

Proposal Title

“Practitioner and Service Provider Training for Ideologically-Inspired Targeted Violence”

Applicant

Illinois Department of Public Health

525 W. Jefferson St.

Springfield, IL 62761

Focus Area 2

Training and Engagement with Community Members

Executive Summary

The Illinois Department of Public Health (“IDPH”), in partnership with the Illinois Department of Human Services Division of Mental Health (“IDHS-DMH”) and close collaboration with the Illinois Criminal Justice Authority’s Targeted Violence Prevention Program (“ICJIA-TVPP”), will develop and implement a training module that will serve as an awareness briefing on issues surrounding ideologically-inspired targeted violence (*i.e.* violent extremism) as well as provide a foundation for developing coordinated and collaborative resource networks equipped to intervene when individuals at-risk for radicalization to violence and/or exhibiting warning signs of planning an act of ideologically-inspired targeted violence are identified. The training will be delivered in two phases with two different formats. The first phase will be a live training, which will be delivered in-person in three distinct pilot communities in Illinois. Feedback from the live training will be used to fine-tune the curriculum for the second phase of training delivery, a webinar that will be accessible statewide.

The total cost to the federal government for this proposal is \$79,010. The proposed activities are as follows: (1) convening subject matter and curriculum development experts and conducting focus groups to build a curriculum; (2) performing outreach to practitioners and service providers to recruit training participants; (3) training practitioners and service providers in the pilot areas; (4) refining the curriculum based on live training feedback; (5) delivering the training in webinar format; (6) evaluating the curriculum development, training, and reception of the training over the course of the grant. It is anticipated that around 60 individuals will be trained during the live training and up to 100 more during the webinar training.

This project is being developed alongside, but independent of, a companion proposal by ICJIA-TVPP to provide engaged bystander-gatekeeper training to community members within the same three pilot communities. Additionally, IDPH and IDHS-DMH are collaborating with the Compassionate Care Network, a community healthcare practitioner network, which will perform outreach with service providers in the greater Chicago area. A recording of the webinar, as well as all training materials and resources will be made available on a central website created by ICJIA-TVPP to host a variety of materials and resources related to CVE efforts. The training curriculum and materials of this proposal will also be used by ICJIA-TVPP in their ongoing engagement work with service providers, and may be used to offer further in-person trainings for service providers going forward.

Technical Merit

Introduction. The Illinois Department of Public Health (“IDPH”), in partnership with the Illinois Department of Human Services Division of Mental Health (“IDHS-DMH”) and close collaboration with the Illinois Criminal Justice Authority’s Targeted Violence Prevention Program (“ICJIA-TVPP”), will develop and implement a training module that will serve as an awareness briefing on issues surrounding ideologically-inspired targeted violence (*i.e.* violent extremism) as well as provide a foundation for developing coordinated and collaborative resource networks equipped to intervene when individuals at-risk for radicalization to violence and/or exhibiting warning signs of planning an act of ideologically-inspired targeted violence are identified. The training audience will be interdisciplinary, and will include representatives from local public health departments, community mental health agencies, other community organizations, various healthcare and social service providers, and law enforcement. The curriculum will be developed in consultation with a subject matter expert in violent extremism and the assistance of staff at ICJIA-TVPP. The curriculum will address ideologically-inspired targeted violence across the entire ideological spectrum. Once the initial curriculum is developed, the training will be delivered in two phases with two different formats. The first phase will be a live training, which will be delivered in-person in three pilot areas: (1) the City of Chicago, (2) Du Page County and surrounding areas, and (3) the greater Springfield area in central Illinois. Feedback from the live training will be used to fine-tune the curriculum for the second phase of training delivery, a webinar that will be accessible statewide.

Project Description. The “Practitioner and Service Provider Live Training for Ideologically-Inspired Targeted Violence” will be an in-person training session lasting approximately two to three hours, divided into three sections. The first section will provide participants with a broad introduction to ideologically-inspired targeted violence, a brief history of countering violent extremism (“CVE”) efforts, and an overview of the public health model for addressing ideologically-inspired violence as well as the importance of whole-of-society, cross-disciplinary and inter-organizational approach. This first section will include, but not be limited to, such topics as the similarities and differences between addressing violent extremism as compared to violence in general, risk factors and warning signs of radicalization to violence, and when the duty to warn arises as well as when and to what extent to begin involving law enforcement. The second section will consist of a scenario-based interaction wherein participants will break into

small groups with even representation from different disciplines and work through several case studies of individuals identified at various points on the pathway to violent extremism. The training will use scenarios across the ideological spectrum that accurately represent the broad range of ideologically-inspired targeted violence cases that can occur in Illinois (as noted in the needs analysis). The second section will provide an opportunity for participants to collaborate and brainstorm about intervention and referral approaches as well as educate one another about the different resources each participant agency, organization, and/or provider can bring to bear in a situation involving an at-risk individual. The third section will consist of an open discussion of lessons learned while working through case studies as well as a feedback session about the training itself.

