued if a youth turns 18 while engaged in MAPP.

How can I refer a youth?

The MAPP team is now accepting referrals from schools, law enforcement, community agencies, or family members. To make a referral, please contact: *MAPP@childrens.harvard.edu*.

4. Challenges and Lessons Learned

Referral flow was slow to establish in the beginning stages of the project. However, referrals quickly started coming in once more information about our services were provided to the MassBay Threat Assessment Team TAT and the MBTAT's team and processes were further established alongside this project timeline. We submitted and received a 1-year no-cost extension in order to meet project targets once we started receiving a steady stream of referrals from the MBTAT. We have learned from our experience that engagement with systems as well as with individual families takes time. However, consistent follow up has proven to be helpful in eventual engagement.

a. If you could plan/implement the project again, what would you do differently?

In hindsight, we would allow more time for partnership development and family engagement. Although we were ultimately successful in implementing our program, additional time establishing a solid foundation of partnership and family engagement proved to be essential.

b. Based on your project, do you have any advice for others aiming to do similar work?

Engagement with families and youth is difficult to establish, and obtaining referrals took far longer than anticipated. Frequent follow up by clinician and clearly communicating that youth and family do not have to consent to having their information shared in order to receive services have benefitted in ASCT engaging hesitant referrals.

5. Sustainability

We are currently in the process of establishing a clinical service as part of Boston Children's Hospital that would sustain ongoing assessment and treatment as part of our standing clinical services available to the community.

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