Feedback and other insights gleaned from the in-person trainings will be analyzed and then used to inform further curriculum development prior to the second phase of training rollout, the “Practitioner and Service Provider Webinar Training for Ideologically-Inspired Targeted Violence.” The webinar training will be delivered once via webcast for a real-time online audience and the recording of the webcast will be subsequently made available online for future viewing. The webinar training will be divided into three sections. The first section will substantively mirror that of the in-person trainings and be primarily informational. The second section will be scenario-based similar to the in-person trainings, but given the limitations of a webinar format will be delivered in a case presentation style with periodic pop-up polling to gauge comfort level, understanding, and engagement with the material. Throughout the webcast, participants will be able to submit questions and comments, and the third section of the webinar will consist of a Q&A session. Continuing education accreditation for social workers, certified counselors, and licensed clinical psychologists will be obtained for the webinar.

Project Goals and Outcomes. The goal of “Practitioner and Service Provider Live Training for Ideologically-Inspired Targeted Violence” is to: (1) educate a broad cross-section of practitioners and service providers across multiple disciplines in the three pilot areas about ideologically-inspired targeted violence, and (2) provide a scaffolding upon which resource coordination can occur and referral networks for collaborative interventions can develop. The goal of the training is to more broadly raise awareness among practitioners and service providers across disciplines statewide as well as provide a basic toolkit for interested agencies, organizations, or providers to develop their own local referral networks. Effective prevention and intervention activities for

CVE efforts are difficult when there is lack of basic understanding regarding violent extremism and insufficient communication between various agencies, organizations, and providers effectively silo resources that could be brought to bear. The “Practitioner and Service Provider Training for Ideologically-Inspired Targeted Violence” will address both this knowledge and coordination gap at the local government agency, community service provider, community organization, as well as law enforcement levels. We anticipate that approximately 60 individuals representing various disciplines across the three pilot communities will be trained during the in-person training phase and up to 100 individuals will participate in the webinar.

Project Team. Donald Kauerauf, Assistant Director of IDPH and Dr. Sharon Coleman, Associate Director of Forensic Services at IDHS-DMH will oversee and manage the project. Dr. Matthew Clarke, a curriculum design expert, will write and develop the training curriculum along with Dr. Stevan Weine, who will provide subject matter expertise in violent extremism. The FBI CVE Coordinator for the Northern District of Illinois will provide further consulting expertise, including guidance on “duty to warn” obligations for clinician participants. ICJIA-TVPP will be partnering with IDPH and IDHS-DMH on the project. ICJIA-TVPP staff members on the project will include Junaid Afeef (Director), Dr. Megan Alderden (ICJIA Director of Research), as well as a dedicated criminal justice research specialist. The Compassionate Care Network (“CCN”) will also be partnering with IDPH and IDHS-DMH on the project to perform outreach with local service providers in the greater Chicagoland area for participation in both pre-training focus groups as well as the training itself.

Project Details and Anticipated Timeline for Implementation. This proposal will be implemented in four broad steps:

Step 1: Initial Curriculum Design (12/1/16 - 8/31/17). Dr. Clarke will develop a draft framework and detailed outline for the training, with input from Dr. Weine, Mr. Afeef, Dr. Coleman, and Mr. Kauerauf. Dr. Weine will then conduct focus groups in each of the three pilot areas to gauge interest in particular content areas for emphasis during the training. ICJIA research staff and Dr. Clarke will also attend the focus groups. Service provider participants for the focus groups in the Chicagoland area will be identified and recruited by CCN, which will also assist with collating service provider responses to the focus groups along with ICJIA research staff. Thereafter, the project team, including Dr. Weine, will convene at a retreat to develop the training model and the curriculum contents using the draft framework, detailed

outline, and focus group responses. Dr. Clarke will then re-draft the curriculum and draft training materials. During this process, the project team, including CCN, will be engaged from time to time to seek additional feedback and insights.

Step 2: Training Roll-Out Phase 1 - Live Pilots (9/1/17 - 12/31/17). The training will be first implemented in-person in the three pilot communities to approximately 60 individuals representing local health departments, community mental health agencies, healthcare and social service providers, and law enforcement. With respect to participant outreach, IDPH and IDHS-DMH will recruit representatives from local public health departments, community mental health agencies, as well as other IDHS-DMH-affiliated service providers. ICJIA-TVPP will recruit participants among local community and faith-based organizations as well as amongst law enforcement. In the metro Chicago area, CCN will perform outreach to recruit local healthcare service providers for the training, including physicians, psychologists, mental health counselors, and licensed medical social workers.

Step 3: Curriculum Refinement (1/1/18 - 2/28/18). Feedback and information collected from the live pilot trainings and focus groups conducted thereafter will be used to refine the initial curriculum and adapt it for use in Step 4.

Step 4: Training Roll-Out Phase 2 - Webinar and Follow-up (3/1/18 - 11/30/18). Step 4 will be to implement the webinar training. The webinar will be promoted and advertised to health departments, community mental health agencies, community organizations, service providers, and local law enforcement statewide by IDPH, IDHS-DMH, ICJIA, and CCN as appropriate. The webinar will consist of a live webcast presentation with interactive survey/polling elements. Registered participants will be asked to provide contact information, geographic region, what provider type they are and affiliated agency or organization if applicable, and whether they would be willing to have the foregoing information shared as part of a referral list organized by region to be made available after the training. As further detailed in Research and Evaluation, follow-up surveys will be administered for evaluation purposes.

Research and Evaluation. ICJIA research staff will work with other project members to collect process data on the design and implementation and initial impact data of the training program. The team will consist of the same staff conducting research and evaluation activities for a separate but complementary proposal by ICJIA-TVPP to develop engaged bystander-gatekeeper training and thus will be well positioned to evaluate this project taking the larger context into

account. The research team will assist with conducting focus groups in pilot areas during the curriculum development phase as well as follow-up focus groups with individuals who complete the in-person training. The information collected will be used to refine the curriculum content and associated materials as well as provide an historical account of what aspects of the original curriculum were modified and why. Researchers will also review the webinar to document its rollout and final content as part of the process evaluation. In addition, staff will develop and employ pre/post-test surveys to record attendee characteristics and gauge knowledge attainment and satisfaction with the training. These surveys will be provided to participants prior to and after the trainings using online survey software. Three to six months after the trainings, research staff will conduct follow-up online surveys with participants to assess the extent to which the knowledge retention and the usefulness of the toolkit for developing community-level multidisciplinary networks. Research staff will document findings from the evaluation activities described above in a final report. All evaluation activities and protocols will be reviewed and pre-approved by ICJIA's Institutional Review Board.

Community Collaboration. This project is complementary to a separate proposal by ICJIA-TVPP for developing and delivering an engaged bystander-gatekeeper training in the same three pilot communities. As part of its proposal, ICJIA-TVPP is coordinating with a number of community and faith-based organizations in the pilot areas, and for purposes of this project, ICJIA-TVPP will assist with recruiting interested community organizations for participation in the practitioner and service provider training. Additionally, CCN will partner with IDPH and IDHS-DMH to perform outreach with service providers in the greater Chicago area.

Sustainability. The training webinar will be recorded and available for future online viewing by interested parties statewide, along with curriculum materials and the final report after all evaluation activities. A referrals resource organized by resource/provider type and geographic region will be compiled from participant information after the training is delivered and will be both distributed to training participants and made available online. All of these materials and resources will be located on the same central website created by ICJIA-TVPP for hosting materials and resources from their engaged bystander-gatekeeper training proposal. The training curriculum and materials will be used by ICJIA-TVPP going forward in their ongoing engagement work with service providers, and may be used to offer further in-person trainings for service providers.

Needs Analysis

Hate Groups and Hate Crime in Illinois. Illinois is home to a notable number of hate groups. According to the Southern Law Poverty Center, there are 23 unique hate groups in Illinois. Illinois ranked tenth nationally and second amongst Midwestern states in terms of the number of hate groups. Hate groups are located in every region of the state, but are clustered in more densely populated areas such as the metro-Chicago area, which includes DuPage County, Rockford, Peoria, Bloomington, East Saint Louis, and Springfield.¹

The Illinois State Police annually collects the number of hate crimes reported to police as part of the state's Uniform Crime Reports program.² According to that data, there were 96 hate crimes reported to Illinois police departments in 2015. Sixty-five percent of those incidents involved racial/ethnic bias, 19% were motivated by sexuality bias, and 14% were motivated by religious bias (Figure 1). Anti-black crimes (69%) accounted for the largest percentage of racial bias motivated crimes while anti-semitic crimes accounted for nearly half of all reported incidents (46%). The majority (63%) of the hate crimes involved some type of assault.

Illinois Affiliated Terrorism Incidents. In addition to hate groups and crimes, Illinois officials have also documented terrorism incidents involving persons previously residing in Illinois. To date, there have been 41 Illinois-affiliated terrorism incidents since 2006, most (80%) of which have occurred since 2012. Eight incidents alone occurred in 2015. Terrorism inspired by ISIS or other groups espousing similar ideology accounted for 44% of the documented incidents, many of which have occurred since 2012. All but one incident in 2015 were inspired by either ISIS or Al-Qaeda, and most of the incidents in 2015 involved individuals attempting to provide material support to or traveling to join terrorist groups.³

A Public Health Approach to Violent Extremism. The documented presence of hate groups, hate crime, and individuals involved in acts of terrorism in Illinois indicates a need to develop prevention and intervention strategies in the state. The foundations of CVE efforts were built on the recognition that addressing violent extremism requires a proactive, community-based approach that defuses radicalization before it rises to the level of violence. However, the

¹ <https://www.splcenter.org/hate-map#s=IL>

² These numbers reflect those incidents reported to police and there was enough evidence to determine a hate crime occurred. It is generally recognized that these numbers underestimate the total occurrence of hate crimes. Based on estimates derived from national victimization surveys, it is estimated that about one-third of hate crimes will be reported to police (see: <http://www.bjs.gov/content/pub/press/hcv0311pr.cfm>).

³ Data provided by the Illinois Fusion Center and analyzed by Illinois Criminal Justice Authority

association of CVE efforts with traditional counterterrorism efforts and law enforcement-based interventions has fostered distrust and resistance in communities. While evidence-based best practices for prevention and intervention efforts for violent extremism have not yet been established, review of past CVE programming and literature in the fields of mental health and education suggests that CVE efforts should move beyond criminal justice approaches and towards a “broader approach to community safety that utilizes public health and psychosocial approaches,” drawing on collaborative resource networks and multidisciplinary teams.⁴ Additionally, prior experience in general violence prevention efforts has clearly demonstrated that a public health approach to reducing violence is effective. For example, the Cure Violence Health Model, which adopts a public health infectious disease/epidemiology framework to understanding and addressing violence, has been replicated and independently evaluated in multiple cities, including Chicago, and has been shown to significantly reduce violent crime, shootings, and homicides.⁵

Public health approaches can generally be categorized into primary prevention, secondary prevention, and tertiary prevention. In primary prevention, the goal is to prevent exposure to the hazards that cause disease processes before they occur. In the CVE context, this may include activities that reduce the risks associated with violent extremism (*e.g.*, education countering messaging promulgated by extremist groups or encouraging promotion of inclusive community environments). Secondary prevention focuses on early detection of disease risk factors and early intervention to halt its progress, and tertiary prevention is directed at reducing the impact of disease once it occurs. For CVE efforts, secondary and tertiary prevention strategies would be aimed at identifying individuals at various points on the pathway towards violent extremism (but who have not yet committed a crime) and providing supports and services that might help defuse and reverse the process of radicalization. Such services could include community-based mentoring and counseling alongside provision of more focused and intensive case management and behavioral health interventions, as appropriate.

Secondary and tertiary prevention in CVE first requires knowledge of potential risk factors correlated with violent extremism. Risk factors associated with radicalization toward violent extremism include individual, family, peer, community, and societal/global influences

⁴ Weine, S. (2015). Reframing CVE as a Multidisciplinary Approach to Promoting Community Safety. Research Brief: National Consortium for the Study of Terrorism and Responses to Terrorism.

⁵ www.cureviolence.org/results/scientific-evaluations

that create opportunities for individuals to be susceptible to the ideologies that support violent responses.⁶ While some patterns may exist, the underlying risk factors associated with acceptance of violent extremism, the willingness to engage in violence, the pathways to violent extremism and subsequent trajectories differ by individuals, communities, contexts, and time.⁷ The lack of a particular pathway creates challenges for intervention. Although there is “no single pathway to terrorism,” researchers have noted that individuals often progress slowly toward violent extremism.⁸ This progression typically involves leakage in which individuals communicate their violent intentions to others, whether directly to the intended target or indirectly to third parties,⁹ or by engaging in concerning behaviors. The presence of leakage or behavioral cues is an opportunity for early action to prevent crime, but frequently these communications are either ignored or not taken seriously. Studies of school shootings, for instance, have found bystanders often downgraded the seriousness of violent disclosures or were reluctant to report the information to authorities.¹⁰ A somewhat similar phenomenon occurs in response to suicidal communications, where misinformation about the significance of suicidal talk can lead to individuals not accurately recognizing the need for intervention.¹¹ At the community member level, “gatekeeper” training and bystander education are models that can address this lack of information or misinformation about the radicalization process, what behaviors are worthy of intervention, and what action to take. In a separate but complementary proposal, ICJIA-TVPP is developing an “engaged bystander gatekeeper training” aimed at both third-party individuals as well as individuals closest to those at-risk. However, once at-risk individuals are identified, it is essential that referral resources and service providers be made available.

⁶ Weine, S, & Ahmed, O. (2012). Building resilience to violent extremism among Somali-Americans in Minneapolis-St. Paul. Final Report: National Consortium for the Study of Terrorism and Responses to Terrorism.

⁷ Borum, R. (2011). Radicalization into violent extremism I: A review of social science theories. *Journal of Strategic Security*, 4(4), 7-36; Horgan, J. (2014). *The Psychology of Terrorism (Political Violence)*. New York, NY: Taylor and Francis.; McCauley, C., & Moskalenko, S. (2008). Mechanisms of political radicalization: Pathways toward terrorism. *Terrorism and Political Violence*, 20(3), 415-433; Wilner, A. S., & Dubouloz, C. (2010). Homegrown terrorism and transformative learning: An interdisciplinary approach to understanding radicalization. *Global Change, Peace & Security*, 22(1), 33-51.

⁸ Horgan (2014), *supra*

⁹ Meloy, J. R., & O'Toole, M. E. (2011). The concept of leakage in threat assessment. *Behavioral Sciences & the Law*, 29(4), 513-527.

¹⁰ Pollack, W. S., Modzeleski, W., & Rooney, G. (2008). Prior knowledge of potential school-based violence: Information students learn May prevent a targeted attack. US Department of Education.

¹¹ Quinnett, P. (2007). QPR gatekeeper training for suicide prevention: The model, rationale, and theory. Available at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.528.7944&rep=rep1&type=pdf>.

Effective intervention prior to mobilization to violence is difficult when there is insufficient awareness of issues surrounding violent extremism amongst the various agencies, organizations, and service providers that might be called upon to coordinate prevention and intervention activities. Recent focus groups with staff from various government agencies, public and private practitioners, criminal justice practitioners, community and religious leaders, and community members in Illinois revealed that there is a general lack of education and training of service providers about ideologically-inspired targeted violence and the associated risk factors as well as a general lack of community and practitioner knowledge of the programming and services available to assist individuals identified as at-risk for, or already down the path of, radicalization.¹² Another major barrier identified in the focus groups was the lack of a coordinated effort to address ideologically-inspired targeted violence leading to inconsistent messages and approaches. A preliminary survey about community familiarity with issues surrounding violent extremism administered by IDPH and IDHS-DMH to local health departments and community mental health agencies in the pilot area of DuPage and surrounding counties demonstrated that the majority were: 1) unfamiliar with CVE, 2) unsure whether violent extremism was a problem within their communities, 3) uncertain as to (or uncomfortable with) their agencies' competence, capability or skillset necessary to address violent extremism, 4) were uncertain about or did not believe there were resources in their communities to address violent extremism, and 5) interested in receiving training about violent extremism and how to address it.

The goals of the proposed training are to address both the knowledge gap as well as the coordination gap regarding ideologically-inspired targeted violence at the public health, mental health, community, and criminal justice practitioner/service provider levels in Illinois. The training curriculum and its implementation will be designed to maximize both these goals. In terms of information transfer, the training content itself will be developed with a variety of inputs taking the needs and interests of participants into account. Subject matter knowledge will be provided by experts in violent extremism and CVE coordination, and pre-development focus groups of practitioners and service providers will inform areas of emphasis for the curriculum. With respect to the second goal, the cross-disciplinary training setting and the scenario-based portion of the live training will provide a venue for collaboratively generating best practices for

¹² Illinois Criminal Justice Information Authority (2016). Understanding and addressing ideologically-inspired targeted violence: Preliminary findings from an analysis of administrative data and focus groups. Chicago, IL.

coordinated intervention activities. Research into collaborative inter-agency training between child welfare practitioners and service providers in the field of substance abuse, mental health, and domestic violence has shown that cross-disciplinary training increases participant knowledge, positive attitudes towards collaboration, and collaboration in practice.¹³ In particular, training is maximized when trainees “engage in active and planned problem solving with members from [other] disciplines...[which allow them] to fully consider and understand the roles, responsibilities, and approaches of other professions with whom they must collaborate in order to serve their clients appropriately.”¹⁴ In addition to benefiting from the scenario-based training, participants in the live trainings will also be able to leverage contacts made during the training to develop resource and referral networks going forward. While participants in the webinar form of the training will not be able to receive the full collaborative benefits of the live training, a more limited form of interaction will be built into the webinar via real-time survey questions and a live chatbox. Insights on coordinating intervention efforts obtained from the live trainings will be incorporated into the webinar as case presentations. Additionally, all participants will receive a list of other training participants willing to be part of a referral network, organized by geographic region, and will be provided written materials generated from the trainings to use as a toolkit for developing interdisciplinary intervention approaches in their own communities.

In summary, crime and intelligence data as well as information collected on the presence of hate groups in Illinois indicate that the state is in need of programs that can assist communities in intervening successfully with individuals at risk for involvement in ideologically-inspired targeted violence. Research and lessons learned from violence prevention, the fields of mental health and education, and review of previous CVE programming suggest that an interdisciplinary and collaborative public health approach to prevention and intervention is likely to be successful. Focus groups and surveys indicate that awareness and education about ideologically-inspired targeted violence is low amongst practitioners and service providers and that lack of coordinated effort is a barrier to effective prevention/intervention efforts. An interdisciplinary training program incorporating both awareness/informational aspects and collaborative case studies has the potential to address these gaps in knowledge and coordination.

¹³ Jones, S, Packard, T, & Nahrstedt, K. (2002). Evaluation of a Training Curriculum for Inter-Agency Collaboration. *Journal of Community Practice*, 10(3), 23-40.

¹⁴ *Id.*, at 36.

Expertise

The *Illinois Department of Public Health* is responsible for promoting the health and well being of the people of Illinois through the prevention and control of disease and injury. As the umbrella agency overseeing public health-related activities statewide, IDPH has extensive experience partnering and collaborating with other state agencies, local health departments, community organizations, and non-profits to achieve coordinated responses to health issues at the state, county, and community levels. IDPH is partnering with the *Illinois Department of Human Services-Division of Mental Health* in developing this proposal. IDHS-DMH is responsible for managing a comprehensive array of services for people in Illinois most in need of publicly-funded mental health care. IDHS-DMH policies focus on fostering coordination and integration of services provided by IDHS-DMH-funded agencies and hospitals. IDPH and IDHS-DMH are collaborating closely with *ICJIA-TVPP*, which represents Illinois' ongoing community resilience and prevention planning framework.

Program Managers. *Donald Kauerauf* is the Assistant Director of IDPH. He has served as Chair of the Illinois Terrorism Task Force and Chief, Bureau of Preparedness and Grants Administration with the Illinois Emergency Management Agency. Prior to his employment with IEMA, Mr. Kauerauf worked at IDPH, as Chief of the Division of Emergency Preparedness and Response. *Dr. Sharon Coleman* is the Associate Director of Forensic Services for IDHS-DMH and also manages the Mental Health and Juvenile Justice Program. She is a Licensed Clinical Psychologist with expertise in both adult and juvenile populations. She has over a decade of experience in correctional, forensic and clinical psychology, has taught at the graduate level, and has conducted numerous workshops and trainings in forensic issues.

Collaborators and Consultants. *Junaid M. Afeef* is the director of ICJIA-TVPP. Earlier in his career Mr. Afeef served as the executive director of the Council of Islamic Organizations of Greater Chicago. He has written and spoken extensively on the need for community-led efforts to counter violent extremism. *Dr. Megan Alderden*, ICJIA's Director of Research, has 16 years of research experience in the field of criminal justice working as an academic and practitioner. She will be supervising ICJIA staff researchers in the data collection and evaluation components of this project. *Dr. Stevan Weine* is an internationally recognized expert in preventing violent extremism. He is a professor of psychiatry at the University of Illinois and a researcher at the National Consortium for the Study of Terrorism and Responses to Terrorism.

Budget Detail and Narrative

Budget Category	CVE Grant Funds	Non-CVE Grant Funds	Total
A. Personnel	\$0	\$25,520	\$25,520
B. Consultants and Contractors	\$70,668	\$139,991	\$210,659
C. Fringe Benefits	NA	\$17,926	\$17,926
D. Travel	\$1,342	NA	\$1,342
E. Supplies	\$2,000	NA	\$2,000
F. Other	\$5,000	NA	\$5,000
<i>Total Direct Costs</i>	\$79,010	\$183,437	\$262,447
G. Indirect Costs	NA	NA	NA
TOTAL PROJECT COSTS	\$79,010	\$183,437	\$262,447

CVE Grant Funding (Federal Request)

A. PERSONNEL - NONE

B. CONSULTANTS AND CONTRACTORS - \$70,668

Criminal Justice Specialist/Researcher, ICJIA: A current staff researcher with a PhD on staff will contribute 0.20 FTE per year to this grant to assist Dr. Alderden in conducting research, focus group note-taking, transcriptions, data entry, basic analyses, and assisting in the write-up of the evaluation finds. The researcher's annual salary is \$55,000. His/her time on the project [\$22,000 in salary and \$21,088 in fringe benefits] will be paid for with CVE grant funds.

Dr. Stevan Weine: Dr. Weine will contribute approximately 44 hours during the initial curriculum design phase of the project, during which period he will also lead the focus groups, and 15 hours during curriculum update phase. He will contribute approximately 47 hours during the training roll-out phase and for his time on evaluation related efforts. Dr. Weine's total time

on the grant will not exceed 106 hours over the 24-month performance period. His time will be compensated at an hourly rate of \$150. Dr. Weine will be paid a maximum of \$15,900 for his expertise on this project. This does not include travel expenses, which are discussed below.

Dr. Matthew Clarke: Dr. Clarke is an experienced editor, writer, and curriculum designer. He has designed and taught courses at the University of Illinois at Chicago and the Loyola University Chicago. He has participated in curriculum design and review projects at these universities as well as several others. Dr. Clarke will contribute approximately 150 hours during the curriculum design phase of the project. Dr. Clarke will be compensated at an hourly rate of \$20. Dr. Clarke will be paid a maximum of \$3,000 for his expertise on this project.

Compassionate Care Network (“CCN”): CCN is a network of healthcare practitioners in the Chicagoland area that provides access to affordable healthcare and promotes health awareness through free health education and screenings in the community. CCN will contribute approximately 60 hours during the curriculum development phase, 20 hours during the live training roll-out phase, and 60 hours during the webinar training roll-out phase, for a total of 140 hours on the project. CCN will be compensated at an average hourly rate of \$62 and will be paid a maximum of \$8,680 for their services on this project.

C. FRINGE BENEFITS - NONE

D. TRAVEL - \$2,685

To/From Springfield, IL: Travel by trainers and research staff for focus groups and trainings in Springfield, IL. (1) Focus group – 2 individuals for 1 overnight trip each; \$335.60 per trip per person for hotel, travel, and per diem; (2) Practitioner and Service Provider Training – 2 individuals for 1 overnight trip each = \$335.60 per trip per person for hotel, travel, and per diem. Calculated on \$70/person/night hotel, \$0.54/mile x 440 miles round trip, and \$28 per diem.

E. SUPPLIES - \$2,000

Printing expenses to produce training handbooks, facilitator guides, etc. - \$2,000

F. OTHER - \$5,000

- Webinar development cost (webinar service subscription for 1 year, including audio/visual recording capacities, polling, reporting, and analytics): \$2,500

- Continuing education credit accreditation for social workers (through National Association of Social Work, IL Chapter), counselors (National Board for Certified Counselors), and licensed clinical psychologists (American Psychological Association): \$2,500

Non-CVE Grant Funding (Non-Federal Amounts)

A. PERSONNEL – \$25,520

Donald Kauerauf, Assistant Director, Illinois Department of Public Health: Mr.

Kauerauf will contribute 0.20 FTE per year during the grant performance period. He will oversee the organization, scheduling, and implementation of both the in-person and webinar training programs in conjunction with IDHS-DMH staff. He will also serve on the project team during the curriculum design and training rollout phases.

B. CONSULTANTS AND CONTRACTORS - \$139,991

Dr. Sharon Coleman, Associate Director of Forensic Services, IDHS-DMH: will contribute 0.20 FTE per year during the grant performance period. She will oversee the organization, scheduling, and implementation of both the in-person and webinar training programs in conjunction with IDPH staff. She will also serve on the project team during the curriculum design and training rollout phases. Dr. Coleman's contribution to the project - \$21,220 in salary; \$15,879 in fringe benefits [FICA: 7.65% | Retirement: 45.598% | Health Insurance: \$23,000/year]

Junaid M. Afeef, Director, ICJIA-TVPP: Mr. Afeef will contribute 0.15 FTE per year during the grant performance period. He will serve on the project team during the curriculum design phase and as a trainer during the training roll-out phase. Mr. Afeef's contribution to the project - \$28,883 in salary and \$22,284 in fringe benefits [FICA: 7.65% | Retirement; 44.57% | Health Insurance: \$24,000/year]

Megan Alderden, Research Director, ICJIA: Dr. Alderden will contribute 0.15 FTE per year during the grant performance period. She will supervise ICJIA research staff during the data collection and evaluation components of the project. Dr. Alderden's contribution to the project - \$29,250 in salary and \$22,475 in fringe benefits

C. FRINGE BENEFITS - \$17,926

Donald Kauerauf, Assistant Director, Illinois Department of Public Health: FICA: 7.65% | Retirement: 44.568% | Health Insurance: \$23,000/year on Salary of \$25,520

D. TRAVEL – NONE

E. SUPPLIES – NONE

F. OTHER - NONE

Illinois' Ongoing Community Resilience and Prevention Planning Framework

The Illinois Department of Public Health (“IDPH”) and the Illinois Department of Human Services Division of Mental Health (“IDHS-DMH”) are partners in Illinois’ ongoing community resilience and prevention planning framework. The State of Illinois is pursuing ongoing community resilience and prevention planning as a whole-of-society undertaking through a statewide program specifically established for this purpose.

The Targeted Violence Prevention Program at the Illinois Criminal Justice Information Authority (“ICJIA-TVPP”) represents the State of Illinois’ ongoing community resilience and prevention planning framework. The program was developed through extensive consultations between public and private stakeholders in Illinois and throughout the country (*i.e.*, Muslim Public Affairs Council, Muflehun, Life After Hate, the Federal Bureau of Investigations, U.S. Department of Homeland Security, individual community leaders throughout Illinois, CVE and terrorism experts throughout the United States and various state and local agencies in Illinois).

On September 23, 2015, the Illinois Terrorism Task Force (“ITTF”) unanimously passed a resolution recommending that “the State engage and collaborate in efforts to prevent violent extremism by creating the Illinois Targeted Violence Prevention Program.” ITTF is an advisory body to the Governor and the Governor’s Homeland Security Advisor and is charged with developing and recommending to them Illinois’ domestic terrorism preparedness strategy and recommendations to combat terrorism in Illinois. ITTF is comprised of over 60 institutions, ranging from state agencies and local units of government to private corporations and not-for-profit community organizations. IDPH and IDHS-DMH are both member agencies of ITTF. A copy of the ITTF resolution in its entirety is appended to this narrative as part of the “framework.”

On February 1, 2016, the Illinois Targeted Violence Prevention Program was established at the Illinois Criminal Justice Information Authority. IDPH and IDHS-DMH work closely with ICJIA-TVPP. Dr. Nirav Shah, Director of IDPH, is a board member of ICJIA, and IDHS-DMH and ICJIA have an established record of productive collaborations in Illinois.

ICJIA-TVPP provides ongoing resilience and prevention planning by (1) building awareness in Illinois communities about the risks and challenges of ideologically-inspired targeted violence in the various forms that it takes in Illinois, (2) providing expertise and technical assistance to a wide range of institutions and organizations that are also interested in

building resilience and prevention efforts, (3) making CVE research and CVE experts more accessible to Illinois-based units of local government as well as community and faith-based organizations, (4) building networks of service providers that can help with resilience and prevention programs at the community-level, and (5) providing coordination for the several institutions that are engaged in important efforts to promote resilience and prevention programming throughout Illinois in order to prevent radicalization to violence and/or to prevent acts of ideologically-inspired targeted violence.

Building Awareness of the Risks of Ideologically-Inspired Targeted Violence. ICJIA-TVPP pursues resilience and prevention programming in Illinois first by building awareness in Illinois communities about the risks and challenges of ideologically-inspired targeted violence in the various forms that it takes in Illinois. It does this through community presentations, its program website (www.illinoistvpp.org), participation at conferences, and periodic publications. A topic that is frequently covered in presentations relates to concerns about civil liberties and the perception that CVE programs encroach upon civil liberties, particularly in Muslim and Arab communities. ICJIA-TVPP is clear about its commitment to addressing ideologically-inspired targeted violence in all of its forms in Illinois and across the entire ideological spectrum. The program points to its materials, its past presentations, its outreach to a broad cross-section of communities within Illinois, and its partnership with organizations such as Life After Hate to convey very clearly that building resilience and preventing ideologically-inspired targeted violence is not inherently at odds with individual civil liberties.

Providing Expertise and Technical Assistance. ICJIA-TVPP also provides expertise and technical assistance to a wide range of institutions and organizations that are also interested in building resilience and prevention efforts. For example, ICJIA-TVPP provided IDPH and IDHS-DMH with a detailed needs assessment report as well as assistance in developing and writing the needs analysis for this grant proposal. Similar support was provided to a number of other community and faith-based organizations as well.

Making CVE Research and Experts More Accessible. A significant amount of research is being done on issues related to preventing ideologically-inspired targeted violence, and innovations based on evidence from this research are being developed both across the country and worldwide. ICJIA-TVPP helps make this research and associated experts more accessible to practitioners who can use it in the field. ICJIA-TVPP introduced IDPH and IDHS-

DMH with experts during the planning stages of this grant proposal, and through ICJIA-TVPP's efforts, IDPH and IDHS-DMH were able to partner with Dr. Stevan Weine.

Building Service Provider Networks. ICJIA-TVPP is leveraging the networks of local and state service providers as well as reaching out to service providers in the private sector to make resources available for individuals who need interventions to help off-ramp them from a path towards ideologically-inspired targeted violence. ICJIA-TVPP networks with mental health professionals, mentoring organizations, medical service providers, and professional associations to raise awareness of community-led resilience and prevention programs that are being developed and that may need the assistance of local service providers. ICJIA-TVPP regularly engages with the Interfaith Mental Health Coalition and is building bridges with refugee mental health networks that focus on assisting refugee communities. With respect to the current grant proposal, ICJIA-TVPP made the introductions between IDPH, IDHS-DMH and the Compassionate Care Network ("CCN") and CCN is partnering with IDPH and IDHS-DMH as a direct outcome of ICJIA-TVPP's ongoing efforts in Illinois. These are all ongoing endeavors.

Coordination of Efforts in Illinois. ICJIA-TVPP and IDHS-DMH have been discussing opportunities for collaborative action to build resilience and prevention efforts in Illinois since early 2016. On June 1, 2016 IDHS-DMH's associate director Dr. Sharon Coleman participated in a roundtable discussion on the role of mental health service providers in preventing radicalization to violence and preventing ideologically-inspired targeted violence. Dr. Stevan Weine, ICJIA-TVPP director Junaid M. Afeef, and Dr. Yasmeen Khan, a psychologist who has been actively working with the Council of Islamic Organizations of Greater Chicago's efforts and prevention planning, presented at the roundtable. This roundtable was attended by mental health professionals from various public and private provider settings.

Shortly after the CVE grant notice was released, IDPH and IDHS-DMH met with ICJIA-TVPP, along with the Illinois Emergency Management Agency, ITTF, Illinois State Police, the Illinois Department of Juvenile Justice, and the Illinois Department of Corrections, to be briefed on the grant funding opportunity and to discuss opportunities to collaborate together in order to develop complementary proposals that would build resilience and prevention efforts in Illinois. The IDPH/IDHS-DMH grant proposal is a product of this collaboration.

There are a number of efforts underway in Illinois to address violent extremism. IDPH and IDHS-DMH are pursuing its resilience and prevention building efforts as part of the State of

Illinois' ongoing effort. ICJIA-TVPP is engaged in this work of educating, providing technical assistance, leveraging resources, and building a network for resources every day. Accordingly, it serves as an integral component of Illinois' ongoing resilience and prevention planning framework. As sister agencies and through other connections described above, IDPH and IDHS-DMH are a part of the statewide framework as well.

Resolution of the Illinois Terrorism Task Force

WHEREAS, the State of Illinois has long recognized the threat of terrorist attacks in the United States, and permanently established the Illinois Terrorism Task Force in 2003 through Executive Order 2003-17; and

WHEREAS, the Illinois Terrorism Task Force was established as a working partnership among public and private stakeholders from all disciplines and regions of the State, to facilitate the coordination of resources and the communication of information essential to combat terrorist threats; and

WHEREAS, the Illinois Terrorism Task Force serves as an advisory body to the Governor and the Governor's Homeland Security Advisor, and is charged with developing and recommending to said persons the State's domestic terrorism preparedness strategy, as well as recommendations to combat terrorism in Illinois; and

WHEREAS, given the bold attacks and attempted attacks on American soil since September 11, 2001, and ongoing attempts by persons and groups, both foreign and domestic, it is necessary to engage in programs designed to counter violent extremism; and

WHEREAS, in 2011 the White House released guidance titled "Empowering Local Partners to Prevent Violent Extremism in the United States" and directed federal agencies to partner with local governments and law enforcement agencies to continue to build relationships within their communities; and

WHEREAS, it is incumbent that the State of Illinois formally engage in such partnerships to assist in creating and implementing strategies to counter violent extremism, working with federal, state and local partners; and

WHEREAS, the State should work closely with federal partners including the U.S. Department of Justice, the Federal Bureau of Investigations, the U.S. Department of Homeland Security, the Federal Emergency Management Agency, as well as state and local partners, non-profit organizations, social service agencies, and religious institutions, to formulate and implement

statewide policies and procedures for the administration and implementation of a targeted violence prevention program to further examine and advise community-led organizations of recruitment techniques intended to lure Illinoisans toward targeted violence.

NOW, THEREFORE, BE IT RESOLVED by the Illinois Terrorism Task Force, that said Task Force recommends by its authority in 2003-17 paragraph II (G), that the State engage and collaborate in efforts to prevent violent extremism by creating the Illinois Targeted Violence Prevention Program, and that such a program should reside within an agency designated by the Governor's Homeland Security Advisor.